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# OTTAWA LEGAL CLINICS TRANSFORMATION PROJECT

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## QUANTITATIVE DATA REVIEW

Quantitative data analysis gives us a picture of Ottawa's communities and allows us to explore issues such as immigration, reliance on public benefits, and low-income households. Using 2006 Census and 2011 Taxfiler data, we are able to capture community challenges and potential legal needs. This data was presented as maps of Ottawa, and allowed the Steering Committee to see where concentrations of communities with similar experiences and needs are located.

### Internal Data

The first task in the quantitative review was to gather internal clinic data, which gives a picture of internal clinic systems, strategic directions, and partnerships. From this data, we know that the Ottawa community legal clinics have addressed gaps in services by working together on joint programming initiatives to increase the amount of clients they can help, such as the Ontario Disability Support Program (ODSP) Case Management Program. Clinics have also developed formalized networking systems with community partners, which are based on the idea that every door a client goes to for help is the right door. Connecting Ottawa is designed to meet multiple needs and clients have access to a broad range of services including case management through single point entry into the system. Legal clinics also provide their services in a number of languages, whether through multilingual staff on-site, or through accessing the translation services provided by Legal Aid Ontario (LAO).

The areas of law for which clinics are able to offer services include immigration, landlord/tenant, and public benefits. However, within those areas, each clinic is not necessarily able to offer the same services. One of the goals of the transformation project is for clients to be able to access the same level of services across Ottawa, regardless of where they live. By examining the clinics' internal data, we learn about the various strategies clinics have employed to respond to the needs of their clients, as well as any existing gaps in service that the transformation can address.

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### Data Mapping

The internal data also examined patterns of service delivery by mapping where clients live according to their postal code. These maps showed that there are high volumes of service in some neighbourhoods of the city, including downtown Ottawa, Kanata, Nepean, and Orleans. Demographic data and indicators of need that describe different client populations were presented and included immigrants and recent immigrants, households and individuals receiving government transfers, households below the low income cut-off (LICO), and non-official language speakers. Service patterns were analysed for correlation with these

indicators of need. While the maps showed that volumes of service match need in many of the urban areas, there are still some pockets with high LICO and immigrant populations but lower service levels.

Rural areas also have concentrations of communities with indicators of need, but without correlating levels of service. Discussions at the Steering Committee explored barriers that rural populations face to accessing legal services, including a lack of public and personal transportation as well as a lack of community services for clinics to partner with, which also has the effect of limiting clinic service visibility in these areas.

To view the **Data Mapping presentation**, visit [www.ottawaclinics.ca](http://www.ottawaclinics.ca).

## LITERATURE REVIEW

The Steering Committee has also been examining literature that explores best practices in service delivery to communities who face barriers to services. To date, this research has focused on three themes: access to services by rural communities; linguistic access; and elements of effective community legal clinics.

### Rural Access

The literature found that rural communities can place high value on resiliency and, while this is important for self-image, it can obstruct community members from seeking out assistance due to the stigmas associated with asking for help. Traditional values may further isolate women, LGBTQ persons, and other marginalized people.

*Distance was found to be the number one barrier to accessing legal services and information in Ontario.*

Rural communities have to contend with a lack of formal resources and services, as well as a trend towards regionalizing existing services, which moves community and social services out of local contexts and centralizes them in larger neighbouring towns. Distance was found to be the number one barrier to accessing legal services and information in Ontario. It is exacerbated by barriers to accessing transportation, which intensifies the experiences of geographic isolation by rural communities.

Best practices for providing services to rural communities included ensuring that services are culturally appropriate and engaging clients as experts in their own right. It also included fostering formal relationships between legal and non-legal service providers including informal networks, faith organizations, community members and local businesses. These informal networks and service providers act as “trusted intermediaries” who are trained to provide warm referrals and connect people to the appropriate services.

### Linguistic Access

Language can be a significant barrier to accessing community services, and multilingual communities can face barriers that are both cultural and linguistic. The literature showed that clients still face barriers to accessing French Language Services: they are not as widely available as English Language Services and clients have experienced longer wait times for these services. They may feel compelled to request services

in English due to their perception that they will receive better, faster, or more comprehensive services. There is also an insufficient set of contact points with ethno-specific agencies for French-speaking Africans.

Best practices for providing French Language Services and multilingual services include: increased and more formalized networking and collaboration between staff at different agencies; building trust between clients and staff by providing services in clients' first languages, which can also help to avoid misunderstandings; and conducting outreach directly into French, bilingual and multilingual communities in their preferred languages.

### **Elements of Effective Clinics**

Community clinics in various jurisdictions use a wide range of strategies to provide effective legal services to low-income persons with complex needs. Multidisciplinary approaches offered staff-based clinics that integrated legal and non-legal supports and invariably had strong connections to non-legal service providers in local communities. Formalized partnerships and close working relations with other community agencies allowed clinics to provide a one-stop holistic approach to client services. Many models also integrated their services with volunteers and pro bono legal services. The literature does not recommend replacing a base of paid staff with pro bono lawyers or students, but does identify them as a useful resource. Authors also point to the success of staffing models that are integrated and team-oriented, owing to the fact that they effectively draw upon a wide variety of skills and knowledge.

Literature that compared the judicare model to the clinic model showed that staff lawyers are more time-efficient because they are more likely to negotiate effective solutions earlier in the legal process. They were also found to be better than the private bar in pleading cases, making deals and negotiations.

Virtually every commission and review of access to justice stated the importance of community governance in understanding client needs, challenges, and barriers to accessing services. Community leadership ensures clinics are responsive to the changing needs of clients, and board members were found to benefit from training in governance and representative functions. Some literature questioned whether the notion of community should be based on geography, suggesting that commonalities of experience can also define communities.

Outreach was also found to be a valuable driver of service priorities, although the pressure of casework consistently strains commitment to this. Authors repeatedly stressed the importance of avoiding a trade-off between casework and community outreach.

There was a debate regarding the areas of law that clinics offer and whether or not they should be expanded to include family, criminal, and consumer law. Some authors expressed concern with the Duty Counsel model. While valuable, there is a disconnect from the broader system and other longer-term supports, including the continuity of representation or the ability to forward complex cases on to senior lawyers.

In addition to in-person services, the literature explored the use of different technologies that have been implemented with the intention of increasing access to service. The technology most often debated was the use of a hotline, which some literature found could be helpful in providing brief service and referrals but only where the operators were familiar with local resources, connected to a broader infrastructure, and well trained in various areas of law. Further innovations included touch screen kiosks for information, video conferencing for remote access, websites and multilingual videos, as well as the transfer to electronic files. However, in order for these to be effective, they must also be able to connect clients to knowledgeable staff when necessary.

To view the Literature Review presentations, go to [www.ottawaclinics.ca](http://www.ottawaclinics.ca).

## NEXT STEPS

Over the upcoming month, we will continue to review the literature to look further into French Language Service and itinerant service delivery methods and best practices.

We have also begun the qualitative data gathering. Over the course of the next two months, we will complete focus groups with the staff of each participating clinic. We will also conduct separate focus groups with the clients from each clinic, including focus groups with Francophone clients and clients who live in rural communities, to learn more about their specific experiences. We will also conduct key informant interviews with clinic executive directors, board members and community partners.

We will gather and analyse all the data from the quantitative research, qualitative research, and literature review before any decisions about transformation will be made. While an amalgamation of the three clinics has been discussed in the past, we want to ensure that we get as much feedback and input as possible before we make any decisions or recommendations as to changes to the structures of service delivery.

For more information please visit [www.ottawaclinics.ca](http://www.ottawaclinics.ca).

To contact us, please email [info@ottawaclinics.ca](mailto:info@ottawaclinics.ca).