GTA LEGAL CLINICS' TRANSFORMATION PROJECT

TRANSFORMATION DECISION POINTS

March 29, 2014

INTRODUCTION

The GTA Legal Clinics' Transformation Project Steering Committee has approved a list of principles to guide transformation (those principles are included at the back of this document). Based on those principles, the Working Group has developed a set of decision points that will guide the next steps of development of a transformed GTA legal clinic system. These decision points will be discussed at our planning session of March 29. They are separated out into four categories to facilitate discussion groups.

A separate discussion paper provides background to these decision points. The paper is descriptive – intended to paint a picture of what the transformed clinics might look like, based on the principles already accepted. It is not intended that the description is exhaustive, or that all details will be incorporated into the new model, but it is challenging to approach the next steps of development without some description to put the decision points in context.

The process on March 29th will lead the Steering Committee through discussion of these aspects of a transformed clinic model in small groups and consider approval and amendments in a plenary session. The decisions of the Steering Committee will build another layer onto the approved principles which will lead to the next steps of consideration including resource allocation.

There are four categories for discussion:

1. **Relationship to Community**
2. **Transforming Service Delivery**
3. **Community Partnerships and Access Points**
4. **Clinic Structure**

Relationship to Community

1. Governance must be community based.

2. The boards of directors of the GTA legal clinics will join in a collaborative agreement on service delivery and any centralized back office functions.

3. The boards of directors of the GTA legal clinics will be policy boards.

4. The boards of directors will include an appropriate mix of competencies (financial, management, *etc.*) and will include members reflective of the community.

5. The boards of directors will ensure that the clinic is engaged in active work that enhances the board's capacity to understand and connect to the community.

6. All clinics will have dedicated community development capacity within their staff component.

7. Clinics must commit to common measurements of evaluation of impact of community development work.

8. Law reform activities will be informed by case work and community organizing to identify needs and priorities and coordinated in the GTA, by area of law, and in consultation with specialty clinics active in the area.

9. Advocacy efforts must include advocacy for the clinic system itself, as there needs to be continued pressure to expand resources for improved access to justice.

Transforming Service Delivery

1. There will be a collaboration agreement between GTA legal clinics dealing with service delivery principles and providing a process for periodically examining resource allocation. The details of the Collaboration Agreement will be developed in the implementation phase of the Transformation Project. (Some issues for inclusion in the agreement are noted in the other recommendations.)

2. Core areas of law will be established for which service will be provided consistently across the GTA. Individual clinics will be free to offer services beyond the core list.

3. Advice services will be provided by individual clinics rather than through a central intake service.

4. GTA legal clinics will standardize the core information gathered on initial contact.

5. Each clinic will have multiple options for initial contact by clients, including at a minimum:
    - Telephone.
    - Walk-in.
    - Email.
    - Web page.
    - Community access points.
    - Tenant Duty Counsel.

6. Intake will be re-engineered to support appropriate triage by trained staff.

7. Clinics will use trained staff to provide (for some types of clients or types of referral) active referrals with follow-up.

8. Ideally, resources permitting, clinics will use dedicated advice staff.

9. Advice staff will provide services on limited retainers to the extent of the clinic's capacity.

Community Partnerships & Access Points

1. Clinics will incorporate holistic services into the client service delivery model either through internal resource allocation or community partnerships.

2. Community access points are integral to ensuring fair access to legal clinic services regardless of how close a client's residence is to the community legal clinic.

3. Clinics will create formal structured and reliable partnerships with local community agencies to include them as initial contact points. Partnership agreements will also define the use of space as access point to meet with clients.

4. Clinics will train partners to become effective problem noticers, to identify issues, and to gather information from clients including eligibility factors.

5. Community legal clinics should have closer relationships with duty counsel.

6. Public legal education (PLE) is an important tool of outreach, so delivery should be prioritized to build relationships with community supports.

7. PLE is an important tool for collecting information on service priorities. Formalized procedures should be in place at each session to consistently collect information, which should be summarized, analyzed, and communicated to legal services teams and contributed to planning processes.

Clinic Structure

1. The optimal model for legal service delivery is area of law teams based on the core areas of law. Teams should be structured to enable appropriate staff to be assigned for efficient and effective services.

2. ODSP disability cases will have a separate case management process. The collaboration agreement will provide some specifics as to how these cases will be dealt with.

3. There will be a clinical law education program in the new GTA legal clinic system which recognizes students' experiential education needs as well as students' requirements for training, orientation, supervision and opportunity for reflection.

4. GTA legal clinics will look for opportunities to enhance capacity through the use of volunteers.

5. Centralized training will be provided for student, community and legal professional volunteers. Centralized volunteer resources will be provided for use by the legal clinics.

6. Clinic Directors will be lawyers who focus primarily on legal leadership, strategic interests, and the management and operation of the clinic.

7. Some back office functions will be centralized for the greater efficiency of the GTA clinics.

PRINCIPLES DRAWN FROM OUR FINDINGS

Some central ideas have emerged from the quantitative and qualitative data, as well as from the literature review:

1. FLEXIBILITY HELPS

Service delivery methodologies are always a work in progress. They need to be continuously adjusted to meet changing needs and to improve quality. As a result, the authority to change service delivery processes must remain within a legal clinic, so that changes can be quickly implemented. Any changes must be responsive to local needs. If there are too many layers of bureaucracy, legal clinics will lose the flexibility that they need.

- The qualitative data and input from the Steering Committee points to the need to be responsive to local needs and the importance of non-bureaucratic systems that are simple for clients with complex needs to navigate;
- Literature speaks to the importance of local control and connectedness to communities.

2. COMMUNITY BOARDS AND LOCAL ACCOUNTABILITY ARE IMPORTANT

The community governance model is a central tenet of the community legal clinic system. Community leadership ensures that the clinics respond to the changing needs of clients in sensitive and appropriate ways, and is vital to the success of the community clinic model

- Literature supports the community governance model;
- Qualitative data and Steering Committee inputs how deep support for local governance models.

3. WE NEED COMMITMENT TO COMMUNITY DEVELOPMENT

Community development is fundamental to the model. It increases responsiveness to local needs and enhances accountability to the community.

This work often suffers from the demands of direct client service. Although it would be helpful to have dedicated staff doing this work in conjunction with the legal staff, there are pros and cons to various staffing models for community development staff.

Clinics tend to work in silos outreach efforts could be coordinated better with partners.

Through the transformation process, levels of resources allocated to these activities should increase.

- Qualitative data and input from the Steering Committee and literature confirm the importance of this component of clinic work;
- Qualitative data and input from the Steering Committee support the need to do more in this

area;

- Literature suggests different models: having an Outreach/CD/PLE worker or alternately, dedicating a percentage of staff time to this area;
- Qualitative data and Steering Committee discussions indicate that outreach enhances responsiveness;
- Qualitative data indicates that more cross-clinic coordination would be helpful.

4. WE NEED COMMITMENT TO LAW REFORM

Law reform is fundamental to the model. This work often suffers from the demands of direct client service.

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5. WE NEED COMMITMENT TO PUBLIC LEGAL EDUCATION

Public legal education is fundamental to the model. Outreach also increases capacity in a local community.

This work often suffers from the demands of direct client service. Although it would be helpful to have dedicated staff doing this work in conjunction with the legal staff, there are pros and cons to various staffing models for community development staff.

Clinics tend to work in silos, with multiple clinics working on the same issues without coordinated efforts sometimes resulting in duplication of PLE and outreach efforts. This work could be more focused instead of being diffused across many clinics with better outcomes and less human resource investments.

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6. STAFF NEED BETTER BACKUP

Currently, clinics have great difficulty dealing with the consequences of staff being away on leave, ill, etc. This is a source of stress for staff, and can cause service delivery challenges. Clinics would benefit from greater flexibility in deploying staff to deal with these issues with someone familiar with the same area of law to cover the work if a staff person is away.

- This need is highlighted in the qualitative data as well as from input at the Steering Committee level;
- The literature review also speaks to the need for team coverage.

7. RIGHT STAFF FOR THE RIGHT JOB

Staffing models need to have built-in flexibility to ensure that staff are able to respond to changing and complex client needs in the most effective way possible, assigning the person with the right skill set and experience to each task.

- Qualitative data and Steering Committee conversations support these staffing models;
- Literature underscores the importance of appropriate assignment in areas like intake.

8. SUPPORT STAFF AND BOARDS THROUGH TRANSITION

Changes in the workplace can be challenging for staff, and they require extra support through transition phases. Included in this is the need for continual open and transparent communication. Giving time for staff to get to know their new work environments, roles, and organizational cultures is important. Community boards will also need similar supports.

- Literature supports that the need for open and transparent communication cannot be underestimated;
- Literature supports the need for time to develop new organizational cultures for both staff and boards;
- Discussions with staff, boards and Steering Committee members also support this.

9. MULTI-DISCIPLINARY STAFF TEAMS PROVIDE HOLISTIC SUPPORTS

Legal clinics could benefit from having a larger range of staff, not just lawyers, community legal workers and support staff. Clients often need non-legal assistance to go with the legal assistance. Other professions, such as social workers, social service workers, and mental health workers could assist in the work of legal clinics. This could be done through staffing of clinics or by collaboration with other agencies.

- Qualitative data and Steering Committee conversations support that clients have multiple needs and that staff teams need to draw on more diverse skills;
- The literature review supports the multi-disciplinary team model or strong relationships with non-legal service providers.

10. SEAMLESS CLINIC LAW SERVICES ARE BEST

We want to provide seamless clinic law service to clients. We want to provide for the client's needs, from referral to advice to assistance to representation (and able to send the client back and forth between levels of service) without having to send the client elsewhere. It is preferable to keep it all within one organization.

- Qualitative data and Steering Committee input show support for seamless service provision for clients;
- Literature supports single institutions delivering integrated legal services.

11. SPECIALIZATION & TEAMS SUPPORT EFFECTIVE DELIVERY

Staff who specialize in an area of law deliver higher quality service and more efficient service. Legal clinics can also provide better service if staff are working in teams, sharing information and covering for each other as needed. Given that client's problems often cut across areas of law, staff need to be aware of other areas of law (apart from their specialty) and need fast access to staff on other teams. Professional development needs suggest opportunities to work outside the area of specialization at times would be desirable, as would the ability to incorporate rotational staffing models.

- The literature supports the model of working in teams as does the qualitative data;
- Input at the Steering Committee supports specialization, and predominant specialization in the ways noted above, but some felt that variety in legal work was required for challenge and professional development;
- Input at the Steering Committee also supports a rotational staffing model so that staff have the opportunity to practice various areas of law.

12. ACTIVE REFERRALS PRODUCE BETTER OUTCOMES

The success rate for clients is greatly improved with active referrals (for example, calling and making an appointment at another agency) and follow-up with clients. An up to date referral database is also important. Providing good referrals is a specialized service. We should move beyond seeing this as an administrative job (answering the phone) and train referral specialists. While economies of scale might suggest that a central intake/referral service would be best, this could decrease the quality of

referrals due to lack of local knowledge (particularly across municipal boundaries).

- The literature supported active referral processes and the need for locally aware referral staff;
- Qualitative data indicated the need for well-informed local referral staff.

13. ACCESS TO ADVICE IS BEST IN INTEGRATED CLINIC LAW SYSTEMS

Clients want to be able to access advice quickly. The more steps there are (phone calls, referrals, follow up, *etc.*) between initial contact and provision of advice, the less likely it is that the client will be effectively served. It is helpful to have advice staff who are available to provide advice on initial contact, but that advice has to be provided by qualified, experienced staff. While there is some attraction to having a centralized advice service, that would conflict with the "seamless service" principle. Legal clinic services are on a continuum (advice, assistance, full representation) and clients will need to be passed from advice staff to case-workers (and sometimes back again to advice or referral staff). This would be difficult with a stand-alone advice service. Another problem with centralized advice is the administrative overhead involved with a shared service.

- Literature shows rapid access to advice, through highly qualified staff embedded in a continuum of service is the best practice;
- Qualitative data supports integrated advice form well informed staff.

14. MULTIPLE GATEWAYS IMPROVE CLIENT ACCESS

We should be providing a variety of access methods. Different clients have different preferences and need different types of interfaces. Clients should be able to access clinic services in person, by telephone, by email, through a web page and through community partners providing community access locations.

- All data gathered supports multiple gateways available for clients to access services.

15. CLEAR RELATIONSHIPS WITH COMMUNITY PARTNERS IS AN ASSET

Clinics can and do benefit greatly from collaboration with community partners. However, these are too often informal and specific to individuals within the legal clinic. Clinics would benefit from having more formal relationships with other community agencies. With appropriate support and training, partners can assist in early identification of issues, preventative advice and shared outreach efforts.

- All the data gathered supports formalized community partnerships;
- According to the literature, it is helpful to train partners to identify legal issues and provide limited advice, oriented around issue identification and prevention.

16. COMMUNITY ACCESS LOCATIONS THROUGH PARTNERS IMPROVE ACCESS

Walk-in access for clinic services does not necessarily have to be at the clinic office; it can be at the office of a community partner. For this approach to be successful, it is necessary to have a structured, collaborative agreement with the community partner. At the same time, legal clinics need to ensure that their clinic identity does not become conflated with the community partner's identity to avoid confusion and misrepresentation.

It is important to balance client convenience with resource allocation. Travel time is required to go to an access point and sufficient volume of client appointments is needed to make this worthwhile. Initial advice or intake can often be done by telephone, while in-person appointment can be booked at the access point.

Access points work most effectively if the legal clinic sends someone (not necessarily a case worker) to do in-person intake on a regular basis (weekly, monthly, *etc.*) to build a presence at the location, and other appointments are made on an as needed basis.

Agency staff can do basic information gathering for the legal clinic on an ongoing basis, possibly using A2J software being developed.

- The qualitative data and Steering Committee input support community access locations;
- The literature supports this as well and provides overviews of best practices in various jurisdictions;
- Literature and qualitative data support use of partners to create satellite locations and drawing on partners to shape and recruit for those services.

17. THE LOCATION OF CLINICS SHOULD REFLECT AN ACCESS STRATEGY

Access to clinics is affected by physical proximity to an access point. Legal clinics should be located where there is good access for low-income populations. That can include either being located near those populations as well as near transit so that clients from all over the catchment area can get to the legal clinic. In addition, community access points should be used to allow easy physical contact with clients across the catchment area so that clients do not need to travel long distances. The boundaries should be along the natural dividing lines between clusters of low-income population.

- Quantitative and qualitative data show that low-income populations are less well served when they live far away from the location of a clinic access point;
- Quantitative data shows that in most areas good transit does not run through low-income communities in the Greater Toronto Area (GTA), providing access to other locations;
- Quantitative data and Steering Committee input support the need for community access points, proximity to transit and dividing lines that are based on the areas where few low-income residents live.

18. USE OF VOLUNTEERS, STUDENTS & PRO BONO CAN ADD CAPACITY

Clinics can increase their capacity by making more use of volunteers, including community board members, and students. There is also great potential for more use of pro bono lawyers. Currently, clinics are not able to establish sustainable, organized programs, with proper recruitment and

training, as they do not have the staff time available to devote to this. There may be some advantage in creating a system of centralized training for volunteers, board members, and students working in clinics across the GTA, with a focus on maintaining the degree of quality work. However, these assets do not work if used to displace the core team of legal supports in clinics. In addition, we must exercise caution in the use of unpaid labour, and make investments,such as mentoring, to enhance quality of work and as a return for their contributions.

- Literature supports partnerships with volunteers, students and pro bono services and offers many cross-jurisdictional models that significantly increase capacity;
- Literature indicates that pro bono lawyers cannot successfully replace a base of paid staff or government funding;
- Literature and qualitative data show student caseloads must be managed so that they do not lose the time for education and reflection;
- Literature and input from the Steering Committee point to benefits and enhanced outcomeswhen training is available for community board members.

19. HUMAN RESOURCES SYSTEMS CAN BE CHALLENGING AND COULD IMPROVE

Clinics face challenges around doing HR successfully. The small size of clinics also puts a lot of pressure on staff as they try to adapt to changes such as staff going on leave or a new legal issue suddenly arising in the community. There is also little room for advancement in today's legal clinics, as there is little variety in the positions available.

- Qualitative data and Steering Committee input support the need to alleviate some of this pressure and to have staff teams of a size that allows greater flexibility.

20. LEGAL EDUCATION REQUIRES A THOUGHTFUL APPROACH

Legal education, as currently done on a large scale by Parkdale Community Legal Services but also as carried out in other ways in most legal clinics, is a valuable part of the clinic system. It not only nurtures future clinic lawyers but also provides a base of understanding and support for clinic law throughout the legal system. 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. Transformation of the GTA legal clinics should include a clinical law component.

- Qualitative data shows that most clinics in the GTA use students in some way and that these are invaluable opportunities.

21. REINVESTMENT IS ESSENTIAL

Savings created through efficiencies should be invested in enhanced services and more effective working environments.

- The qualitative data and input from the Steering Committee all support the need to enhance resources in order to provide more effective services in communities of need;

- The agreement with Legal Aid Ontario provides for reinvestment, maintaining at least the same amount of funding.

22. NEED FOR ONGOING ENHANCEMENTS THAT REFLECT NEED

Currently, there is such great demand for clinic service that staff cannot meet all those in need. With transformed services reaching more people, this demand will grow. Resources and service enhancements will need to grow at least at the same rate in order to maintain current levels of service provision.

- All data collected supports the need for adequate resource enhancements to be able to provide adequate services.

23. CLINIC SYSTEM WILL BENEFIT IF IT IS AN EFFECTIVE ADVOCATE

The system as a whole will be a more effective advocate and have a stronger impact with coordinated efforts.

- Conversations and input at the Steering Committee support this.

24. TECHNOLOGY NEEDS TO IMPROVE

Good technology could let clinics work better, and today's legal clinics are frustrated with the limited technology and support provided. Most clinics are unable to dedicate more resources (particularly human resources) to effective use of technology.

- Qualitative data and input from the Steering Committee point clearly to the need to better clinic IT systems;
- Literature provides models on uses of various technologies, which will need further discussion and decision.

25. MUNICIPAL BOUNDARIES MATTER

It is generally preferable for a clinic's catchment area to not cross a municipal boundary. A clinic serving more than one municipality has to develop relations with multiple government offices (notably Ontario Works and Housing) and community agencies. It multiplies the contacts which a clinic must maintain. Clinic staff must also be familiar with local bylaws and procedures for more than one municipality. Clinics with stronger relations with their counterparts increase their ability to work more effectively. Catchment areas that match those of key partners enable clinics to work with the same partners more frequently, deepening relationships.

- Qualitative data supports local partnership development through frequent engagement;
- Literature and qualitative data agree that long standing relationships with adjudicating bodies facilitates effective settlements.

26. RESOURCE ALLOCATION DOESN'T REFLECT POPULATION DISTRIBUTION

The current allocation of personnel resources does not match the distribution of low income people in the GTA. To illustrate, currently the ratio of funded staff to low-income population in the GTA ranges from 1:1,500 to 1:16,500. The average is about 1:8,500. Resource allocation, however, is not this simple and will take into consideration a multitude of factors.

- Quantitative data shows concentration of population in need in some areas with smaller clinic staff teams.

27. EXPANDED AREAS OF LAW ARE NEEDED

Many low-income individuals need services that are not offered by clinics. Family law, immigration law and employment law are widely sought. Legal aid certificates are not meeting the needs of these populations.

- Qualitative data shows that many clients seek services from legal clinics that fall outside of their scope of law, but that in many cases, the issues are interconnected;
- The literature and qualitative data give mixed guidance on whether to expand services to include Family, Criminal, and Consumer law.

28. HARMONIZED INTAKE BEARS CONSIDERATION

Clients should not have to repeat their story. They need a simplified intake process that can be shared (with their permission) with other agencies.

- Qualitative data and Steering Committee input support clinics offering a harmonized intake model.

29. AREAS OF LAW SHOULD REFLECT COMMON NEEDS

Partners and the general public are confused by the fact that access to a particular type of legal problem depends on which street you live. Good service delivery supports the idea of some coherence in the basic core list of areas of law which all GTA legal clinics address. Each clinic must, nonetheless, decide how much of its resources it devotes to any particular area, and what additional areas of law its client population may need.

- Qualitative data and Steering Committee input support clinics offering core services.

30. UNMET NEEDS EXIST FOR MANY LOW-INCOME RESIDENTS

There are a very large number of people living on low incomes who are denied access to justice because they are above the income guidelines. This creates an echelon of unserved low-income people, predominately the working poor.

- Qualitative data and literature support this.