

# GTA LEGAL CLINICS' TRANSFORMATION PROJECT WHERE ARE WE AT?

Special Edition Newsletter

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## The Context for Clinic Transformation

The GTA Community Legal Clinic transformation is being driven by a realization that too many members of our community do not know their legal rights, cannot effectively participate in legal processes, and generally experience poor outcomes from the judicial system. Addressing these issues is exercising our commitment to improving access to justice. By working together, consolidating our resources, and re-organizing how we carry out our work, we believe we can be better partners to our clients in their quest to realize better access to justice.

While community legal clinics have been at the forefront of advancing community engagement and better outcomes in the legal processes for our clients, we have lagged behind in making the organizational changes needed to keep up with changes in our communities. Our resources are no longer appropriately aligned to the community's needs, and our governance models do not allow us to respond effectively. We lack the organizational capacity to address changing administrative and technological demands and opportunities.

The pressure to change is primarily driven by our commitment to better serve our clients. However, our clients also want better and more uniform access to our services, and our funders and the government want us to realize efficiencies so that we can serve more people. Pressure to change is coming from all sides.

We have insisted, and have been given assurances that the point of change is to enhance and improve our services – not to facilitate budget cuts. Any savings we can realize through the transformation process will be re-invested in our services. These assurances allow us to focus on transformation without needing to keep looking over our shoulders.

## The Project

A study by the six east Toronto clinics (completed in January 2013) recommended that the clinics consider re-organizing and redrawing their catchment areas so that they would be larger and be better aligned with their clients' needs. Larger clinics would help them gain economies of scale that would make more resources available for client service, and those resources could be more easily directed to where client needs were greatest.

The Toronto Legal Clinics' Management Group thought those recommendations would be best considered by all the GTA clinics as a group; by May 2013, 16 of the 17 GTA clinics agreed to participate in what has now come to be known as the GTA Legal Clinics' Transformation Project.

A Working Group was set up to manage the Project, with two members serving as Project Leads. We then asked each participating clinic to delegate representatives (one board member and one staff person) to a Project Steering Committee which would develop the final recommendations. A clinic staff member and a board member are acting as Co-Chairs of the Steering Committee. Our project leads are working almost full time on the Project. The Working Group meets biweekly and the Steering Committee has been meeting semimonthly of late. This structure allows for maximum input from clinic stakeholders and ensures that the Project remains clinic driven.

With funding from LAO we hired Public Interest, a consulting group with lots of experience working in the public sector, to do our research and support work. We asked for a report that will make a recommendation as to how many clinics there should be in the GTA, what their boundaries should be, how the available resources should be divided amongst the clinics, and what would be an appropriate transition plan to get to the recommended outcomes. Each clinic will be asked to formally endorse an interim report (with recommendations on the number of clinics, catchment boundaries and resource allocation) before work on the transition plan is begun. Finally, each clinic will be asked to sign a formal agreement to implement the transition. The Interim Report is due in May 2014 and the final Report (if the Interim Report is approved) in October 2014.

## The Process

There are three aspects to the research that was undertaken: quantitative data related to changing demographics in the GTA; qualitative data on clinic work and the relationships clinics have in the community; and a review of the literature studying or reporting on issues in transformation. We decided it was important to complete our research before we began the process of formulating our own thoughts, models and recommendations.

We looked at qualitative data from Canada Census and tax filer data, as well as from clinics. We mapped where poor people lived, where immigrants lived, where transit lines were located, where clinics are located and where clinic clients live.

Our qualitative research explored key issues including access and barriers to service, needs, priorities, opportunities, challenges, assets, risks, operations and aspirations. These topics were pursued in focus groups with clinic staff, Board members, clients and community members, community partners, and other stakeholders, as well as through interviews with key informants.

The literature review gave us a better understanding of how services are delivered in other countries, what others are experimenting with, and what some of the lessons have been in organizational restructuring in both legal services and other not for profit services.

The Steering Committee has been the focal point of our discussions and we have been very deliberate in making sure there is ample discussion time in our meetings so that consensus can develop.

Our Project Leads also meet with Legal Aid's Regional Vice President for the GTA on a bi-weekly basis to ensure they are apprised of our discussions and concerns, and we are aware of any concerns or expectations they have. We continue to receive a very high level of support from LAO.

**The materials and reports related to this research are posted on our web site: [www.gtaclinics.ca](http://www.gtaclinics.ca).**

## What have we learned so far?

Though it's too early to draw conclusion from our research, we have made some important observations:

1. There are strong ties between clinics and local community organizations that function both as a conduit to clinics for important community needs information, and as a resource for complementing legal services.
2. Community partnerships are frequently not formalized. One result of these informal partnerships is that staffing changes in either partner organization have a detrimental effect on the service that is provided. Partnerships need to be developed more formally around service issues rather than personal relationships. Ultimately, this will enable the legal service to be more grounded in the community.
3. The boundary lines defining clinic catchment areas cannot be justified on the basis of a client service mandate.
4. The use of LAO's financial eligibility guidelines to measure the need for poverty law services significantly understates that need. Many poor people fighting for basic needs are not eligible for clinic services and cannot afford a private lawyer.
5. The current distribution of resources amongst GTA clinics does not align with the distribution of the needs for clinic law services.
6. Clinics typically draw most of their clients from neighbourhoods that are proximate to the clinic's office; and there are large concentrations of poor people who live further away and where clinic use is not as prevalent.
7. The fact that not all clinics provide the same basic services is a sticking point for many clients and community partners; it is also a point of concern with Legal Aid Ontario and the Ministry of the Attorney General.
8. Technology is mostly underutilized in delivering services.
9. There are too many redundancies within our system. Some examples include:
  - a. Each clinic organizing and producing similar public legal education material and events, including a clinic web site;
  - b. Many clinics organizing volunteer programs (for students, lawyers and community members) and negotiating independently (and maybe in competition) with provider organizations;
  - c. Back office functions, professional services, management functions (including responding to funders and dealing with funding applications); and,
  - d. Attendance at professional events as clinic representatives.
10. Clinic staff members believe that being part of a professional team would improve service and improve morale but this is not possible in small organizations.
11. Many clinic staff members have become experts in their field; however, the expertise is not evenly distributed.
12. Clinics have made an important contribution to legal education. Law students and community workers who get important exposure to social justice work become clinic and community leaders for the future.

13. Many clinics are deeply and effectively engaged in outreach and systemic change work but this work is not evenly spread out.
14. Most clinics have narrowed their legal services down to the point where they only address critical issues: housing eviction (often only subsidized housing), loss of “last resort” income, and loss of status in Canada or re-unification of families. This leaves many important issues unaddressed.
15. Individual casework demand challenges a clinic to maintain outreach and other community development work, even when that work has both immediate and long term benefits for the community at large.
16. Communication with all stakeholders (though especially with staff and board members) is critical to the success of any transformation project.
17. Effective transformation projects need to have a clearly defined and widely accepted vision for the project’s outcome.

## Next Steps

While our research has been completed and the process of formulating our conclusions has begun, we remain open to input and comment on what has been covered so far. To facilitate further input our Project leads will be attending the Board meetings of each of the participating clinics, in addition to four regional clinic staff meetings. We hope these meetings will clear up any confusion regarding the Project and collect more valuable insights into how we can do our work better. We need to understand how clinics can function better; and we need to be clear about what aspects of our clinics should be kept and celebrated.

Over the next few weeks we will seek to translate our observations and collective values into principles that will guide discussions on recommendations. In addition to its regular meetings, the Steering Committee will have a full day retreat at the end of March 2014.

By the middle of May we expect to have our Interim Report ready for distribution. This Report will not be an “Options Paper.” Rather, it will set out one recommendation covering the questions that were asked. We will be asking each clinic to endorse the recommendations. In effect, it will be a “yes” or “no” vote.

Assuming we are successful in getting support for the Report, we will then over the summer months put together a team to develop a Transition Plan. Our schedule has that Plan being finalized by the end of October 2014. Again we will be asking clinics to “adopt” this plan. This, however, will be a more formal step as it will require a legal commitment from the clinic Board in the form of a contract that commits the clinic to continue with the implementation of the transformation.

Following the approval of the Transition Plan we will engage a transition project manager to guide us through the implementation of the transition. It is expected that this final stage will take approximately 2 years to reach completion.

The GTA Legal Clinics' Transformation Project has entered into a “framework agreement” with LAO in which LAO has committed to maintaining our current level of funding. This means the Project can proceed through completion without any threat of funding cuts.

**For more information please go to [www.gtaclinics.ca](http://www.gtaclinics.ca). If you want to comment or give us feedback you can do so at [info@gtaclinics.ca](mailto:info@gtaclinics.ca).**