Transformation Models

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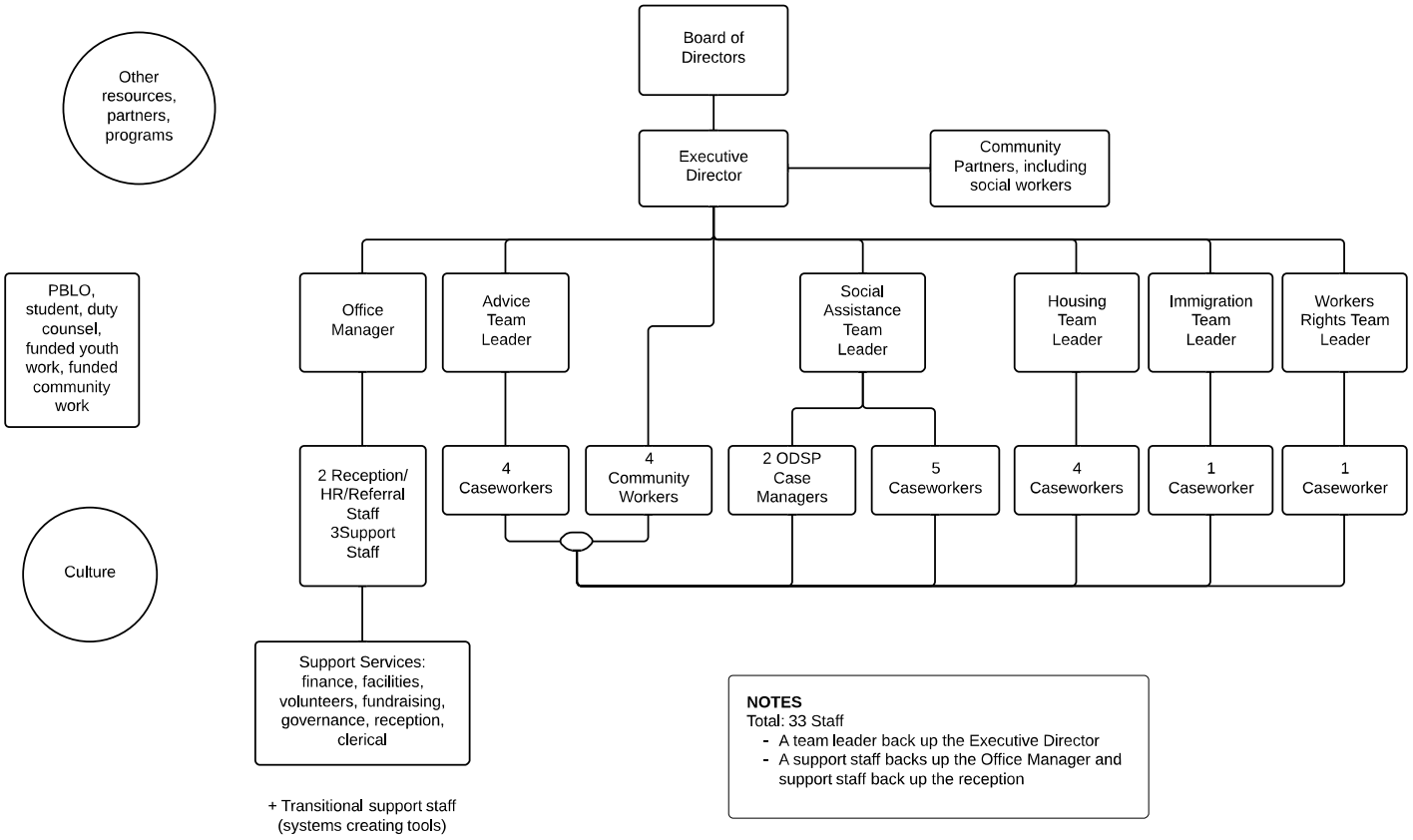
The Ideal Clinic Structure



Implications

- Staff size of 33
- 79% involved case work/community work
- Teams support areas of law
- More staff in community work
- Clear relationships with key partners for coordinated collaboration
- Capacity to manage more PBLO/volunteer casework/support

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Principles

- Adhere to municipal boundaries to support relationships between staff and partners/adjudicating bodies
- Connect adjoining areas of poverty, use affluent areas as “seams” or boundaries
- Catchment areas should reflect access strategies like transportation services
- Clinics should be accountable to communities
- We need to look at unmet needs and current demand in mapping new clinics

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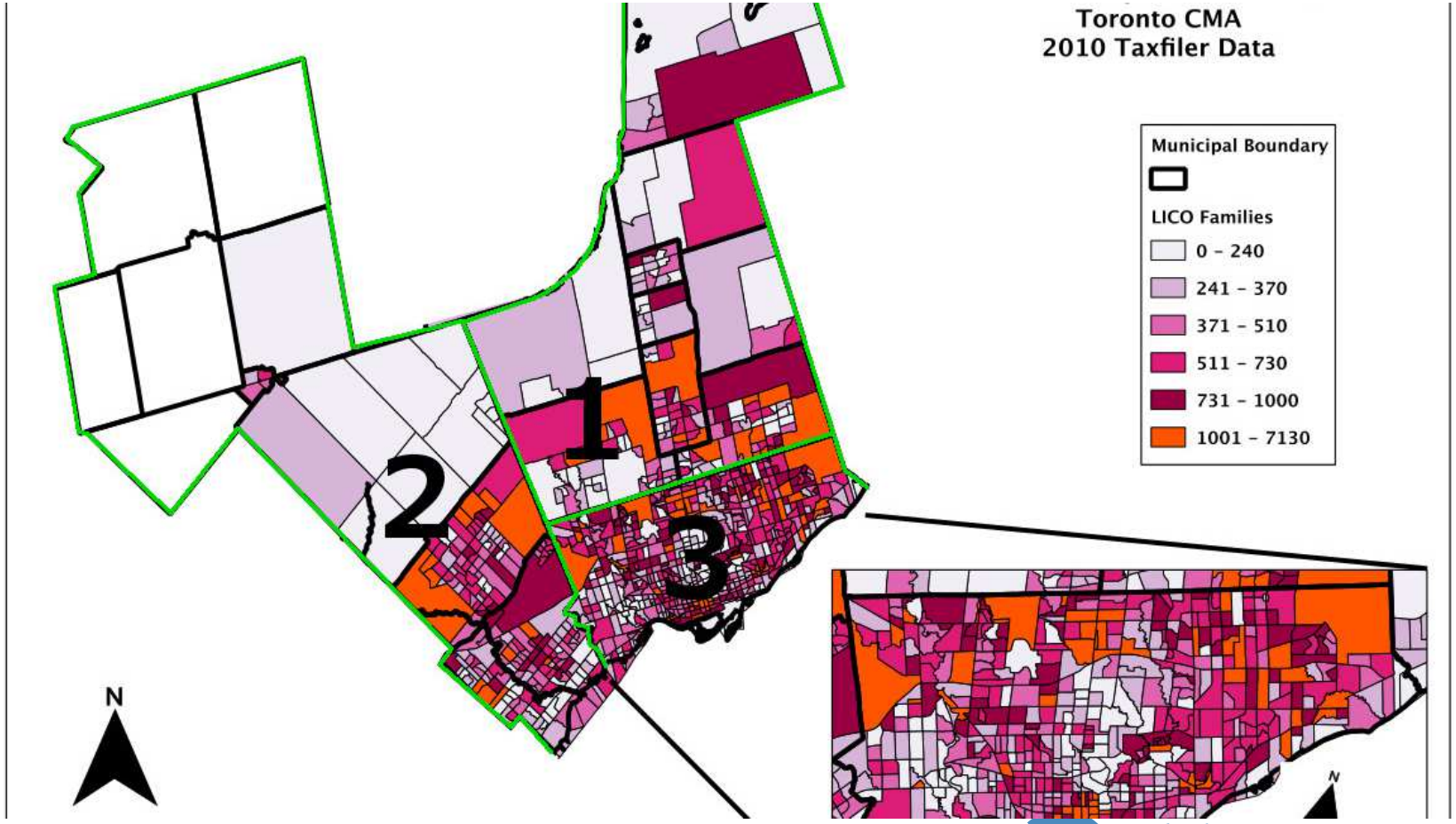
Map of 3 clinics in the GTA



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Implications

- A very large clinic in Toronto with around 85-90 staff
- Close to the ideal size clinic in Peel
- A clinic in York that is smaller than the ideal size

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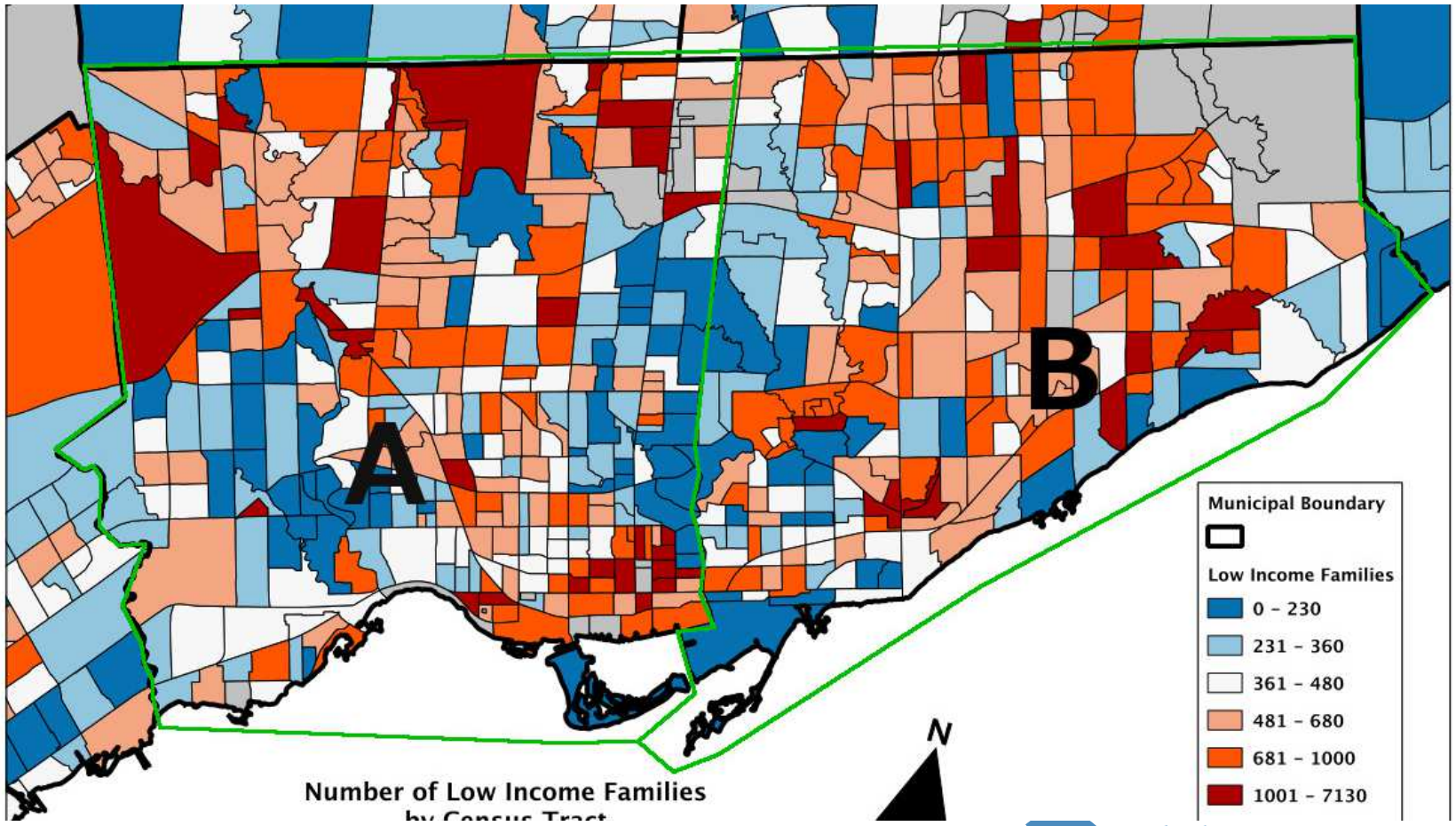
Map of 2 clinics in the Toronto



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Implications

- Two large clinics in Toronto with around 40-45 staff
- Split along affluent areas in central North York, and using Don River or affluent areas of Riverdale
- Close to the ideal size clinic in Peel
- A clinic in York that is smaller than the ideal size

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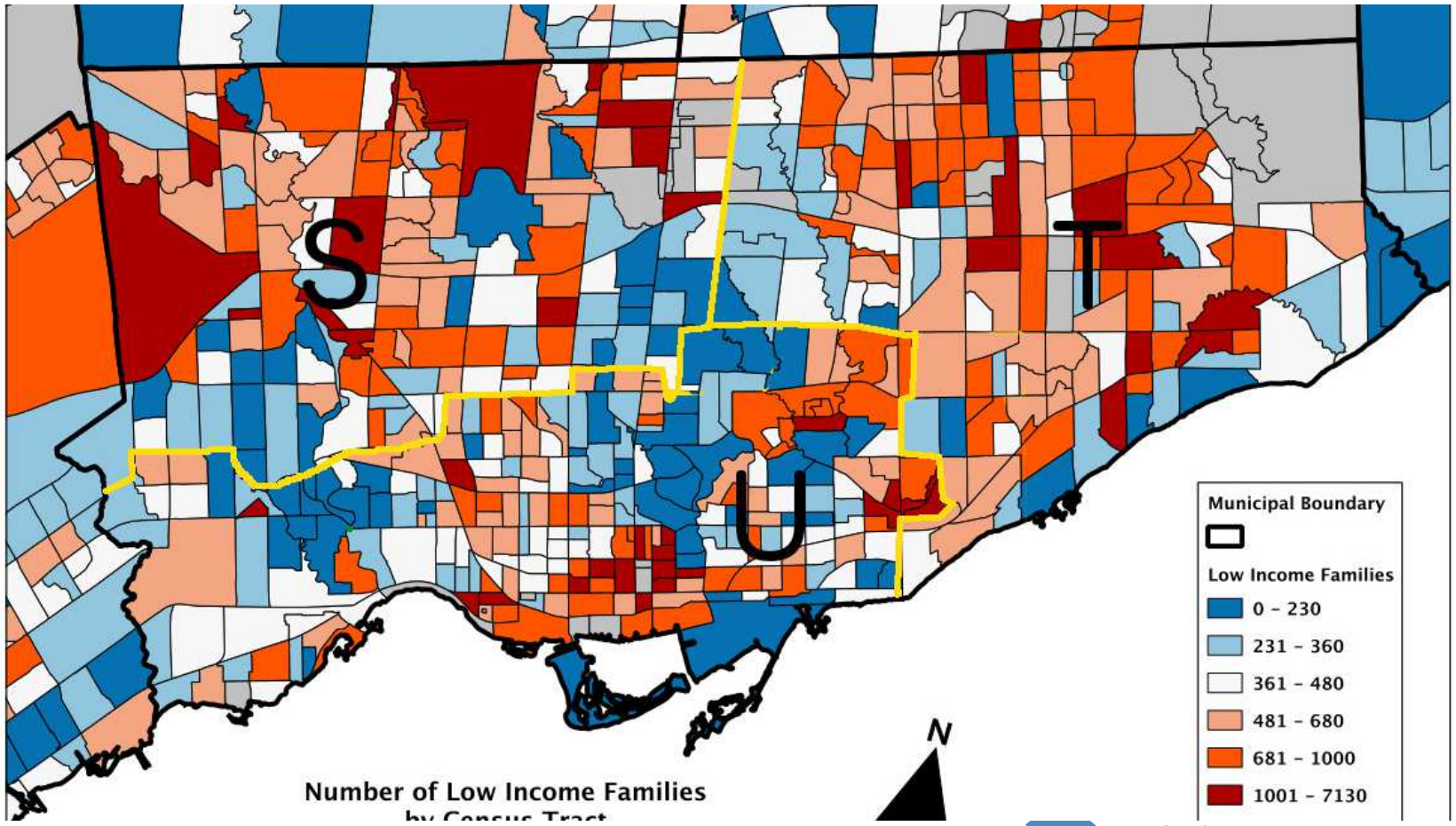
Map of 3 clinics in the Toronto



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Implications

- Three clinics in Toronto with at least two about the size of the ideal clinic
- Using affluent areas in central North York as a seam
- South Clinic based on subway line
- East Clinic based on bus routes
- Close to the ideal size clinic in Peel
- A clinic in York that is smaller than the ideal clinic

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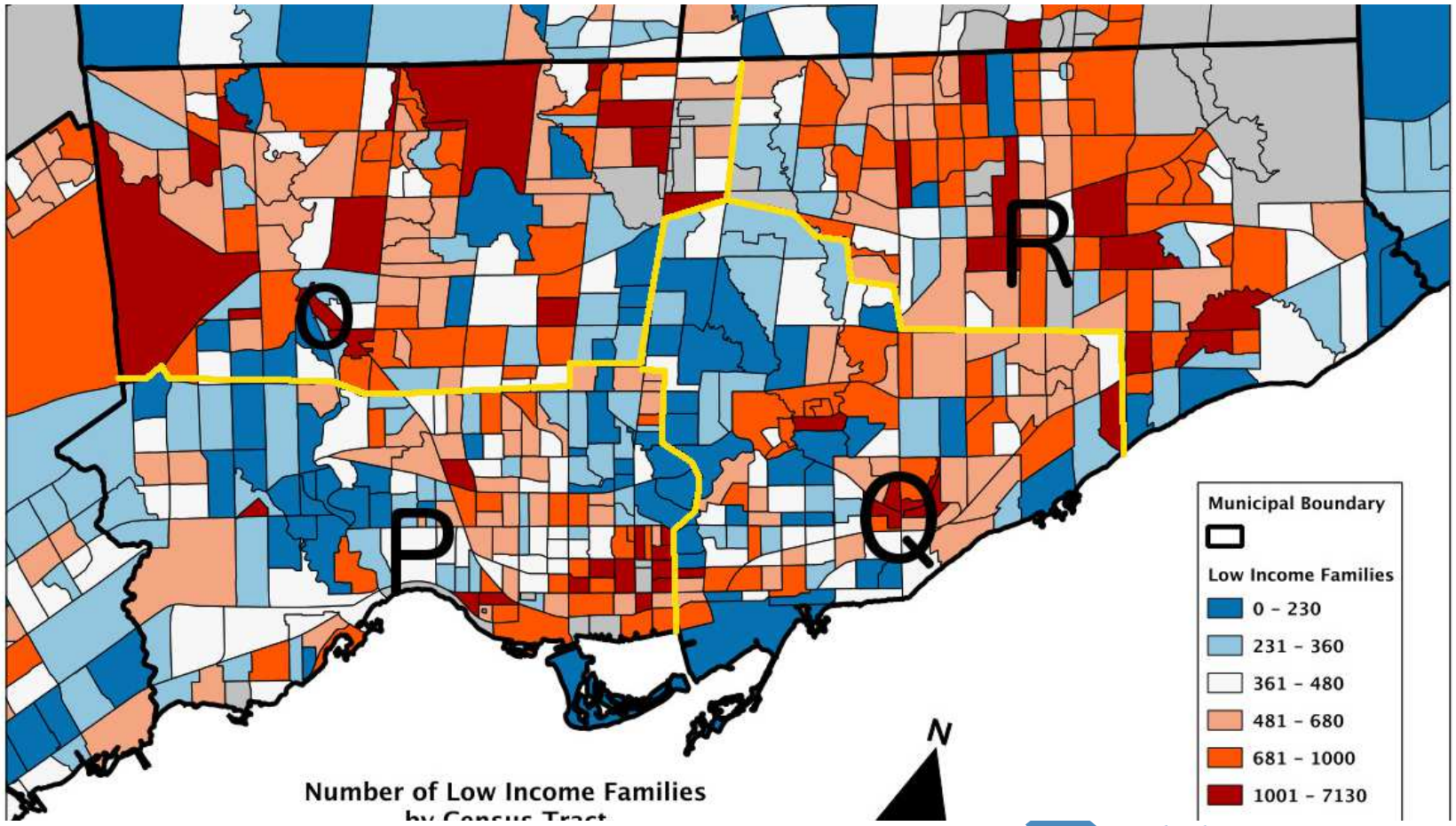
Map of 4 clinics in the Toronto



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Implications

- Four clinics in Toronto with only one at or near the size of the ideal clinic, others at in the high teens, low 20s
- Close to the ideal size clinic in Peel
- A clinic in York that is smaller than the ideal size

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