

SUPPLEMENTARY REPORT ON QUALITATIVE FINDINGS

GTA CLINIC TRANSFORMATION PROJECT

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The report on qualitative findings outlined the overall trends and patterns in input from front line and management staff, clients and partners. These patterns, however, mask significant differences in the work of clinics, including informative approaches and best practices worth highlighting in the analysis.

ADDRESSING PROXIMITY ISSUES

One area where clinics have adopted varied and effective strategies relates to the proximity of services. While a very small number of clinics work in areas that are compact enough to allow clients to walk there, most cover large areas, and find that clients from distant areas of the catchment have difficulty accessing the clinics. Several clinics have adopted satellite locations as a solution to that problem, having considerable success making their services available to clients who live far from their head office. These satellites are largely located at sites operated by service partners, often with those who provide related services like immigration services, but also at sites that draw eligible clients for unrelated reasons, such as food banks. Clinics that have used this model find it effective if and only if there is a coherent strategy around the satellite, reflecting a clear target audience with identified legal needs. Satellite locations that have incorporated some triage by the host organization have been particularly effective.

Not all clients facing proximity issues are distributed densely enough to support a satellite location. Several clinics have recognized the need for mobile services, sending legal staff to the homes, workplaces or gathering places of a single client to ensure that client has access to justice.

In other cases, rather than seeking a site close to the client population, some clinics have adopted a “transit centered” strategy, placing access points by transit hubs that better enable clients to reach them from other areas of the catchment.

STAFFING

The challenge of staffing to meet the overwhelming demand is widely felt by clinics. The sheer volume of demand, combined with demands that exceed the scope of clinic services and with added pressure on individuals with expertise in high demand areas of law, create considerable pressure that clinics have addressed in a variety of ways.

Some clinics have adopted team or group approaches to areas of law. To alleviate the pressure on individuals, teams operating in an area of law work together to map out plans and distribute workloads as well as sharing information and expertise. Obviously this strategy is primarily pursued by clinics with larger staff complements as many clinics have too few staff to form multiple staff teams in specific areas of law. However, where a team

approach has been pursued, it is a highly valued aspect of the clinic structure.

Clinics have taken several approaches to addressing the demand for services that fall outside those provided in the clinic system. Some have sought and obtained external funding to hire staff to deliver primarily non-legal services such as mental health supports, social work supports and housing help services. Others have sought funding for staff to deliver legal services outside the scope of clinic law. Youth justice workers at clinics have, for example, supported clients in need of criminal law services. However, when addressing the need for legal services outside the scope of the system, clinics have more often created partnerships with other areas of the bar. Some have co-located their services with LAO Duty Counsel staff, allowing for family law and employment law services to be available on-site. Others have sought support from the private bar, engaging lawyers with expertise in other areas of law on a pro bono basis to participate in the work of the clinic.

Engaging non-clinic legal staff has also helped some clinics deal with the volume of work. Use of pro bono lawyers is still low, but use of articling students, volunteer law students, and students from other programs such as paralegal and social work has been increasing. A challenge to this use is the available supervision for clinic volunteers. Some clinics have formal procedures for orienting and training volunteers, while others have adopted technologies (such as the Clinic IP supported interview products) that support accurate work and allow for easier supervision. Clinics recognize that it is important that student volunteers in particular should not be seen as exploitable free labour or as qualified staff, but also acknowledge the limited resources to invest in supervision. Ideally, student engagement happens in an environment of supervision and training to achieve both quality service for clients and an effective learning environment for students.

Clinics also address barriers to meeting the demands on scope of service by sharing services across catchment areas. Some clinics have referral agreements allowing a clinic lacking staff in a particular area of law to refer cases to the neighbouring catchment to be addressed by a clinic with more capacity in that area. Clinics also develop unique areas of expertise and offer that expertise in a “catchment-less” format, welcoming clients from across the City for services in that specific area of law or specialty within an area of law.

OUTREACH AND COMMUNITY DEVELOPMENT

One area of clinic work that has faced particular pressure is community development and outreach work. Most clinics express frustration with the pressure on organizing time that is created by the endless flood of casework. Some clinics have made outreach and engagement a key piece of work for a particular staff person, which increases focus on that element of the work. While helpful, most clinics find this approach does not fully offset the pressure of urgent case files, and that time they intend to dedicate to outreach is still often encroached on. Some clinics hire staff through programs offered by the city, like Investing in Our Communities, who dedicate their time to outreach and community development. Clinics have also set minimum allocations of time to community work, requiring those responsible for community work to dedicate a specific number of hours per week to that work, regardless of competing pressures. Other clinics have dedicated specific staff to exclusively working in communities, ensuring that they aren’t faced with competition from case files. Again, the allocation of dedicated outreach staff depends on a staff complement large

enough to allocate resources to that function.

Public legal education is a type of outreach that most clinics conduct. It helps with outreaching to the agencies that sponsor the public legal education activity as well as providing information to client groups. Active practices work towards innovating public legal education delivery in order to deal with language access issues. Other clinics have further developed this model to offer programs such as “tenant schools” or “letter writing workshops” in which clients learn skills to build capacity and empower them to take action on their own. Still other clinics have worked with organizing models that support clients to come together and take action on their own to deal with specific issues such as bad landlords or repair issues within a building, or providing input on law reform or legislation advocacy, or on more general issues such as poverty reduction.

RELATIONSHIPS WITH OTHER NON-LEGAL SERVICES

Clinics have a wide range of strategies for working with non-legal service organizations. Some operate in hubs, sharing space with organizations who serve clients with similar needs. Others operate in consolidated organizations, embedding legal services in a broader service offering that includes health and social services. Others, as noted above, develop relationships that enable them to offer services at the partner location on a regular basis and often to benefit from triage done by the partner organization prior to meeting with the client.

Sharing space, however, is not the only innovation in partnership. Some clinics enter into close relationships with specific partners whose clients have persistent legal issues, jointly strategizing on priorities, law reform issues, outreach and promotion. Others provide partner organizations with training programs to develop greater expertise in legal issues. This, in turn, helps partner organizations provide clients with the appropriate advice and guidance, helping them avoid legal complications, ensuring they know their rights, and helping staff identify real legal needs for referral when they arise.

LEGAL EDUCATION

In addition to appreciating the extra capacity that students can bring to delivering legal service to clients, clinics recognize the important role they play in training clinic workers for the future. Most clinics in the GTA use students in some way: they have one or more articling students (both paid and volunteer); they hire summer students through government career experience programs; they use law students during the school year and the summer who are seeking volunteer work experience; they use students from practicum programs such as paralegal, community services, and social work; they use non-law students, from college programs, training schools, and high schools, that are seeking volunteer hours or experience. The Intensive Program in Poverty Law at Parkdale has also long served as a training ground for future clinic lawyers.

Students who receive the opportunity to work in clinics identify the practical learning opportunity as invaluable and generally have good experiences. The advantage of the clinic experience is that students are able to see the practice of law not in its abstract logical framework but in a social context that reminds them what law is for, as well as how it works.

Given the traditional model of legal education, it is not surprising that students find they learn little about poverty law in their academic training, and are excited and exhilarated to see another side of law than that practiced in large firms. Seeing the law deployed to serve vulnerable people is only part of the benefit: seeing legal practices shaped by real practical needs in the day-to-day lives of clients and seeing law reform priorities set in contexts of the real crises that plague the most marginalized people provides a transformative experience that places law in a new perspective for many. Alumni from clinical experiences describe the experience as one that provides a different viewpoint, and sometimes a different direction to the rest of their legal careers.

The academic programs that send students for practicum, work, and volunteer experiences have additional concerns that students receive an experience that is both supportive and well-supervised, as well as being reflective and contextual to their particular programs and academic work. Clinics that try to incorporate students into their service delivery have concerns that they lack the resources and experience to provide the kind of framework for the experience that the academic programs would like to see. Both sides see this as an issue to be bridged as the interest in experiential learning increases.

Clinics, like Parkdale, with a formal program providing student training have found the goal of a positive experiential learning experience requires specific approaches to legal education. Locking students in a room to plough through an overload of case files won't achieve it; nor will restricting students to basic tasks. Exposing students to community development and outreach work, the creation of law reform projects, and the real challenges of supporting clients are critical elements of success. However, giving students a free hand in addressing complex and thorny issues for clients will also prove unsuccessful. Students and teachers have both found there is a need for a direct supportive relationship between students and their teachers to guide them through the challenges they are facing and a strict limitation on the volume of work to ensure time for reflection, learning and effective practice by new learners. Time is also a critical feature as acclimatizing to new ideas, processes and procedures, as well as new communities, takes time. Allowing acclimatization to happen over an extended period of time is a valuable component of successful pedagogy. Students identify a 6-month period as an ideal, if not always practically achievable window.

CONCLUSION

These divergent practices among clinics offer “natural experiments” in clinic development that provide insight into best practices and future models.

Incorporating them into the considerations of the future shape and structure of clinics gives perspective that goes beyond the common practice and enriches the discussion.