OTTAWA COMMUNITY LEGAL CLINIC TRANSFORMATION PROJECT

South Ottawa Community Legal Services
West End Legal Services
Community Legal Services of Ottawa Centre

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This report was prepared by Public Interest Strategy & Communications Inc. with Ottawa’s three general service legal clinics: South Ottawa Community Legal Services, West End Legal Services, and Community Legal Services of Ottawa Centre.

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EXECUTIVE SUMMARY

BACKGROUND

Three community legal clinics in Ottawa came together to look at ways to improve access to justice for low income people in the Ottawa area. They looked at some of the needs of their communities, and identified strengths of the community legal clinics, as well as areas for potential growth. In the past these three community legal clinics have successfully collaborated on projects, which laid the groundwork for the development of a more formal collaborative framework. A Steering Committee made up of staff, executive directors, and board members from each of the community legal clinics came together to explore what that framework might look like, and ultimately to carry out this project.

RESEARCH CONDUCTED

To assess how greater collaboration might improve service delivery, the community legal clinics conducted research in several different areas. The research focused on receiving a high level of input from stakeholders, such as staff, clients, community partners, board members, and executive directors in order to ensure that those most affected by changes to the community legal clinic system were involved in the research process.

In addition to stakeholder consultations, a literature review was also conducted, with a focus on rural and Francophone populations, as well as innovative community legal clinic practices from Canada and abroad.

Demographic research was conducted in order to better understand the needs of the communities of Ottawa, and to identify service gaps. The results were mapped to generate a clear picture of income, immigration, case files, languages spoken, available community services and partnerships, and more.

RESEARCH FINDINGS

WORK OF COMMUNITY LEGAL CLINICS

It was evident from the research that the community legal clinics do an incredible amount of work and are extremely dedicated to their clients. However, even though they are highly effective, the research showed there is currently more
demand than community legal clinics have the capacity to meet, especially in the legal areas of immigration and housing. The study identified a need to find ways to shift community legal clinic resources towards front line service.

COMMUNITY DEVELOPMENT

Another theme that emerged was the need and will for more community development and Public Legal Education. Throughout stakeholder and staff consultations, there was a desire for community legal clinics to expand their work in these areas. However, the pressure of managing case work often made it difficult for clinic staff to do as much community development as hoped. As a result, developing strategies to expand community development work was another key need identified in the research.

PARTNERSHIPS

Throughout consultations with stakeholders, developing partnerships with other agencies in the community was identified as a highly important activity. Partnerships were not only seen as a way to increase community awareness about legal clinics, but also as a way to increase the capacity of services. Community partners could play a bigger role in issue identification, referral and even intake, creating new gateways to service. Ottawa’s community legal clinics have strong existing partnerships, but, like community development overall, partnership development takes time, and community legal clinics struggled to carve out enough time to grow and sustain partnerships.

TIME SPENT ON ADMINISTRATION

The time spent on administration was frequently raised as an issue throughout consultations with individuals internal to legal clinics, like staff, executive directors and board members. To get a better idea of how many resources were allocated to administration, a back-office study was conducted. Through this study it was identified that there were some efficiencies to be gained through changing the structure of the community legal clinics. Resources currently spent on administration could be redirected towards front line services.

ACCESS TO JUSTICE

Demographic mappings indicated that there are many low income populations living in rural areas of the Ottawa region. These populations experience significant barriers to accessing community legal clinics because of the challenge of securing accessible, affordable transportation. Other populations with barriers to access that were identified in stakeholder consultations, in the literature
review, and in demographic mapping, were Francophones, Aboriginal populations and non-official language speakers. Creating mechanisms to help these communities access the community legal system was seen as a high priority by many.

POTENTIAL MODELS STUDIED

Recognizing the challenges Ottawa community legal clinics face and the assets they possess, the Steering Committee examined several options for change. One option was maintaining the status quo. However, this option did little to address the challenges identified by other stakeholders, such as the need for broader, more accessible front line services.

The community legal clinics studied other opportunities to increase collaboration, including several strategies to merge the three community legal clinics. These strategies explored combining all offices, some offices or maintaining the current offices. The models that included having less than three permanent offices were reviewed, but ultimately rejected because of the loss of access for clients and the disruption to existing relationships with partners.

PROPOSED MODEL

By reducing the administrative responsibilities of clinic staff, more time and resources can be allocated to direct work with clients, and for the expansion of outreach and community development programs. The proposed model is one that amalgamates the community legal clinics and maintains three permanent offices. This model was identified as achieving the greatest balance between maximizing the efficiency of the clinics and maintaining their accessibility and existing ties to the communities they serve.

MORE OUTREACH TO HARD-TO-REACH POPULATIONS

This model facilitates more outreach to priority populations such as rural residents, Aboriginal peoples, non-official language speakers, and Francophones. Some strategies to reach out to these populations include introducing satellite offices, increasing online presence and telephone services, and creating a staff position dedicated to engaging these populations.

COMMUNITY DEVELOPMENT

The literature and stakeholder consultations pointed to a need for dedicated outreach staff to do community development without the pressure of case work. These staff could work with the Connecting Ottawa project and other partners to
create a more accessible system. Community development work could help build partnerships and relationships with trusted intermediaries or “problem-noticers” in areas not as well served by community legal clinics, and could help identify more opportunities to do outreach, reach clients, and increase awareness of community legal clinic services.

CAPACITY

There were many strategies discussed to increase the capacity of legal clinics to better meet the needs of their communities. The main strategy discussed was creating administrative efficiencies, such as amalgamating back office functions, in order to re-allocate those resources towards hiring more legal workers to focus on housing and immigration law. Some of the strategies discussed included making better use of volunteers, students, and pro-bono lawyers.

THE FULL REPORT

To read more about the models studied, the research gathered, and about options for increased services in the community legal clinics, please read the full report.
INTRODUCTION

PURPOSE OF THE REPORT

Since the spring of 2014, the three general service community legal clinics of Ottawa have been studying their communities and the way they deliver their services, and have been exploring ways to improve access to justice in Ottawa. That work led them to initiate a systematic review of service improvement options through their community legal clinic Transformation Project.

The purpose of this report is to present the research conducted through that Project and the findings from that research. From those findings, a set of themes and recommendations are developed. From the themes and recommendations, a model for a transformed community legal clinic system in Ottawa is proposed.

OTTAWA BACKGROUND

Ottawa’s general service community legal clinics – South Ottawa Community Legal Services, West End Legal Services and Community Legal Services of Ottawa Centre – have a history of working together and collaborating to improve access to justice and service delivery in the City of Ottawa. In the past these three clinics have effectively developed a program to better meet the high volume of clients with legal needs on Ontario Disability Support Program (ODSP), by sharing an ODSP appeals caseworker. They also jointly operate Ottawa’s Tenant Duty Counsel program at the Landlord and Tenant Board. They have also developed networks of service delivery agencies to better meet the legal and non-legal needs of their clients. This partnership collaboration led to the development of Connecting Ottawa, a network of agencies supporting people struggling with legal issues who also face communication barriers.

This history of collaboration led to discussions about increased collaboration and discussions about amalgamating started in 2009. The purposes of those discussions were to create a more streamlined organizational structure in order to increase service delivery capacity, and to better co-ordinate service delivery to Ottawa’s low-income residents. The reasons for looking into increasing services in the City of Ottawa are many. Currently, the demand for community legal clinic services is higher than they have the capacity to meet. This capacity/demand mismatch is heightened by growing immigration, with about 19% of Ottawa’s population having immigrated to Canada, and 17% of those are recent
immigrants according to the most recent available census data on immigration (Statistics Canada, 2006). Another factor contributing to the difficulty of meeting demand in Ottawa is the sheer size of the city. Below is a map of Ottawa, compared with maps of Edmonton, Calgary, Vancouver, Montréal and Toronto. This comparison clearly shows how much physically larger Ottawa is than all of these five cities combined. This understanding of the physical size of Ottawa has been an important factor in the community legal clinics’ discussions about how to reach and be accessible to populations throughout the city, with the understanding that having one central location in an amalgamated community legal clinic would not allow for sufficient accessibility for a city of Ottawa’s size.

This report studies the feasibility of amalgamation, and other service delivery models, building on the conversations Ottawa’s three general service community legal clinics have had in the past.
RESEARCH

METHODOLOGY

To ensure a comprehensive analysis of the issues affecting access to justice in Ottawa, the research was divided into seven areas:

- Quantitative Data
- Literature Review
- Focus Groups
- Key Informant Interviews
- Service Mapping
- Model Costing
- Model Development

Each element is described in more detail below.

QUANTITATIVE DATA

External data relevant to the current project were reviewed, including Statistics Canada data from 2006 and 2011 and tax filer data from 2011. This review focused on income levels, income sources, immigration patterns and status, language, and family composition as indicators of probable poverty law needs. This data was used to develop a set of maps that would allow a better understanding of the distribution of need in Ottawa’s communities by looking at clusters of need. This data was then overlaid with client data provided by the community legal clinics, which mapped their advice, brief services and case files by the first 3 digits of associated postal codes. This overlay illustrated where there is probably significant need that is not currently being met by the community legal clinics.

LITERATURE REVIEW

A literature review was conducted on promising models of poverty law delivery in Canada and abroad by further exploring peer-reviewed and grey literature drawn from academic databases and online sources. In addition to studying poverty law services generally, service delivery models specific to Francophone populations and rural populations were also studied. This comprehensive study helped to inform local model development.
FOCUS GROUPS

The focus group model was designed to gather ideas and insights from people whose experiences could inform the Project’s observations and decisions.

One focus group was held with each staff group from the three community legal clinics in a familiar setting, and excluded management staff in order to facilitate candour. Five focus groups were held with clients of the participating community legal clinics, with one general focus group per clinic, then an additional focus group for rural populations and for Francophone populations. One focus group was held with board members from the three participating community legal clinics.

KEY INFORMANT INTERVIEWS

The purpose of key informant interviews was to talk to individuals who have a considered opinion on a topic and have reflected on it in ways they can readily express.

Executive directors from each of the three participating community legal clinics were interviewed, as well as the executive directors from two other community legal clinics in Ottawa: the Francophone community legal clinic located at the Vanier Community Service Centre (Clinique juridique francophone de l’est d’Ottawa), and the University of Ottawa Community Legal Clinic.

Twenty other individuals were interviewed in this process, including front-line workers at partner agencies, community leaders and advocates, funders and executive directors from partner agencies. These discussions were held to develop a greater understanding of how other agencies work with the community legal clinics, of how Ottawa’s social service community is structured as a whole, and of existing gaps in services and opportunities for improvement.

COMMUNITY RESOURCE MAPPING

To get a better idea about what kinds of resources are available in Ottawa, and to get a better understanding of where they are physically located, a community resource map was developed. The resources included in this map are major resources in Ottawa’s communities and are also existing partners of the three participating community legal clinics. The postal codes of these agencies were used to indicate their locations on the map of Ottawa. This tool can be used to understand which areas in Ottawa are well-resourced, which are not so well-resourced, and where there might be opportunities for the community legal
clinics to build partnerships that may provide better access to those community that are not well-resourced.

MODEL COSTING

Detailed budgets from each of the clinics were obtained and broken down by clinic staff into their administrative and client service components. Models were developed that made specific functions overlap, and the savings from eliminating the overlap were calculated. For example: with one clinic, two executive directors would become redundant, and their administrative functions would be eliminated, but since all three executive directors also serve clients the client service component of their time was not considered a potential saving. All costs and savings were calculated for each model and the resulting comparative spreadsheet. Where assessments were complex, staff teams reviewed the results and made adjustments.

MODEL DEVELOPMENT

By reviewing quantitative and qualitative data, various potential service improvements were identified, reviewed and ranked by the Steering Committee. Based on the model costing, potential savings were tabulated and the total capacities for future potential service improvements were assessed. Capacity was augmented by new grants that facilitate easing the financial eligibility guidelines, and expand the work of the clinic. This capacity was also assessed in the context of the identified community needs.

FINAL REPORT

Based on the research gathered by the above data gathering methods, this report was developed to summarize and analyze the research findings, and from there develop recommendations and next steps.
QUANTITATIVE DATA

DEMOGRAPHIC PATTERNS

The review of quantitative data looked at 2006 and 2011 Census data as well as 2011 tax filer data to learn about where people who may need community legal services in Ottawa live. This analysis looked at characteristics such as income levels, income sources, immigration patterns, language, and family composition as indicators of probable poverty law needs.

Analysis of income levels showed a wide distribution of households living under Statistics Canada’s Low Income Cut Off (LICO), with a high concentration of these households in inner city neighbourhoods as well as rural areas south and west of the urban core.
Reliance on income supports that come in the form of government transfers is also a potential indicator of future community legal clinic need. Again though many households rely on government transfers in the downtown area, many others, in rural areas, west and south of Ottawa and in the areas south of Orleans, also count on benefits.
Immigration patterns in Ottawa show a distinct concentration of the most recent immigrants in the urban centre and in Vanier, but also show emerging enclaves around Barrhaven, Kanata, Nepean, and Orleans, outside the city centre.
Patterns similar to immigration patterns are found when mapping data on people who speak neither English nor French. These populations tend to face bigger challenges navigating the justice system, and also tend to be among the communities living on lower incomes.
Data on Francophones shows a high concentration on the east side of Ottawa in Vanier, and Orleans and the rural areas south and east of Orleans.

Demographic data overall shows patterns of potential need in the inner city in Ottawa contrast with significant need in the areas west and south of Ottawa and in eastern areas around Orleans.

**SERVICE PATTERNS**

Service use was mapped by correlating the first three digits of the postal code from anonymized client records, showing how many clinic clients lived in each postal area of Ottawa.
Despite indicators of likely need in the rural areas south and west of Ottawa and around Orleans, few clients are drawn from those areas. Overwhelmingly clients come from the areas in the urban centre of Ottawa, usually in areas close to clinic locations (marked with stars on the map).

**LITERATURE REVIEW**

A literature review of promising practices in other jurisdictions, and learnings from innovative programs in delivering legal services in Canada and around the world showed some clear patterns that drive success and failure. Given Ottawa’s unique characteristics of having a rural population and being a bilingual city, literature specific to delivering services to rural populations and Francophones was found to have insights on not only the barriers and strengths of these populations, but also innovative practices to better service delivery.
GENERAL SERVICE LITERATURE

CLINICS DO BETTER WHEN THEY DRAW ON WELL SUPPORTED RELATIONSHIPS

The advantage clinics models have over judicare models of service is the relationships the staff develop from working consistently in poverty law (Buckley, 2000; Currie, 2000). Clinic staff have relationships with adjudicators and tribunal staff that help them negotiate better outcomes for clients and do it more quickly. Clinic staff also have relationships with other service providers that enable them to link clients to more holistic services. As importantly, clinic staff have relationships with other organizations that can help identify people with legal needs and link clinics to those clients (Eagly, 1998; Forster & Glick, 2007; Leask, 1985; Long & Beveridge, 2004; Moore, 2003; Newman, 2007; Trubek, 1998). These relationships make clinics effective at identifying problems, obtaining non-legal supports when needed, and resolving legal problems for clients (Buckley, 2000).

Research also showed that integration of all aspects of service delivery was vital to clinic work. From outreach, advice, law reform and casework, the various interactions inform each other in a systematic way to access justice (Buckley, 2000; Currie, 2000).

Unfortunately, clinics are also often overwhelmed and, as a result, can’t commit the time and energy needed to sustain consistent relationships, and their partners find this a challenge (Ministry of the Attorney General, 1997).

THERE IS MORE VOLUNTEER AND PRO BONO CAPACITY THAN CLINICS HAVE USED

Many jurisdictions draw more extensively on pro bono lawyers, student and volunteers. Australia, for example, has a 4:1 volunteer-to-staff ratio, Washington has pro bono involvement at all 41 of their clinics, and New Mexico has a state-wide Volunteer Attorney Program (Long & Beveridge, 2004; Marks, 2013). In the United States, two thirds of lawyers offer pro bono service and most firms offer 3-5% of staff time for pro bono work (Houseman, 2007), with similar findings in Victoria, B.C. (Giddings & Noone, 2004).

Where they use that to enhance capacity, rather than displace core services, these models are successful. However, clinics need the internal capacity to recruit, train and support volunteers well if the standards of service, in the unique context of poverty law, is going to be maintained (Brodie, 2006; Long & Beveridge, 2004).
A DIVERSITY OF COMMUNITY LEADERSHIP IS NECESSARY FOR RESPONSIVE SERVICE

Community governance brings many different voices to the leadership in the clinic system, helping clinics respond to the changing needs of clients in sensitive and appropriate ways (Ministry of the Attorney General, 1997; Abramowitz, et al., 2010; Brodie, 2006; Leask, 1985; Newman, 2007). However, while board members bring knowledge and awareness of their constituencies, they also need to draw on more than their personal experience to fully reflect the needs of the community. No board can be so representative that all aspects of the community, large or small are reflected. This makes outreach, and staff-supported efforts to learn from the community a key to success (Alfieri, 2005; Alvarez, 2007; Cook, 2006; Eagly, 1998; Wexler, 1970). Unfortunately, the pressures of casework frequently override the commitment to do community work. Consequently, clinics with little outreach capacity can find themselves less connected to the community than those that sustain systematic engagement (Ministry of the Attorney General, 1997; Trubek, 1998).

THERE IS DEMAND FOR MORE AREAS OF LAW

Research shows consistent demand for services in more areas of law. It also shows that certificates for legal aid in these areas are decreasingly effective as a tool to deliver service (Buckley, 2000). Similarly, Duty Counsel who do not connect to a clinic, provide less consistency of service for ongoing cases (Buckley, 2000; Currie, 2000; Ministry of the Attorney General, 1997). Diversification of areas for law in clinics is a growing need (Buckley, 2000).

SMALL STAFF TEAMS ARE A BARRIER TO EFFECTIVE MODELS OF SERVICE

Research points to the success of staffing models that are integrated and team-oriented. Integrated models make effective use of a wide variety of skills, allowing staff to draw on a range of skills and knowledge, and can provide support to other team members on an ongoing basis. These teams can include lawyers, paralegals, pro bono lawyers, articling students, and community organizers. Clinics that are too small to form teams are prevented from using this model (Leask, 1985; Long and Beveridge, 2004; Martin, 2001).

RURAL SERVICE DELIVERY

The literature on the delivery of legal and non-legal services in rural areas looked at applications and findings from rural Ontario, elsewhere in rural Canada, and rural areas outside of Canada. Examples from the healthcare sector feature
significantly, as recent innovations in service delivery to rural areas are having an impact on the way services are delivered in other sectors, as well.

Some key themes that arose from a review of the literature include:

- A culture of resiliency tends to persist in rural areas, which can support a positive self-image for individuals and their communities, but may also be a barrier to acknowledging need and seeking out resources and assistance.

- Rural areas tend to have more “traditional” values, which influence the social structures within communities, and behaviours around acknowledging need and seeking out resources and assistance.

- Economies of scale influence the resources available within communities and the channels through which they become available to individuals, on both a social/interpersonal level and also at the level of government, for-profit, and non-profit organizations operating within rural areas. Economies of scale impact the following areas in particular:
  - Distance to resources/transportation barriers
  - The size and variability of social networks
  - Regional and local availability of public and private resources
  - Geographic isolation, and an isolation from pertinent information which impacts overall “legal literacy”

Some general observations can also be made about existing best practices in providing services to rural clients:

- Providing services in culturally-appropriate ways improves outreach and efficacy, and improves community involvement.

- Building collaborative relationships within both formal and informal networks expands the capacity for outreach, service delivery, and advocacy. A noteworthy example is the use of multi-disciplinary teams to provide holistic services and maintain inter-agency relationships.

- Using technology to address barriers specific to rural access, where and when appropriate.

THE RURAL CONTEXT

Economies of scale

All literature acknowledged a consistent shortage of services and programs and overall lack of resources in rural areas. Dispersed populations and weaker
economies of scale means that, per capita, services and programs cost more to provide. A trend towards regionalizing services has been one response to this (Cohl & Thomson, 2008).

An overall lack of resources was found to intersect with other factors to produce barriers unique to the delivery of services in a rural context. When local agencies, services, and programs are defunded or amalgamated at a regional level, residents tend to develop a mistrust of government services and programs, and service delivery agencies. This also means that other barriers – such as a lack of affordable transportation, or a lack of awareness of the services and programs available – are especially difficult to overcome without the existence of an easily accessible, formal, integrated network of service providers. Furthermore, individuals facing multiple challenges, from getting mental health care to resolving a legal issue, are likely to be lacking support in all the areas where they need it, and so each issue is compounded by the next.

Rural poverty also tends to be exacerbated by economies of scale, and is often inter-generational and long-term. Some factors influencing this are: few employment opportunities due to the seasonal nature of many rural jobs, and the recent decline of many of the resource and manufacturing industries that rural economies have historically depended on; higher rates of functional illiteracy, which can be difficult to identify in dispersed populations dependant on labour-markets; a lack of affordable housing and significant disrepair in available housing; and poorer health overall due to a lack of accessible health services and supports. (Cohl & Thomson, 2008)

Childcare was also identified as a barrier to rural service access, since most rural jobs operate outside of standard office hours. It is difficult to make childcare arrangements outside of work hours, especially when accessible childcare resources are sparse (Cohl & Thomson, 2008; Graham & Underwood, 2012; Panazzola & Leipert, 2013; Pruitt & Showman, 2014).

Another consequence of rural economies of scale is that it is difficult to attract and keep service providers in rural areas. In the context of delivering poverty law services, this is a particular problem in that it increases the incidence of conflict of interest issues (Cohl & Thomson, 2008), and can lead to professional isolation (Dyck, Cornock, Gibson, & Carlson, 2008). In the health sector specifically, professionals tend to provide general practice, whereas specialized providers are uncommon, leaving it up to general practitioners to acquire specialized knowledge and provide relevant supports to their patients (Hall, Weaver, Handfield-Jones, & Bouvette, 2008). This reflects a regionalization of specialized
services, or concentration of specialized services in urban areas, a situation that is not unique to the health care sector.

Transportation barriers

Related to weaker economies of scale in rural areas is the lack of affordable transportation options for rural residents. This was identified as a major barrier to accessing services in all sources of literature on rural service delivery. Transportation is a barrier because when services are few and far between, travel times are longer and the distances clients have to travel exceed any local transit systems, if they exist. This means that, for many people, the only travel option available is driving, so rural residents who cannot afford to drive, do not have a license, or otherwise cannot drive, are isolated from many of the regional resources available to them.

Transportation barriers impact service delivery from the initial point of contact between a client and a service provider, and throughout the continuum of service provision. A lack of accessible and affordable transportation options is a barrier to making initial contact with a service provider, and can make it difficult to continue receiving their support after contact is made. For example, doctors’ appointments, meetings with a case-worker, or hearings may be missed, compounding the problem(s) that lead the client to seek help in the first place.

A culture of resiliency and self-reliance

A number of sources mentioned a culture of “resiliency” as persistent in rural areas, (Cohl & Thomson, 2008; Kelly, Sellick, & Linkewich, 2003; Nelson, 1993; Panazzola & Leipert, 2013) specifically amongst seniors (Panazzola & Leipert, 2013). In the rural context, resiliency can be beneficial to the self-image of an individual and of the community at large (Panazzola & Leipert, 2013), acting as a safety net (Cohl & Thomson, 2008). For individual people, the valuing of “resiliency” can reinforce an independent/dependent, or strong/weak binary, providing the context for stigmas associated with acknowledging when one has an issue (legal or otherwise), and addressing that issue by seeking resources and assistance from an external source (i.e. a social service agency or public service) (Nelson, 1993; Panazzola & Leipert, 2013).

A tendency to associate resiliency as a particularly “rural” quality also reinforces the rural/urban binary, qualifying the acknowledgement of one’s need(s) and the act of addressing need(s) as a decidedly “urban” or “outsider” thing to do (Nelson, 1993). This poses a unique challenge to making rural communities aware of the services available to them, and it compounds other barriers to service delivery. The rural/urban divide is particularly relevant for Ottawa, post-
amalgamation, as confusion about how municipal programs and services are funded, distributed, and run has led to some resentment toward the City’s urban centre by rural residents (City of Ottawa, 2010).

Close-knit communities

This close-knit network is particularly valuable in the context of local and regional shortages in services and programs; as formal networks are defunded and regionalized, local informal networks become the primary sources of social supports (Nelson, 1993; Panazzola & Leipert, 2013). For rural communities, resiliency works in tandem with the typically close-knit quality of rural communities to create a sort of “safety net.” However, this “safety net” can also mask some of the challenges faced by the community at large, and the individuals within it (Cohl & Thomson, 2008). Conformity is highly valued, and so people are more likely to resist acknowledging issues that might mean they “stand out,” or to resist embracing alternative ways of coping (Nelson, 1993).

The matter of privacy and confidentiality concerns was mentioned across the literature as another consequence of close-knit community networks, compounded by a lack of trust in government and non-government agencies alike. A study on access to services for rural residents living with AIDS noted that, even when local agencies and services are available, patients would mistrust their ability to provide private, confidential services and would go out of town to get services, further compounding barriers related to distance and a lack of affordable transportation (Nelson, 1993).

Values

According to Pruitt and Showman, the high level of integration of close-knit rural communities can tend toward greater consensus around shared values and morals, and lead to an “attachment to tradition” (2014). Traditional gender roles tend to be adhered to, which can mean women in rural areas are at particular risk of financial dependency and isolation, and can be disproportionately impacted by transportation barriers (Cohl & Thomson, 2008; Cristancho, Garces, Peters, & Mueller, 2008; Panazzola & Leipert, 2013).

However, they also note that this “attachment to tradition” is shifting as rural communities shift and diversify along with general populations.

BEST PRACTICES

Culturally appropriate service delivery
Acknowledging rural communities as unique, with distinctly rural realities and experiences, was identified as crucial in successfully providing services to rural residents (City of Ottawa, 2010). Not only is it an effective approach to dealing with rural groups overall, but it is especially important when serving marginalized groups within rural communities. People who experience discrimination based on ethnicity, gender, sexual orientation, or in other ways do not “conform,” are likely to have those experiences compounded by rural barriers such as social isolation, heightened visibility, and appearing as an “outsider.” For these rural residents, culturally appropriate service delivery is particularly important. (Nelson, 1993; Panazzola & Leipert, 2013)

Utilizing rural networks and “trusted intermediaries”

The informal networks that permeate much of the social structure of rural communities are essential for doing outreach and providing services. Utilizing these networks could improve the capacity to provide services in rural areas, as access points for the informal social network (such as churches, social clubs, physicians, or local businesses like grocery stores) are avenues for conducting outreach. Tapping into informal networks also helps build trust and community buy-in when faced with a resistance to “outsider” or “urban” ways of doing things. It is important to involve local community members as “trusted intermediaries,” as this also builds trust and strengthens communication between rural communities and access points for service. (Cohl & Thomson, 2008; Nelson, 1993; Panazzola & Leipert, 2013)

Collaborative, inter-disciplinary approach

In the delivery of health services, specifically mental health services, the literature showed a trend towards using inter- and trans-disciplinary team models to provide holistic care to patients requiring specialized health services in rural areas, specifically the elderly and those presenting complex mental health needs. The rural context presents a unique demographic of clients exhibiting complex and multifaceted issues, since they lack access to many of the specialized supports they need, and face stigma in acknowledging their need and seeking help. Since each issue can compound the next, a collaborative team of service providers from multiple disciplines is effective in supporting clients with complex, compounded needs. The team approach is also helpful in addressing transportation barriers specific to rural clients, by providing clients with more options and flexibility and simplifying access to multiple follow up appointments. (Graham & Underwood, 2012; Hall, Weaver, Handfield-Jones, & Bouvette, 2008; Morgan, et al., 2009; Nelson, 1993; Sullivan, Parenteau, Dolansky, Leon, & Le Clair, 2007)
Using collaborative teams to build connections with specialty providers in urban centres also helps to build local knowledge and capacity to provide specialized services (Hall, Weaver, Handfield-Jones, & Bouvette, 2008). It improves awareness in urban centres of rural resources, which could help increase referrals to local rural services. Connecting urban and rural agencies means each are more aware of each other and the services they provide, improving their ability to make effective referrals. This also helps to build trust in the community and dispel concerns about confidentiality and privacy (Nelson, 1993).

**Use of technology**

The literature found that technology, though a useful tool in bridging the distance that poses a significant barrier to access for rural communities, comes with its own barriers specific to the rural context (City of Ottawa, 2010; Cohl & Thomson, 2008; Dyck, Cornock, Gibson, & Carlson, 2008; Kelly, Sellick, & Linkewich, 2003; Morgan, et al., 2009; Pruitt & Showman, 2014). Broadband internet is still largely unavailable in rural areas, and where it is available, connections are often poor. Regardless, rural residents experiencing poverty are likely unable to afford a computer or to buy services from an internet provider in the first place. Though these resources may be available at a local library, rural residents still face barriers in learning about these resources and physically getting to them. However, as of 2010, it was reported by the City of Ottawa that 95% of rural residents have access to the Internet (City of Ottawa, 2010).

With this “digital divide” (Cohl & Thomson, 2008, p. 34), technological tools for accessing services cannot replace in-person supports. However, technology is still useful for serving rural residents in disperse populations who have the resources to use it. In the health sector, video- and teleconferencing with inter- and transdisciplinary teams and the clients they serve has been on the rise, and has seen improvements to the effectiveness of care (Dyck, Cornock, Gibson, & Carlson, 2008; Hall, Weaver, Handfield-Jones, & Bouvette, 2008; Morgan, et al., 2009).

Cohl and Thompson (2008) explored technological tools for providing legal services, specifically. Legal hotlines were found to be effective for vulnerable people when there was follow-up and ongoing support, and referrals were made to the appropriate resources. However, a lack of knowledge specific to local-contexts was seen as a draw back. Enhanced websites could provide general information, and could be particularly helpful for staff at other agencies, and for connecting professionals across distances. Other online systems, such as web-portals and forums, have been used to connect professionals and allow them to offer each other advice. However, vulnerable clients or would-be clients with
functionality or other challenges to navigating an online system like a website, would still face barriers to accessing this information, even where internet access is available. Videoconferencing, like the models used in the health sector, could offer “a more personal, full-service approach” (p. 39) to providing services across vast distances than teleconferencing or websites or web portals. However, it would require access to a confidential space with the required hardware at a service access point. This is being offered more and more in service agencies across the province. Videoconferencing is also a useful tool in connecting rural and urban professionals who need access to specialized knowledge across distances, and is used in the health sector where rural communities are being served (Dyck, Cornock, Gibson, & Carlson, 2008). Videoconferencing can be used for group meetings, and is also used to provide training and access to specialized knowledge from specialists in urban centres.

LINGUISTIC SERVICE DELIVERY

BARRIERS TO ACCESSING SERVICES IN FRENCH

Most of the literature reviewed indicated a lack of French language services and that French language services are more difficult to access (Dufresne & Makropoulos, 2008; Gong-Guy, Cravens & Patterson, 1991; Drolet, et al., 2014; Graham, Maslove & Phillips, 2001; Ngwakongwi, et al., 2012; Younes, 2004; George & Mwarigha, 1999). The literature noted that there is a lack of understanding about how many Francophones live in Ottawa, that Ottawa has fewer services available in French than in English, and that Francophones experience longer wait times for services in French. This lack of service puts more pressure on French-speaking staff, who frequently experience significant workloads because they see both French and English speaking clients, and are often asked to translate documents (George & Mwarigha, 1999). The literature also discussed how colloquial French can be stigmatized, whereas formal French is used in most professional environments. This leads to clients feeling uncomfortable speaking English, since it is their second language, as well as speaking French, because of the formal atmosphere of service agencies. Dufresne & Makropoulos (2008) emphasized that clients are encouraged by their legal workers to use English in courts, since it is perceived that clients will receive better and faster service in English than in French (Younes, 2004).

FRENCH-SPEAKING REFUGEES AND NEWCOMERS

There are significant populations of French-speaking refugees and newcomers in Ottawa who face barriers additional to those they experience as primarily French-speaking people navigating a primarily Anglophone system and society, such as
navigating a new system with little or no support, and facing discrimination and xenophobia. One of the biggest challenges cited in the literature was language barriers, in which misdiagnosis is common in the healthcare context, and there were indications of some challenges with translators.

The eligibility rules for accessing services through community legal clinics were considered off-putting by this population. Although off-putting to all those accessing services, this can be a greater barrier for those who are unfamiliar with service agency processes in Canada, and whose first language is not English (Dufresne & Makropoulos, 2008).

Other barriers that were presented in the literature included a mistrust of government organizations and social services, and dissatisfaction with services, and the lack of Francophone contact points within the community.

PROMISING PRACTICES FROM THE LITERATURE

Culturally appropriate delivery

The literature emphasized the importance of offering culturally appropriate services, which includes providing services in a client’s first language (whether in French or another language) in the way they speak that language (i.e. along the formal-informal spectrum), and providing those services by a member of that cultural community (Gong-Guy, Cravens & Patterson, 1991). Some of the benefits of providing culturally appropriate services included spending more time discussing issues in depth, avoiding misunderstandings, and building trust with clients (Gong-Guy, Cravens & Patterson, 1991).

Agency collaboration

The idea that agencies offering services in French should have greater collaboration was consistent in the literature (Younes, 2004; Drolet, et al., 2014). Since it is perceived as more difficult for Francophones to access services, and Francophone services are less wide-spread, the literature argued that those agencies that do provide these services should develop a formalized network. These networks were seen to assist French-speaking staff in providing warm referrals to clients and making better use of Francophone resources (Drolet, et al., 2014).

Outreach to Francophone communities

As mentioned previously, the literature pointed to a lack of resources provided in the French language, but also identified that the French-language services that
are available are not well known to Francophone communities (Ngwakongwi, et al., 2012). As a strategy to address the mistrust Francophone clients may have of service agencies, and thus increase Francophones’ willingness to seek help from those organizations, agencies should conduct outreach to Francophone communities (Gong-Guy, Cravens & Patterson, 1991). One method of outreach is making it known that services are provided in French by offering flyers and other documents in French (Ngwakongwi, et al., 2012).

**QUALITATIVE DATA**

Throughout this process, community members and other stakeholders were consulted to gain insight into what is working well, where there are gaps and challenges, and what changes people want to see in the new system. The themes drawn from these community consultations will be used to inform the model development process.

The community consultation process consisted of conducting focus groups and interviews with various stakeholders. Eight focus groups were conducted, each lasting two hours on average. Three focus groups were held with clinic staff, one for each clinic. Five focus groups were held with clients, one for clients of each participating clinic, as well as one group of Francophone clients and one group of clients living in rural communities. For these last two focus groups, clients from each clinic were invited to attend. In total we spoke with 27 clients and 3 staff teams.

A number of key informant interviews were held with clinic directors, board members, community partners, and funders. One-on-one key informant interviews with the executive director from each community legal clinic in Ottawa lasted between 60 to 120 minutes each. A group key informant interview was conducted with 8 board members of the 3 general service delivery clinics. In addition, we spoke with 14 community partners and 2 staff from Legal Aid Ontario (LAO). The community partners we spoke with were chosen collaboratively by the three clinics participating in the transformation process. The interviewees represented a cross section of front-line staff and directors. They also represented a variety of different areas in the government and non-profit sectors including social services, community health centres, community resource centres, and duty counsel. Some worked with rural communities, ethno-specific agencies, Francophone communities, women fleeing violence, and/or people with mental health and/or addiction issues.
In the following summary, the main themes will be drawn out from staff focus groups and client focus groups first, followed by themes from community partner discussions, then themes from the group key informant interview with board members, and finally themes from discussions with executive directors. Funders and community partners are discussed together, since many of the themes drawn from these stakeholders aligned with one another. Finally, some similarities from all consultations will be discussed, along with some of the areas where stakeholders held diverging opinions or experiences.

**STAFF FOCUS GROUPS**

As part of the qualitative data gathering process, three staff focus groups were conducted, one at each of the three community legal clinics. A common theme of the focus groups was that the staff are hardworking, supportive of one another, and really care about their clients. The staff showed their dedication to their community legal clinic and to their clients by participating and creating a fruitful discussion about what their community legal clinic does well, what it could do better, and ways that they could contribute to increasing access to justice for the communities they serve.

**CHALLENGES IN MEETING DEMAND**

The most salient point that arose from conversations with staff was that there was a mismatch between capacity and demand. The demand for services is higher than what staff can meet, which means that they end up cutting back services one way or another. Some staff mentioned only being able to take on the most pressing cases, using the examples of taking housing eviction cases rather than rent arrears and taking on ODSP denial cases rather than cases of overpayment. At the same time, most staff talked about how many clients come in with very pressing cases, putting further pressure on the community legal clinic staff capacity.

Staff are apprehensive about potential funding cuts to clinics and to their partner agencies, which contributes to their struggle with meeting demand, as the time it takes to apply for funding takes away from time that they could be with clients. Management staff were named as among those who suffer from work involved in these funding applications, as they usually have a full case load as well as the responsibility for completing annual funding applications. Some staff suggested having multi-year funding, which would allow more resources to be allocated to client services.
MULTIPLE AND COMPLEX ISSUES

One theme that recurred frequently in the focus groups was that clients coming into the clinic often have more than one issue, and that those issues can be compounded and complex. It came up that frequently people have income maintenance legal issues and housing issues at the same time. Immigration files were also named as some that can become complex, involving multiple family members.

Staff indicated that clients also frequently have multiple legal issues, but they may not be represented as cases with “multiple files” if some of their legal issues are not covered by the community legal clinic. The example that was given was if someone has both an immigration legal issue and a family law issue, they would be represented only with one file because the clinics do not provide family law services.

Staff also discussed that these multiple legal issues compound with non-legal issues to create complex and pressing cases.

NON-LEGAL ISSUES

Staff spoke at length about how people that were coming into the clinic presented many non-legal issues as well as legal issues. Staff said that in these cases it is important to take the time and listen to those clients. Staff in all focus groups talked about how taking their time with clients, listening to them and making them feel heard was critical, as well as one of their greatest strengths.

All groups had a discussion around non-legal staff that would be beneficial to have located in the clinic. Frequently mentioned were settlement workers and social workers to be able to deal with clients who had additional issues that were non-legal.

BARRIERS TO CLIENTS

Some staff were concerned about some of the barriers that clients face in accessing community legal clinic services. Two of the three focus groups discussed cost as a barrier to clients, in regards to getting medical reports needed for income maintenance (ODSP), and in accessing transportation in order to get to their appointments. Transportation was named as a time barrier as well as a cost barrier. Finally all staff focus groups discussed the financial eligibility criteria for clinic service as being so low that many people who are living in poverty still do not classify for clinic services.
WORK ENVIRONMENT

There was resounding support throughout the focus groups for each of the individual clinics’ organizational cultures. Each staff group emphasized that the staff in their clinic were very supportive, with staff helping each other out, and taking on more work when one staff was on holiday. Staff said that they have an “open-door policy” that allows them to communicate well in each clinic, and that they work well as a team. In two focus groups it was stated explicitly that staff did not do this job for the money, they did it for the clients.

One aspect that was highly valued in some of the staff focus groups was a non-hierarchical structure to the community legal clinics. This was explained as management not micro-managing staff, and everyone working as a team.

There was some divergence amongst the groups as to the extent that students were discussed. Students were mentioned in all focus groups, but were mentioned frequently in some groups and infrequently in others. When students were discussed, it was always in a positive way, talking about the use of students at the clinic and the success of training students in the clinic environment and developing well-trained students who are a valuable resource to the clinic. One staff group talked about using volunteers to help out with communications pieces like a newsletter and the clinic website, and how this was a resource that they wished they could make more use of.

INTER-CLINIC COLLABORATION

All staff emphasized that the community legal clinics collaborate well together. In discussing these collaborations, they talked about doing some community organizing together as well as joint projects. They also discussed having good communication with one another, and having meetings with one another. Working with the University of Ottawa Community Legal Clinic was named as a success by some staff.

COMMUNITY PARTNERSHIPS

All stakeholders talked about the benefits of community partnerships. Staff focus groups talked about types of partnerships such as Community Health Centres, shelters and other community agencies that potential clients might access. Staff said that these partnerships were created through connections in the community, such as a staff member or executive director sitting on the board of another agency, and therefore creating this relationship.
AMALGAMATION

Although staff appreciate that the clinics collaborate well and have a good working relationship, there were concerns about the idea of amalgamating. One of the main concerns that staff had in amalgamating was that they would lose their current clinic cultures, which, as mentioned above, they saw as a supportive and positive environments. Another concern that staff had was with the differing visions and service area priorities for each clinic, which might make amalgamation difficult. Finally, all staff groups were concerned about moving locations. All staff groups talked about how their current location is accessible by bus, and close to other community resources that clients use. They talked about how if they moved locations it might be more difficult to access for clients.

ADMINISTRATION

Staff are concerned about the amount of time that the community legal clinic staff spend on administration. One particular problem that was brought up was the annual funding application to LAO. This funding application takes a long time for staff and takes away from time spent serving clients. Staff mentioned that more clerical support was needed, and that the ratio of staff dedicated to these clerical tasks does not meet the demand, especially with everyday tasks such as photocopying and the preparation of court and tribunal documents.

LINGUISTIC ACCESS

Staff did not feel that there were barriers to Francophone clients in getting French-language services at the community legal clinics. All groups mentioned how there were many staff at each clinic who could deliver services in French. Some mentioned how helpful it is to have a working knowledge of French, and that refresher courses for staff might be beneficial.

Staff were more concerned about delivering services in non-official languages. Although all groups mentioned how the Multilingual Community Interpreter Services (MCIS) program made delivering services to non-official language speakers more successful, they also mentioned that this does not break down all the barriers non-official language speakers face. For example, one clinic that uses video conferencing services mentioned that sometimes there were difficulties around the quality of the video. Staff discussed that when they have clinic staff who speak a non-official language, more clients of that background come to the clinic for service. It was mentioned that this could be used as a way to reach out to non-official language speakers. At the same time, some staff mentioned how
sometimes clients with immigration legal issues are less trustful of the system and have lower expectations of the community legal clinic staff.

CLIENT FOCUS GROUPS

Five focus groups were held with clients recruited by the community legal clinics. One client focus group was held per community legal clinic, and two additional focus groups were held to get the perspective of specific populations that may not be gathered from the other focus groups, notably the Francophone population, and populations living in rural areas. 27 clients in total took the time to join these discussions about their community legal clinic and about the community legal clinic model. The findings from these discussions have informed the project’s observations and recommendations.

ACCESSING THE CLINIC

Most clients were referred to the community legal clinic from their case worker, while some were referred by a friend or colleague. Only one client had sought out the community legal clinic by themselves.

Clients talked about how physical access to the community legal clinic was important: that it be easily accessible, specifically with easily accessible doors, elevators and bathrooms. Clients also discussed the clinics being accessible by bus: they mentioned that all current locations are accessible by bus, and that if the clinic were to move it would also need to be accessible by bus.

Transportation was named as a major barrier in accessing the community legal clinics. The clinics are accessible by bus, which was much appreciated by clients. However, there are a number of barriers to taking the bus, such as cost, physical impairments, and anxiety.

Many of the client focus groups mentioned that they were unaware of their rights and unaware of where to go for legal help before being referred to the community legal clinic.

Clients also discussed use of information technology at community legal clinics, namely phone use and use of online resources. Many clients had made their appointments over the phone, and some had talked about speaking with their lawyer over the phone. Most client groups talked about how a telephone hotline would be beneficial as a starting point for people to call in and get help with their legal problems. Clients did emphasize that it would be useful, but only as a starting point; they need some face-to-face contact.
Some clients also discussed the use of online resources. Clients were divided on this point; many said that they had trouble using online resources, and that others might also have trouble because of access to a computer and internet. However, many clients also said that the community legal clinics should develop their website to have more resources for clients, and to better use this as an outreach point. One client reported successfully using the clinic website.

**EXPERIENCE WITH THE CLINIC**

All client groups discussed how distraught they were when they entered their community legal clinic. Clients were stressed and did not know where to go, and the community legal clinic staff took the time to listen to their concerns and helped them calm down. All clients said that the lawyers, community legal workers and staff gave them information and helped them to understand their situation, and most participants in the focus groups had gotten representation from a community legal clinic lawyer. Some clients mentioned being helped by students, and those that mentioned them said that they were very helpful and worked their whole case until the appeal or tribunal. Whether clients were discussing students or staff, they talked about how patient they were in taking their time with the client.

Some groups mentioned the importance of getting legal services in person, and getting that one-on-one service from clinic staff. When this was brought up by clients it was seen as irreplaceable. In the consultation process, clients were thankful to the community legal clinic’s and the help that they provided, and how understanding the staff were to their cause.

**LINGUISTIC ACCESS**

Many clients discussed not having a problem accessing services in their first language, whether that was getting services from someone who spoke French, or using MCIS translation services. When clients mentioned using MCIS services most said that it was an effective way to get services in their language, but some said that MCIS was difficult to use.

Clients also had varying experiences with accessing services in French. Most clients said that there was no problem in getting a lawyer or services provided in French, but there were other aspects of service delivery that were not easy to access in French, such as documentation. One client discussed how they did not ask for service in French because they knew the process took longer, and there were translation costs involved.
COMMUNITY PARTNER CONSULTATIONS

This summary is based on 16 key informant interviews. Interviewees were referred by the executive directors of the three general service delivery community legal clinics in Ottawa. The interviewees were a cross-section of front-line staff and directors of partner agencies, and staff from LAO. The interviews were conducted in English. Discussions lasted 60 minutes on average and were based on a consistent set of questions oriented around drawing out their experiences of providing services in partnership with community legal clinics, emerging trends, best practices, and concerns for change.

The demographic makeup of the clients that community partners serve is very diverse, as are the issues they face. Service providers face challenges in meeting the needs of the many different ethno-specific and multicultural communities they serve across their catchments. Many of these clients are also facing linguistic barriers to accessing services. Partners supporting clients through immigration cases note that the process is long and complex.

Clients are increasingly presenting mental health issues, and some are impacted by concurrent disorders. Some partners work closely with women who have experienced violence, as well as with clients who live in shelters or have been recently discharged from hospitals. The multiple issues that clients face are usually a combination of legal and non-legal issues that are complex and compounding. Low-income and no-income clients often seek assistance in ODSP appeals, housing stabilization, and immigration and refugee cases. Some seek employment help and family law assistance, which are not provided by general service community legal clinics.

CHALLENGES

Many clients that partners serve are also seeking legal services from the general service community legal clinics. These clients often have complex cases with multiple issues, making them amongst the most vulnerable populations in Ottawa. In order to appropriately address the needs of these clients, service agency staff are required to make significant investments of their time and resources.

Community partners face challenges in delivering services that meet the complex needs of their clients. Many of them are working at capacity. There are wait-lists for some of their services, and sometimes clients are turned away from programming when there is not enough space. Partners are also under-resourced
and unable to fill gaps in programming, such as youth programming in rural areas.

Clinics are also working at capacity and the strains on clinic capacity are particularly difficult for the partners working with clients who are in need of representation at the Landlord and Tenant Board. For example, one partner reported a positive correlation between representation and success at the Board; however, clinics are generally unable to provide representation due to the demand in other areas of clinic law. Partners working in the housing area expressed serious concern in this area.

Some partner organizations have catchments that cover very large areas of Ottawa, and in some cases, they work across the whole city. They face barriers to serving all the different demographic pockets of communities found throughout their catchment, noting that different programs are more relevant to and attract different groups of clients. One partner gave the example of their diabetes program attracting more elderly Anglophone clients, while their food bank program drew more clients from ethno-racially diverse communities.

Partners report that travelling long distances for service is a major barrier for clients. While the city centre is well-served by public transit, travel within suburban and rural areas is difficult, and transit is sporadic or non-existent in many rural areas. Travelling for service becomes a sacrifice clients make because of the lack of options they have. It can be complicated when they are relying on friends for rides or have to negotiate childcare arrangements.

RURAL

Community partners working in Ottawa’s rural areas were highly concerned about the barriers that travel, distance, and transportation create for clients and the negative impact these have on their access to service. Some were concerned specifically about how these barriers impact clients who need to travel to community legal clinics for service. One partner noted that the community legal clinics need a strategy to expand their services in line with the population growth experienced in communities such as Kanata, Barrhaven, and Orleans.

Clients make the decision to travel for service because they do not have other options. Services are lacking in rural communities, and some communities do not have service venues or even local businesses that partners can work with to reach clients or through whom they can make their services known. One partner discussed how economies of scale mean that providing programming in rural areas is not cost efficient: for example, a much smaller turnout for an event in a
rural area compared with the turnout for a similar event in the urban centre would still be considered a success.

FRANCOPHONE SERVICES

Some partners felt more strongly than others about the barriers that Francophone clients face when accessing services in French. A range of responses were provided, from those who were confident in the services that their organizations and others across Ottawa provide, to those who felt very strongly that barriers exist.

Some partners stated that their organizations hire bilingual staff. One partner stated that while they try to offer services in both official languages, they make sure to advertise when programs are only available in English. Another partner did observe that demand for French-language services is increasing in a program area that currently does not have the capacity to provide it: tenant duty counsel. The Tenant Duty Counsel Program (TDCP) offers Francophone service blocks. When they require bilingual support outside of those blocks, they have had success connecting with the community legal clinics who are able to provide interpretations over the phone. Some partners stated that clients have asked for services in English, and that tenant duty counsel observed that Francophone clients have requested services in English to avoid their hearings being adjourned when the adjudicator is not bilingual.

Some partners stated unequivocally that their clients perceive services provided in English to be better, faster, and more comprehensive than services provided in French. The partners serving ethno-specific communities felt very strongly that their clients believe this to be the case, and that clients seek services in English because of this. Related to this, their clients also do not want to be perceived as demanding and putting a service worker out by asking for services in French.

PARTNERSHIPS

Every key informant worked in partnerships with other organizations in various ways to address the challenges they face to varying degrees. In particular, working in collaboration with various partners was highly valued as a way to meet multiple client needs including linguistic, legal, and non-legal needs. Working in teams helps to address the complexity of client needs and cases by leveraging different areas of expertise. One example that was given was in the case of clients who do not speak one of the official languages, and who are dealing with trauma while preparing for refugee hearings. Their case worker will work with interpreters and counsellors to be able to verbalize the client’s case in a way that can be used effectively by the clinic lawyer at the hearing. This type of
partnership gives clients access to holistic services, and the clinics were commended by some partners as being leaders in developing these types of partnerships.

**Collaboration helps to address issues of demand**

Clinics report that when they are unable to open a file for a client because they are at capacity, they often refer them to another clinic who may have capacity at that time; in this way, they work together to ensure the client will have access to legal services. Community partners and LAO report working in similar ways. For LAO, having multiple partners they can refer clients to acts as a sort of safety net. For instance, when a client is not eligible for a certificate, they can refer them to duty counsel. They consider this working in cooperation, rather than a formalized partnership.

For partners with large catchment areas, working in collaboration helps address challenges posed by distance by expanding their presence through a partner.

**Working in collaboration fosters strong partnerships**

There are many strategies partners and clinics use to foster strong partnerships. One of the ways this happens is through public legal education for community partners. One partner gave the example of the leadership provided in this area by the clinics when the new immigration law passed in 2012. Clinic staff developed training and a toolkit for community partners to help clients through an anticipated increase in self-representation. Community partners reported that they would like more opportunities for public legal education.

In addition to working together on client services, partnerships are also strengthened through collaborating on joint committee work, law reform initiatives, and shared governance. One partner reported that she finds clinic staff more collaborative than those in the judicare system, making it easier to meet multiple client needs. Partnerships, and the trust they are based on, take time to develop and for one partner in particular, the history of the relationship between community partners and clinics is important. Community partners highly value working in collaboration and recognize that developing partnerships takes capacity and resources.

**Co-location**

Some partners also felt that close proximity or co-location with each other helps to develop relationships, and enhances service provision to clients. This was especially the case in regards to providing referrals. Partners felt that proximity
helps to know about the services each other offers. Partners also stated that they walk clients to offices in cases where they feel the client will not be able to follow through on their own, and that proximity helps when working on joint projects when staff can walk down the hall to discuss ideas.

SERVICE DELIVERY MODELS

Concerns about amalgamated offices

Most urban based partners, as well as partners who are currently co-located with clinics, did not want to see the Ottawa community legal clinics amalgamate offices. Some were concerned that it would be driven by cost cutting. Others did not want to lose the “specialization” that some clinics have developed by working with certain client populations. Community Legal Services Ottawa Centre, for example, works successfully with many clients who live in shelters and have mental health challenges, and local partners fear that this would be lost. West End Legal Services has a dedicated housing worker, and the partners who work in the area of housing fear that this position would be lost as a result of amalgamation.

There was also a concern that an amalgamated office would be too large and bureaucratic. Partners stated that clients may not feel comfortable trying to navigate one large office. In addition, some felt that due to the geography of the city, Ottawa itself is too big for only one community legal clinic office. The community health centres felt strongly about the importance of having community legal clinics located within communities, stating that staff have confidence and peace of mind knowing that the clinic is there to support clients.

On the other hand, one partner who works extensively with clients with concurrent disorders felt that one office may be less confusing, both for the client as well as for the community partner who makes the referral.

Rural service

Partners with rural catchments were generally indifferent to what would happen to the main offices. Their focus was on bringing services out to clients in suburban and rural areas. Increasing accessibility to services was a major theme that came out of their interviews. Some of the strategies they are using successfully include having a counsellor travel out to rural communities on a weekly basis, and agencies supporting each other by sharing space, ensuring that a caseworker is booking appointments and expanding the hours that services are available. Many would like more satellite locations in these areas.
Outreach and itinerant service

Outreach strategies to increase service visibility included partnering strategically with agencies in rural locations. Where there are no community agencies, partners develop relationships with associations and faith organizations. One partner noted that immigrant communities have an informal communication network that spans across Ottawa, so that information about their services travels from these faith-based groups through word of mouth and has a wide reach. Partners also advertise their services by posting information on local bulletins, billboards, and putting flyers in food bank hampers. One partner outreaches specifically through tenant associations, and organizes events with local organizations and agencies.

Increasing access to rural communities through an itinerant service delivery model was highly valued by most partners. Partners have had success with this model in various areas of service delivery including counselling, dental and bilingual legal services.

Some partners are concerned with the challenges this model poses, including the unpredictability of demand and that the coordination of itinerant services would add work to already busy staff. Another partner had concerns that it would be difficult for staff to know where to be on a given day, and difficult for the partner to know which day the lawyer will be on-site.

Partners who have had success with itinerant service delivery models state that being appointment-driven helps avoid the unpredictability of how many clients will walk in for services on a given day. Another key to success is offering additional service hours outside of regular business hours and into the evenings or weekends. Partners stated that when service is recurrent and stable, it builds trust with clients and also with the front-line workers providing referrals. One partner stated that an itinerant service delivery model is the only way to deal with the challenges of Ottawa’s geography “without breaking the bank.” Some partners noted that clinics could reach more people with mobile services and by leveraging new technological advances that enable lawyers to use mobile offices.

BOARD MEMBER CONSULTATIONS

During the community consultation process, 8 board members were consulted in the form of a group key informant interview. Members from all three community legal clinic boards attended the key informant interview to share their input and feedback. In general, board member conversations were focused on systemic
issues and how the community legal clinics can function the best they can within the current environment, while working towards combatting systemic issues.

CHALLENGES

Board members mentioned some of the challenges that community partners, staff, clients, and executive directors also mentioned, such as the increase of complex cases, high demands of ODSP cases, changing immigration needs, and the need for Employment Insurance legal help. However, the two challenges that board members expressed much more poignantly were; funding challenges, and the balance between front-line work with clients and policy/systemic work.

Funding

Board members were concerned about the current funding of the community legal clinics, and were also concerned about how the transformation project would affect the funding of community legal clinics. The board members felt as though they are continually being forced by funders to “do more with less” and that the annual funding application was a burden on community legal clinic staff. Board members suggested that multi-year funding could be a way to lighten these funding application demands. Board members also expressed concerns and uncertainty about potential funding cuts to community legal clinics after the transformation process was complete. Some board members felt disempowered by the lack of secure and stable funding to the community legal clinics.

Policy work

Board members were adamant that community legal clinics could use the unique position they are in now, with their transformation process, to bring community legal clinic issues to the fore of political discourse as well. Board members worry that because of the high demand of legal cases, community legal clinic staff struggle with a lack of capacity to do work at the systemic level. Board members discussed how a transformed system should make room for an expanded capacity for clinics to work towards systemic policy changes.

Board members suggested partnerships as a way of expanding the capacity to advocate for and achieve systemic change. It was mentioned that in the past there had been greater cooperation between service agencies to address certain policy issues. For example, service agencies had signed a memorandum of understanding to prioritize increasing agencies’ awareness of legal rights and working towards the prevention of legal issues. Community legal agencies and other community workers should communicate openly in order to better work together in combating systemic issues.
Board members also discussed the use of students as a way to meet capacity, and then be able to do more work in the policy field. Some board members discussed the creation of a student coordinator position, which could help make the best use of students possible, and could potentially bring more students into the clinic system.

Finally, as a way of addressing systemic issues, board members suggested community legal clinics make more use of their board members’ skills. Board members have written extensively about community legal clinics, and with the knowledge they possess, they could be a valuable resource for training, building relationships within the community and developing awareness methods like podcasts.

ACCESS

Board members expressed that for some, accessing the community legal clinics is difficult, especially for rural populations. Board members did suggest moving locations or using satellite offices as a way of increasing access to community legal clinic services, both in rural and urban areas. Some board members had some concerns about satellite offices, such as concerns about capacity and the need to ensure that staff were not isolated in remote satellites. Some board members were worried that reaching out to more people to do more front-line work with clients would put even more pressure on community legal clinic staff, further reducing their ability to work on systemic and policy issues.

Although no conclusions were drawn, there was discussion about whether current catchment areas meaningfully represent community boundaries in Ottawa. Some board members argued that even though catchments may not represent Ottawa communities, the size allows community legal clinics to react quickly to changing needs and the dynamic demographics of the communities in their catchments.

Board members also discussed the use of public legal education, tailored for both the general population and for other community service agencies, as a tool for increasing access to justice. Board members found that public legal education could be a valuable tool in increasing awareness about the community legal clinics and can help address some systemic issues such as a general lack of awareness amongst people about their rights. They suggested that board members could help with public legal education work since they also have a high level of knowledge of the community legal clinic system.
PARTNERSHIPS

Echoing what other groups expressed, board members were very supportive of the idea of partnerships with other community agencies. Board members discussed how community partnerships benefited clients, particularly in meeting their diverse and complex needs, and how they could help address systemic issues affecting the community.

Board members acknowledged that the community legal clinics do well in developing and fostering these relationships. They did suggest that community legal clinics could also develop partnerships with Service Ontario, and potentially with LAO. There were, however, reservations about those two partnerships, specifically about the power dynamic between funder, government entity and community legal clinic. Board members were worried such partnerships might send an “institutional” message to clients.

Board members discussed how most partnerships and relationships between community legal clinics and their community partners are not necessarily relationships between agencies, but rather, that they are relationships between people, and take time to foster. Future partnership development will need care and time to succeed.

EXECUTIVE DIRECTOR CONSULTATIONS

One-on-one interviews were held with each participating community legal clinic’s executive director, and also the executive directors of the Francophone community legal clinic in Vanier and the University of Ottawa Community Legal Clinic, to gain their insights into both the clinics they work in as well as the community legal system as a whole, and their hopes and concerns for transformation. The interviews lasted between 60 and 120 minutes each, and used a set of structured questions aimed at drawing out their experiences leading clinics in the area of poverty law service delivery.

Clients seeking services from clinics are very diverse and include new immigrants, people with mental health and addictions issues, those who are homeless or under-housed, as well as people who speak languages other than the official languages. Clinics see few seniors and youth coming in for services except for in the South. Some clients have non-visible disabilities and seek assistance with ODSP appeals from clinics. Many clients have compounding and complex legal and non-legal needs.
Directors noted trends in the ways in which changes in government policies and international events affected who comes to the clinic for services. For example, when changes in policies made it more difficult to qualify for WSIB, the clinics saw an increase in demand in that area. Similarly, recently they have experienced higher demand for services by Somali and Arab community members who have recently arrived in Canada as refugees because of events taking place in their countries of origin.

Directors discussed projects that have been successful, including: Connecting Ottawa, which seeks to connect clients to legal and non-legal supports through extensive partnerships and case management; a past project in partnership with the Aboriginal centre that connected Aboriginal communities to legal services; and the refugee project at the Francophone community legal clinic in Vanier in which no client was turned away.

Each director felt that their respective clinic was operating at capacity. There is demand for service in a variety of areas of law, with very high demand in ODSP appeals, housing, landlord/tenant, and immigration. Directors work hard to ensure that one area of law does not take over and that their clinic maintains their scope of service. They would like to provide more services in housing, especially representation, and other areas as well if they were adequately resourced to do so.

Partnerships are important to directors and their ability to meet service demands. All directors reported having strong partnerships with each other. Clinics also have many strong partnerships with community agencies that are both formal and informal in nature and are highly valued by directors. Directors felt that knowing about community agencies helps to make appropriate referrals and maintains their ties to local communities. Partnership with the students at the University of Ottawa Community Legal Clinic was discussed as another successful model of partnering.

Directors feel that their clinics are able to effectively facilitate multilingual access to their services. They frequently use the MCIS program funded by LAO, which includes telephone interpretation and videoconferencing. Directors also feel that they are able to meet the need for French language services by hiring bilingual staff and ensuring their outreach and educational materials are available in both official languages. Where they are unable to provide services in French, they refer clients to the Francophone community legal clinic in Vanier. This clinic receives 10% of their clients from clinic referrals.
Directors see many opportunities to enhance and increase their service delivery through transformation. They want to spend less time on administration to free up resources for front-line service delivery. One director suggested that the general service delivery clinics could consider amalgamating with a community resource centre to free up administrative resources and consolidate board functions. Directors would also like better infrastructure and office space, although each reported to be generally satisfied with their current clinic locations.

Directors did have some concerns for the transformation process and its outcomes. They want the clinic system to be able to maintain the same quality of service that it currently delivers as well as maintain connections to local communities. Some stressed that transformation not be forced upon clinics in a top-down manner. Directors are committed to their staff and do not want to see job losses as a result of this process. There have been discussions in the past about cuts to funding and centralizing services, and directors are concerned that this will create more barriers to access for clients with complex needs.

Clinics want to continue providing services in French, and the Francophone community legal clinic in Vanier was concerned about any increase in demand if general service delivery clinics do not have the capacity to provide this as a result of transformation. Executive Directors also shared a concern that, while they want to increase service access to rural communities, there is a lack of agencies to partner with in those areas. One director had concerns with the itinerant model of service delivery, stating that staff time would be better used providing services and limiting the time they spend travelling.

SIMILARITIES AND DIVERGENCES

SIMILARITIES AMONG COMMUNITY STAKEHOLDERS

There were some common themes that arose from the community consultations. Although the community legal clinic staff, clients, community partners and executive directors all come into the consultation process with varying experiences and opinions, there were themes that echoed across all of these conversations.

Multiple and complex needs

Staff, clients, community partners and executive directors all discussed how clients were coming into community legal clinics with multiple and complex needs. These multiple needs sometimes present as multiple legal needs, but sometimes they presented as combinations of both legal and non-legal needs. The
Executive directors and community partners talked about how the number of those people with multiple and complex needs seems to be increasing, with more complicated cases than they have seen in past years. Almost all stakeholders talked about how the community legal clinic staff took the time to listen to clients’ needs, and the time it takes to build trust with clients.

There was a resounding call for settlement workers, case workers and/or social workers to be located in the community legal clinic from both staff and client focus groups. Staff felt that sometimes they cannot meet the non-legal needs of clients, and one client mentioned that they did not want to “burden” the clinic staff with their non-legal issues. To be able to address this challenge of meeting the needs of people with multiple and complex issues, community partners generally discussed creating more partnerships with community agencies.

Executive directors discussed how certain projects have had success with serving individuals with complex needs, such as the Connecting Ottawa project, a project with the Francophone community legal clinic in Vanier supporting refugees, and a partnership with the University of Ottawa Community Legal Clinic and the Aboriginal Centre.

Community partnerships

All stakeholders talked about the benefits of community partnerships. Staff focus groups talked about partnerships with Community Health Centres, shelters, and other community agencies that potential clients might access for services. Staff said that these partnerships were created through connections in the community, such as through a community legal clinic staff member or executive director sitting on the board of another agency. Executive directors talked about the crucial role these partnerships play in maintaining a connection with the community.

In the client focus groups the strength of these partnerships could be seen by the large amount of clients that accessed the clinic by referral from a case worker. Some client groups expressed wanting the clinics to make more partnerships with community agencies, especially with community centres.

Community partners discussed creating community partnerships extensively, in particular to combat difficulties that the community legal clinics currently face. Partners talked about how creating these partnerships can be used to address capacity issues, meeting the needs of clients with multiple and complex issues, and meeting the needs of geographically diverse clients by offering services closer to where they live.
Limited resources

All stakeholders talked about limited resources and a mismatch in capacity and demand for services. Staff talked about how the demand for services is higher than what staff can meet, which means that they end up cutting back services one way or another. Often clinics narrow the series they offer to manage volume, taking only the most serious issues, such as evictions or benefits denials, but having to decline other cases such as rent arrears or ODSP overpayments. The executive directors also talked about how all staff are working at capacity, and how they are working hard to keep the areas of law balanced so that one area of law does not dominate their community legal clinic services.

Although not as frequently, clients also talked about the clinic not having enough resources and feeling lucky that they were taken on as a client given the high demand for services. Community partners who have large catchment areas that include rural settings talked about how there are gaps in services in rural communities, and how in many rural communities there are no services and no resources to provide services. Other community partners talked about how both the community legal clinics and their own agencies are currently working at capacity yet still unable to meet demand.

Geography

Transportation, geography and reaching rural clients were mentioned in most community consultations. Staff and clients talked about how transportation was a barrier for clients to get into the clinic. Clients mentioned that although clinics are accessible by bus the cost of the bus is still a barrier and not everyone is able to take the bus. Additionally, both physical disabilities and anxiety issues were named as barriers to taking the bus.

Staff also mentioned serving clients outside of their catchment area, and even outside of the City of Ottawa and into other nearby communities like Lanark and Renfrew County.

Staff touched on the point that they do not see a lot of rural clients coming in the door, which was echoed by community partners who expressed the difficulty of providing services to rural communities.

DIVERGENCES AMONG COMMUNITY STAKEHOLDERS

Although there were many areas where both staff and clients discussed commonalities, there were other areas where their conversations diverged. This could mean that stakeholders within the same group held differing opinions
about an issue, for example clients holding different opinions from other clients. Or it could mean different types of stakeholders having differing opinions, such as clients having different opinions than community partners. The positions discussed sometimes contrast one another, and sometimes are simply different experiences or angles of the same issue that do not mirror one another.

Public legal education

Staff discussed the importance of providing Public Legal Education (PLE). It was important to staff that their clinic continue to provide PLE and that community organizing was a part of their work. Most staff talked about how the community legal clinic staff were able to balance PLE and their front-line work with client cases, but some mentioned how their ability to facilitate and promote PLE was affected by the high demand, leaving no room for staff to take on these community organizing pieces.

Most clients did not mention the community legal clinics doing any PLE or community organizing. One client mentioned that they had heard of a PLE opportunity but was unable to attend. This was the extent to which PLE was discussed in the client focus groups.

Some staff discussed how they wish they had the capacity to do more PLE, which was echoed by community partners who talked about having benefited from them in the past, and stating that they wanted more in the future.

Co-location model

Staff and executive directors were more concerned about co-location than clients and community partners. Many staff discussed the issue of the perceived conflicts of interest when co-located with other agencies, especially governmental agencies like Ontario Works offices. Staff were also concerned about confidentiality if they were to work in a hub model. Many staff still discussed how it would be helpful to be co-located with some key agencies, such as settlement agencies. Executive directors touched briefly on a co-location model, and talked about co-locating with Community Resource Centres.

Clients were less wary of a co-location model than staff. Most clients said that they would like a community legal clinic to be co-located with other community supports, and mentioned that it would help with communication between agencies. Settlement and immigration support was also named as a good community agency to be co-located with. Many clients discussed that being co-located with an ODSP or OW office in the same building would be helpful, as long as they are separated from the clinic workers and do not occupy the same office.
space. Only one client brought up the concern about confidentiality within a hub model. Some concern about a hub model or co-location named by clients was around safety issues; it was named that a safe injection site or the police would not be good to co-locate a community legal clinic with.

Within community partner interviews, partners that were currently co-located with other agencies liked the co-location model. Those partners liked how easily referrals could be made to other agencies in the building, and they liked being able to walk down the hall with a client to refer them to a co-located agency. LAO informants also liked the co-location model, although they were not currently working in one. LAO said that if they were co-located with community legal clinics they would be able to work together more and have increased communication.

Amalgamation

Staff and executive directors showed some concern with amalgamation. One of the main concerns that staff had with the idea of amalgamating the three clinics was that they would lose their current clinic cultures, which were identified as a supportive and positive work environments. Another concern that staff discussed was with the differing visions between each clinic, which might make amalgamation difficult. Finally, all staff groups were concerned about moving locations. All staff groups talked about how their current location is accessible by bus, and close to other community resources that clients use. They talked about how if they moved locations it might be more difficult to access for clients. Executive directors expressed being happy with their current locations.

Community partners that were co-located with community legal clinics were concerned about the clinics amalgamating because they did not want to lose the current relationship they have with their community legal clinic. The community partners who delivered services in rural areas were not concerned at all about where the clinic office was located or whether it was amalgamated, so long as they could provide itinerant services to reach out to rural communities.

Itinerant model

Staff had split opinions about providing itinerant services: one group talked about how they would like to provide services at other agencies, one group did not mention itinerant services at all, while the other mentioned that they would not like to provide itinerant services. Staff talked about how itinerant services would be a good idea, but they would need more staff to be able to provide that. Meanwhile, some staff were concerned that travelling to see clients in different
locations would take away from time spent serving clients directly, and could lead to confidentiality issues when lawyers need to travel with case files.

Clients were in more agreement on the topic of itinerant services. The topic was discussed in many focus groups, and all clients wanted the community legal clinics to deliver itinerant services. What this looks like for clients vary, some saying that they would like to see community legal clinic workers working from another community agency’s office, and some saying that they would like to see community legal clinic workers travelling out to see clients closer to where they live. Both suggestions focused on the convenience of offering itinerant services.

Community partners mostly talked about how itinerant services would benefit the community. Individuals who worked in rural communities were especially supportive of them as a way to better reach rural communities who live far away from the community legal clinic office. Community partners who had provided a service using an itinerant model said that they had had success with the model and thought that it would be successful with the community legal clinics as well.

French language services

People who work in the community legal clinics were confident that they were able to effectively serve people in both official languages. There were bilingual staff in all offices, and all offices also refer clients to the Francophone community legal clinic in Vanier as well. However, though clients could be served in French in all Ottawa community legal clinics, they still identified some barriers to French language services. Some found materials difficult to find in French and others continued to believe that even if they can get service in French they should seek service in English to avoid translation costs and process delays that English speakers don't face.

Community partners talked about how Francophones face a lot of barriers in asking for services in French. Many said that clients faced additional costs to getting services in their first language, or that they needed to wait for a longer period of time to get services. The community partners who worked in ethno-specific agencies said that Francophones are frequently asking for service in English because of some of these barriers.
COMMUNITY CONTEXT

SERVICES MAP

Ottawa has an established community services infrastructure that supports many of the same clients that community legal clinics support. Community legal clinics often refer clients to these other services and get referrals from them. After years of cross referral, clinics worked together to increase the effectiveness of the referral system by supporting the development of Connecting Ottawa.

Connecting Ottawa is a project whose goal is to develop partnerships between community resources and legal services. Connecting Ottawa does some case conferencing with clients, but for the most part they train partner agencies to identify legal issues, and give them the capacity to refer to community legal clinic services. From this map we can also see that Connecting Ottawa has a high number of partnerships with the types of agencies that community legal clinics would be interested in partnering with like newcomer centres, resource centres and health agencies.

The map below shows resources and services available in Ottawa. The resources shown are a combination of those listed in the table indicating travel times and the list of partners of the Connecting Ottawa project. From this map we learn a few things about the social service structure of Ottawa. Most services are located in the downtown region, which is also where most of Connecting Ottawa’s partners are located. In comparison with the map that shows where low-income populations live in Ottawa, a gap in services presents itself. There are large rural areas that have little resources close to them, other than community centres.
Presented below is a document developed to better understand the accessibility of the community legal clinics in Ottawa. The priority neighbourhoods chosen were some of those identified by the demographic mapping of low income populations in Ottawa presented earlier, with feedback from the community legal clinics and their partners on neighbourhoods that commonly access legal services.

Legal clinic staff identified that clients access the clinics by public transit but also by car; therefore travel times for both modes of transportation were calculated. The Francophone community legal clinic in Vanier is included in this calculation. Although not formally participating in the transformation project, this community legal clinic played a role in the research and participated in some discussions during the project. They are also interested in partnering with the three general service community legal clinics in the future, in order to better meet the needs of Francophone clients. The times highlighted in red indicate the shortest travel time between a clinic and a neighbourhood, or community agency.
Identifying in this way makes it easier to understand how convenient the locations of the community legal clinics are in comparison to one another.

<table>
<thead>
<tr>
<th>Priority Neighbourhoods</th>
<th>Distance to WELS</th>
<th>Distance to SOCLS</th>
<th>Distance to CLSOC</th>
<th>Distance to Vanier</th>
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Common themes arose from all of the qualitative and quantitative data gathered. These themes were developed into the following list, and recommendations were developed in collaboration between the community legal clinics, their community partners and other experts in the field. In each of the following areas, some opportunities for growth will be laid out for consideration.

**POPULATIONS**

**LINGUISTIC NEED**

The demographic maps show that there are large groups of people who speak neither English nor French in some regions of Ottawa. Those regions are mostly downtown, but some live in more rural areas as well. In staff focus groups, staff were concerned about meeting the needs of those who speak a language other than French or English, even with the MCIS program.

**OPPORTUNITIES**

**Documentation**

One of the biggest barriers that were identified in being able to effectively serve this population was that client information on language is not closely tracked, so the need for services in languages other than English or French is unknown. In a transformed community legal clinic system, a documentation system should be set up to better track the languages spoken by clients, and therefore to better understand the linguistic need of clients in the future.

**Connecting Ottawa**

Connecting Ottawa is a pilot project where staff reach out to organizations serving Ottawa’s multilingual population, and helps connect them and their clients with the community legal clinic system. Agencies serving multilingual communities are given information about the clinic system, and their front-line staff are trained in identifying legal issues and facilitating referrals. The success of this program suggests that its funders should make it a permanent feature in Ottawa’s community legal clinic system; the pursuit of a long-term commitment to this pilot project appears to be a logical next step.
Linguistic services

The literature emphasizes the importance of delivering culturally appropriate services, building trust with clients, and reaching hard-to-reach populations. The option of providing services in languages such as Arabic or Somali, of which there are large populations of speakers in Ottawa, was discussed as a method to provide services to those with linguistic need. Although this was discussed as an option, it was agreed that the population of those who do not speak English or French is too fluid and the number of clients in any single language group is not high enough to make it possible to address this issue by seeking employees who speak a single language.

FRANCOPHONE SERVICE

The research on Francophone access to justice and access to community legal clinic services led to a variety of findings and observations. The literature reviewed noted that Francophones are an underserved population, but only one article looked at the Ottawa context. Both community partners and clients said that Francophone clients face bigger barriers to getting legal services from the community legal clinics than Anglophone clients. However, staff, executive directors and board members agree that the legal service they deliver in French is equal to that in English, and that all clinics have multiple French speaking workers.

However, one observation supported by the literature and the qualitative data is that whether French legal services are difficult to attain or not, the perception that they are difficult to attain still persists. This perception in itself can act as a barrier to accessing legal services. Efforts to increase access to justice for this population should be focused on changing this perception.

OPPORTUNITIES

Bilingual designation

There were mixed feelings about the community legal clinics achieving the bilingual designation. On the one hand, French designation would be a strong symbol to Francophones that the community legal clinics are dedicated to serving them, and it would assure that in the future, despite any internal changes to Ottawa’s community legal clinics, they are obligated to provide their services in French. On the other hand, through the process of transformation, the community legal clinics are committed to lowering the time spent on administration and spending more time serving clients directly. Applying for, and maintaining, the French designation is an added administrative task which would
take time away from serving clients. The experiences of the Hamilton clinic illustrate this. When Hamilton’s three community legal clinics merged into one, they attained bilingual designation. They were only able to do this with the help of volunteers and French service workers in the community who were dedicated to ensuring the clinic got its bilingual designation.

**Reception**

The community legal clinics acknowledged that although many of their workers are bilingual, not all of the staff answering the phone speak French. One opportunity for improving access to services in French would involve community legal clinics ensuring they hire reception staff who are at least bilingual in English and French.

**Advocacy**

Many of the concerns voiced by Francophones about legal services for low income Francophone populations were not concerns with the community legal clinics’ services but rather with the system they operate in. They felt the legal system, in courts and tribunals, functions better in English than in French and that people get faster services and better responses if they speak English. This creates a barrier when going to court because of the additional time it takes to wait for a French-speaking arbitrers or judges, and the time it takes to get official documents translated. As community advocates, community legal clinics can advocate for changes in this system on behalf of their clients.

**Collaboration with the Francophone community legal clinic in Vanier**

While no clear strategy has emerged from the process, greater collaboration is needed between the general service community legal clinic and the Vanier clinic in order to develop and implement processes that will help overcome the barriers faced by Francophone clients. The clinics agreed to work together to identify and develop new ways of collaborating towards this goal.

**RURAL SERVICE DELIVERY**

Ottawa is a unique city, since it is made up of intensely urban areas, very rural areas that are largely inaccessible by public transit, and everything in between. Because of the population density, the three community legal clinics are currently located in the urban centres of the city. However, this means they are difficult to access from rural areas. Throughout all of the community consultations, transportation was raised as a major barrier for clients, and especially for clients facing mental health issues. From the travel time document we can see that most
rural communities offer only one bus per day to downtown Ottawa, and some have no bus at all. In this respect, the community legal clinics wanted to explore the strategies of other agencies in Ottawa in attempting to reach out to rural populations, and so multiple Ontario Works agencies and Community Resource Centres were consulted.

A key informant interview was also arranged with a staff person from Mid-Minnesota Legal Aid, a program operating out of three main offices across Mid-Minnesota serving a combination of dense urban communities and rural and remote areas. A summary of their model is provided in Appendix V.

OPPORTUNITIES

Satellites

Since it can be very difficult to access the clinics from rural areas, one possibility is to offer satellite services closer to those communities. Since other social services are few and far between in these rural areas, community centres are being considered for access points. With this model, community legal clinic staff would provide services out of a community centre in rural areas by appointment or at scheduled times.

Learnings from rural clinics

Some of these ideas for connecting to rural clients include delivering more services over the phone, videoconferencing with clients in rural or far away areas, and doing outreach to rural communities through a network of trusted intermediaries. The trusted intermediary approach is widely viewed as a key factor to successful service delivery in rural areas. It involves developing relationships with local people who are known in their communities and training them to identify legal issues and coordinate referrals.

ABORIGINAL SERVICES

The Aboriginal population in Ottawa makes up about 1.5% of the population, although it makes up a higher population of those in contact with the law (Statistics Canada, 2006). The executive directors and members of the project’s Steering Committee identified that Aboriginal communities were not heavily served by the clinic system. Although the community legal clinics have had some success in the past through partnering with the University of Ottawa Community Legal Clinic to serve this population, there is more that could be done to increase access to justice for Aboriginal clients.
OPPORTUNITIES

Board members

The participating community legal clinics identified that having a member of an Aboriginal community in Ottawa sit on their board of directors had increased access to legal services for that community. Aboriginal board members provide a link to their communities, which helps establish and build trust, which is often lacking from relationships between social service agencies and Aboriginal communities. In a transformed system, the community legal clinics could work to build similar relationships with key figures in the Aboriginal communities.

Partnerships

Community partners said that developing partnerships with population-specific social services could be an effective route to raising outreach into those target populations. One target agency should be Odawa, which offers family and criminal legal services to First Nations, Inuit and Metis people in Ottawa.

ORGANIZATIONAL

COMMUNITY ORGANIZING AND PUBLIC LEGAL EDUCATION (PLE)

The qualitative research indicated community legal clinics were not doing as much community organizing or PLE as they felt they should be doing. Although the clinics do collaborate on some larger community organizing and advocacy, it is often deferred to address the high demand of casework.

OPPORTUNITY

Community development officer

Since casework at community legal clinics is demanding and high volume, it often grows to take up all of staffs’ time, allowing community organizing, partnership development, and public legal education to be neglected. As a way to prevent this from happening in the future, a dedicated position could be created for a community development officer. This person would have many job responsibilities, including maintaining and developing partnerships, travelling to potential satellite sites, doing outreach with the target populations listed above, maintain internet and social media presence, and facilitating public legal education.
Public legal education

From consultations with stakeholders, we know that public legal education is most practical when it is conducted with other service providers, partners and trusted intermediaries. The community legal clinics can look at greater collaboration with Connecting Ottawa to facilitate more public legal education to increase awareness of identifying legal issues and also increasing awareness of community legal clinic services.

BACK-OFFICE FUNCTIONS

Through staff, board, and executive director consultations, it was apparent that those working at community legal clinics felt that too much time was spent on administration. One of the most common issues was annual funding reports, which consume a lot of time and are prepared by each clinic.

OPPORTUNITIES

Administrative amalgamation

Cost estimations took into account the potential savings from a variety of scenarios for amalgamating administrative functions, and also looked at the models other Ontario clinics have used to identify similar savings. Some options for restructuring that could reallocate existing funds include:

- Requiring a single annual funding application from all three clinics,
- Having a single office manager for a single amalgamated clinic,
- Combining the governance of all three clinics to form a single board,
- Having one executive director for all three clinics, and
- Combining payroll, accounting and audit functions for all three clinics in order to reduce overhead.

LOCATIONS

Another option for reducing overhead costs and dedicating more funding to front-line services was reducing the number of locations. Fewer offices could reduce some of the rental costs, though all staff would still need desks and offices so the savings would be limited. Reducing offices has to also reflect the realities of Ottawa. The City of Ottawa is geographically large and diverse, including both urban and rural populations. After studying the size of the City of Ottawa, the current and potential public transit patterns (including the new light rail), and the travel time between service locations and priority neighbourhoods, it was established that one office was not a viable option for this community.
Explorations of a two-office model showed few savings were realistic, making the current office structure similar in costs and more attractive for access, partnerships and continuity for clients.

OPPORTUNITIES

Catchment areas

In focus groups, clients and staff agreed that it can be extremely difficult for clients to find the energy and courage to access a community legal clinic. Referrals to other clinics can therefore be disheartening for staff, and a barrier for clients, when clients reside in the wrong catchment area. A model that merges the three clinics into a single organization operating out of multiple locations, and whose catchment area is the whole of the City of Ottawa, would mean a resident from anywhere within Ottawa would be able to obtain legal services at any of the clinic locations.

Office locations

Though maintaining three office locations distributed around Ottawa appears to be the most practical approach to client access, community legal clinics would continue to explore the most accessible locations. One possible move that was discussed the most was a relocation of the West End Legal Services’ (WELS) main office. Since this office serves the whole west end of the city, there is potential in the future for this clinic to move locations further west. Moving WELS from a storefront location to an office space, thereby reallocating overhead costs to front-line services, is an option to be explored.

Satellite offices

Since the City of Ottawa is so large physically, as the Travel Times information shows, it is still very difficult to get from some priority neighbourhoods in the City to the community legal clinic offices. Some of the areas that were identified as most difficult to access the main offices were the Kanata area, Orleans, southern Ottawa, and the rural regions west of Ottawa, such as Carp. One method for tackling the issue of physical accessibility for clients is offering satellite services in partner agencies. This would mean that a legal worker from one of the clinics could be located at a partner agency, at scheduled times, to meet with clients at locations that are much easier for them to get to.
E-SERVICES/HOTLINES

In community consultations, stakeholders had mixed responses to the idea of increasing the use of technology in the community legal clinic system. Some people said that they were comfortable with using technology more, and given the challenges of accessing service in some areas, felt it could help with providing access to services for residents in remote areas. Others saw the issue of accessibility as a large concern, arguing that not everyone has access to a computer, the internet or a phone. In discussions about using more technology with community legal clinic services, online services or phone services could not replace in-person services, but should rather be offered as an option for those who could use it.

OPPORTUNITIES

Hotline

A hotline is an option in a one clinic model, providing a centralized answering system with a single well publicized number. The staff were favourable of this approach, but felt strongly that they should keep their current phone numbers as current clients are familiar with them.

Online intake with trusted intermediaries

The suggestion of conducting intake online with trusted intermediaries was drawn from the Clinic Interview Partnerships (Clinic IP) program that three rural Ontario community legal clinics use. The Clinic IP program is an online intake form that is simple to use, and simple to teach. Community legal clinic staff train trusted intermediaries in the community and other social service workers on how to use the software. Trusted intermediaries or staff at service agencies who identify a client with a legal issue can fill in the online intake form. This model bears exploration in the transformed system.

STRATEGIES TO INCREASE CAPACITY

Throughout the discussions with all stakeholders, the theme of a mismatch in demand and capacity was clear: in the current structure the community legal clinics do not have the capacity to meet the high demand. One of the focuses was to look at how the community legal clinics could increase their capacity.
AREAS OF LAW

In community consultations it was palpable that community legal clinics strongly desired to be able to do more work in the areas of law that they currently serve, and were seeking some way to mitigate the high flow of demand they feel they are currently unable to meet.

OPPORTUNITIES

Housing law support

Throughout staff and executive director consultations, a theme that arose was that staff wished they could do more housing law than they did. Because of the high quantity of ODSP cases, and the complexity of immigration cases, and workers compensation cases those two areas frequently demand more resources and force clinics to refer out many clients with housing issues. To be able to better meet the needs of clients with housing cases, the community legal clinics have proposed a “housing team structure.” Within this structure, there could be two articling students or paralegals focusing their work on housing law, with one present at two of the community legal clinic offices, and one experienced housing lawyer to act as lead and mentor, staffing the third office. The students will have frequent check-ins with the team lead. Some of the clinics currently have structures similar to this that do not focus on a single area of law, and advocate that this structure works well.

Immigration law support

Immigration cases are often complex, as they tend to involve multiple types of law over a long period of time. In the current structure, two out of the three community legal clinics have full-time resident immigration lawyers. A proposed structure allows for one additional immigration lawyer at the third community legal clinic office that currently has one part-time.

Offering additional areas of law

Although there may be opportunities in the future to explore providing services in additional areas of law, the community legal clinics have decided to prioritize delivering better services in the areas of law they currently offer. Offering additional areas of law may be considered in the future.
PARTNERSHIPS

One theme gathered from the community consultations and from resource research was that Ottawa agencies are well-connected and have a history of fruitful partnerships. Members from all stakeholder groups discussed how partnerships can be successful in mitigating demand and providing better services to clients, as they will have access to expertise in more areas.

OPPORTUNITIES

Connecting Ottawa

Connecting Ottawa should be integrated more effectively into the community legal clinic system. Currently Connecting Ottawa links only to services supporting third language clients, expanding those services to be relevant to all community legal clinic clients would be a valuable asset to the Ottawa clinic system. Expanding the service to all eligible community legal clinic clients would require revised agreements with funders as well as an increased scope and volume of work for the staff. Connecting Ottawa staff believed they could expand the scope of work to include all eligible community legal clinic clients. Staff felt they could achieve this goal with existing staffing if they reduced the amount of time they spent on interim case management tasks that are outside their mandate but remain an effective tool of connecting to service providers. Efforts are already underway to manage down case management time and as those efforts succeed, capacity should increase.

Community development officer

Part of the role of the community development officer, as previously discussed, would be to work closely with Connecting Ottawa. They would also have the role of developing and maintaining more relevant partnerships that will increase access and awareness for both legal and non-legal services within the City of Ottawa.

Integration with Legal Aid Ontario (LAO)

As discussed above, legal staff are concerned that they do not have the capacity to meet the demand for the services they provide, nor to meet the demand in areas they are not staffed to provide. Through its Integrated Legal Services Office, LAO offers legal services in some of the areas in which community legal clinics offer, such as immigration and housing, but also in some areas of law that the community legal clinics do not offer services, such as family law. In the past there have been successful integration partnerships between LAO and the community
legal clinics. One example is the LAO duty counsel clinic located at South Ottawa Community Legal Services. In this model an LAO lawyer works out of the SOCLS office once a week and offers advice services. Other similar projects could be explored. However, at the current time, there are no clear opportunities for a collaboration with LAO’s Integrated Legal Services Office. LAO has indicated that none of their staff are available to co-locate with the existing clinic offices. In the future, an amalgamated community legal clinic could explore partnerships with LAO similar to the advice clinic LAO runs in the South Ottawa Community Legal Services office. LAO and the Ottawa community legal clinics could explore shared space or other integrations. For example, the community legal clinics are willing to see clients in LAO offices and would welcome LAO staff to do the same in community legal clinic offices.

STUDENTS

Both staff and other individuals from the University of Ottawa law school agreed that students can add capacity to the community legal clinics if the right management systems are in place and if there is physical space for them. Individuals from the University of Ottawa also identified a high demand from students for placements at community legal clinics, meaning there might be room to grow the student program. The clients who discussed working with students had very positive feedback about the work that students can do, and attested to their legal ability.

OPPORTUNITIES

Articling students

As discussed in a previous section, to be able to better meet housing law needs, one option for an amalgamated community legal clinic could be to have one articling student at two locations, to be supervised by a senior housing lawyer at the third location.

More students available

From discussions with the University of Ottawa law school, it is clear that there are more students interested in working with the community legal clinics than have been offered positions. This is promising for the future development of the law student articling program. However, at this time, community legal clinics do not have the physical space and resources needed to oversee students, and so have limited capacity to take more on. Space for more students should be considered a priority in new plans as it offers more service capacity on the frontline, at limited cost.
PRO-BONO

As mentioned in previous sections the demand for community legal clinic services is greater than the current capacity can meet. Both staff and clients were also concerned with the clinics not being able to offer services in some legal areas that clients have many concerns about, such as employment law, commercial cases, human rights issues, and power of attorney. Pro bono lawyers could assist with these areas and explore other areas as appropriate. They could potentially also help in complex cases that take a lot of resources. The community legal clinics currently do some work with pro-bono lawyers, but agreed that they could take better advantage of private lawyers’ pro-bono hours.

OPPORTUNITY

Collaboration with Pro Bono Law Ontario (PBLO)

The option of developing a project in which lawyers could offer pro-bono services to an amalgamated clinic through PBLO could provide new connections to pro-bono lawyers. PBLO representatives agreed that a specific project allocated to this collaboration would be preferable. Since the transformation project will be a significant medium-term undertaking, this project would be pursued at a later time.

VOLUNTEERS

The use of volunteers is another method that was suggested as a way to better meet high levels of demands. One community legal clinic currently uses volunteers, for writing their newsletters and updating their website, but it was agreed that the community legal clinics could make better use of them. Similar to students, there was a concern that effectively utilizing volunteers requires that the clinic set up volunteer management systems, like training, mentoring, and supervision plans, and provide space for them to work in.

OPPORTUNITIES

Volunteer database

There are currently a number of volunteers with the community legal clinics, and there is interest in recruiting more, but the clinics are finding it difficult to get volunteers with the skill sets that are needed. Clinics would be able to benefit from the development of a city-wide volunteer database, which includes the skill set of each volunteer, to both make better use of current volunteers and also to know what type of volunteers to recruit.
Volunteer program

The option of developing a more formal volunteer program is discussed as a way to increase the capacity of clinics. Abroad and in other parts of Ontario, some volunteer programs are very well structured and make great use of volunteers. The barrier to community legal clinics being able to do this is the lack of space and time to sufficiently manage volunteers. This is an attractive opportunity for a transformed clinic though likely not an immediate step.
STRUCTURAL OPTIONS STUDIED

Four potential models for a community legal clinic system were researched carefully, in looking at how Ottawa’s community legal clinics should be structured to best meet the needs of their clients.

The administrative savings vary in each model. Although savings were not the only approach explored to expand front line services in the following models, they were a prominent part of the model considerations. The administrative savings are a key component of the resources needed for the service improvements envisioned in the transformation process.

In addition to administrative savings, there are other benefits to structural change. Changes to structure could realign staffing to enable more staff to be hired with the same funding. For example having fewer executive directors reduces management costs freeing up resources to hire more staff, possibly in more junior positions which can result in more positions hired with the existing levels of funding.

These elements combine to indicate what is available to spend on delivering services to clients, and on expanding the capacity to provide some of the services listed above in the “Areas for Service Improvement” section of the report.

STATUS QUO

Maintaining the current structure of Ottawa’s community legal clinics was explored as an option in looking at how to best deliver legal services to low-income populations. This option would maintain the current structure of three separate clinics, but they would receive funds for exit packages and use those funds to implement some of the recommendations listed in the previous section.

The strength of this model is that it would not involve transitions for staff or clients.

However, with this model, there would be no opportunities for administrative savings that could be allocated towards the areas for growth identified in the previous section.

Ultimately, this structure is not recommended. In the community consultation phase of the research, staff and executive directors raised some concerns about
the structure and delivery of legal services in Ottawa, some of which can only be addressed through structural change. For example, staff members were concerned about the amount of time spent on administration and about how they felt they did not have time for the much-needed community outreach work.

The dismissal of this option led to thinking about ways in which the three community legal clinics could amalgamate, in order to guarantee greater collaboration, offer improved services to clients and more capacity for community-based services.

1 AMALGAMATED CLINIC WITH 1 OFFICE

The amalgamation of the three community legal clinics into one central office in Ottawa was considered, involving one executive director, one manager of operations and one board of directors. Using this model, a location would be chosen based on travel times to and from priority low income neighbourhoods in Ottawa and based on the current and potential transit system. Although there would be only one main office, there would be the potential to develop satellite offices at partner agencies across Ottawa, which would increase access for populations living in areas far from the main office.

The strengths of this model are based on learnings from the Hamilton community legal clinics’ experience. In Hamilton, three community legal clinics amalgamated into one, resulting in significant savings due to reductions in costs for rent and managerial staff. Furthermore, the amalgamated clinic was able to achieve more results with the weight of a larger organization behind them. Another driver for this model was that it would provide the community legal clinics with more opportunities to collaborate and, as a larger entity, to advocate more effectively on behalf of their clients.

Savings in this model would include reducing the number of executive directors by two, reducing the number of office managers by two, and some reduction in reception staff. These savings would be offset, however, by the need for additional legal services staff, as the current executive directors spend approximately 72% of their time on legal work with clients: at least 1.42 full time equivalents (FTEs) of caseworker time would be needed to avoid adversely affecting services.

Similarly, the office managers divide their administrative time between functions that would be affected by an amalgamation (e.g. managing reports for LAO), and functions that would still be needed in an amalgamated clinic (e.g. information
technology support to individual staff members). A merger could provide a savings of about 0.65 FTEs per existing clinic.

Savings from this approach to amalgamation would be predominantly in bookkeeping and audit costs which, when consolidated, would provide a potential savings of approximately $15,000.

Savings from rents would be modest. Approximately $50,000 could be saved in consolidating rents, given the already tight space of the clinics. Currently clinics use a variety of informal arrangement in their offices for workspace, with staff using a clinic library, a board room and even a photocopier room as part-time offices. A larger clinic would likely make more extensive use of those spaces, creating a need for office space for the staff now “floating” at availableworkstations. The need for these new workstations would largely eliminate the gains that consolidation into one office would otherwise bring.

Ultimately, this model is not recommended. The physical size of Ottawa, and the problems that transportation creates for clients, makes having one main office a significant barrier to accessing services. A single office would add at least 40 minutes of travel time to most clinic visits, and in some cases far more. Finally, and importantly, the single office approach would also disrupt the existing strong connections that the community legal clinic s have developed to other local resources and to their clients’ communities.

1 CLINIC WITH 2 OFFICES

Once it was clear that amalgamation into a single office was not a viable option for delivering services to Ottawa’s low-income population, the analysis turned to amalgamating back office functions, while maintaining multiple offices. One option is to have an amalgamated clinic with consolidated systems and two main community legal clinic offices. There would be one executive director shared amongst the two offices, as well as one office manager and one board of directors.

This model allows for savings and strengths in a number of ways. First, looking at the example of the Northwestern Ontario community legal clinics amalgamation, they were able to achieve savings that could then be reallocated to service delivery.

One of the drivers for discussing this option in Ottawa was the distance of priority neighbourhoods to community legal clinics.
The analysis of potential savings in this model would be similar to the savings from the one office model, but one more administrative support person would be needed and the savings on rent would be reduced by half.

This model is not recommended. The impact on travel times was somewhat smaller in this model but the barriers to access remained significant for some communities. Also the limited financial gains from closing an office were also far too modest to justify the disruption to community connections, relationships with other services, links to stakeholders and other assets developed through the existing offices.

1 CLINIC WITH 3 OFFICES

The recommended model for Ottawa’s community legal clinics is to have one amalgamated clinic with three main offices. The offices would remain in their existing communities of downtown Ottawa, southeastern Ottawa and western Ottawa. The new clinic would also continue to operate its tenant duty counsel service at the Landlord and Tenant Board.

With this three-office model for amalgamation, some current staff member roles would change, but the changes would not necessitate staff lay-offs.

Some of the anticipated changing staff roles are as follows:
• One executive director would serve the three offices of the amalgamated clinic, based in one office and travelling to the other two offices as needed. The executive director would be a dedicated administrator, with very limited front-line legal service duties. The other two current executive directors’ time would be re-allocated to direct client service, to offset the executive director’s shift to a full time administrative role, and a supervisory role in the other two offices.

• One office manager would serve the three offices, based in the same office as the executive director and travelling to the other two offices as needed. The office manager would become dedicated to operations management functions including the administration of finances and human resources, and governance, and would no longer carry out other clerical duties. The other two current office managers’ time would be re-allocated to other services that the amalgamated clinic will require, with a focus on client services as much as possible.

• Most back office functions of the three current community legal clinics would be amalgamated, such as bookkeeping, payroll administration, completing funding applications, and human resources administration.

• Support staff in the three offices would continue to provide reception, assistance with intake, and administrative support at each office. They would also work closely with the clinic office manager in implementing the new systems developed for linking the three offices, such as coordinated client intake, telephone reception, financial matters, and more.

The three-office model is most appropriate for Ottawa based on the following guiding principles:

• The primary goal is to promote access to staff and services in a city with a very large geographic size, widespread urban and suburban populations, and extensive rural areas on the outskirts of the city with small-town environments, rural homes and farms.

• Ensuring a continuity of the connection that the current three community legal clinics have with Ottawa’s low-income communities, who depend on having community-based legal services close by with which they have developed trusting relationships.

• Having clinic offices in close proximity to the other community service agencies that serve the same client base so that, as much as possible, the clinic offices and other agencies have a “one-stop shopping” environment for clients; and so staff members, members of the boards of directors, and
volunteers have closely-located access to the services of neighbouring agencies. The new clinic offices will consider the potential of moving to other locations that achieve this goal.

This model provides modest administrative savings including reducing the audit and bookkeeping costs, but it also concentrates most managerial and administrative responsibilities to two full-time staff: the executive director and the manager of operations. With staff turnover from retirements or early exits, this can reduce some high-cost positions in favour of lower-cost positions (like lawyers, community legal workers, and support staff). This shift can free up resources to invest in other services. In this model, given the current makeup of staff, a realistic medium-term savings goal, following retirements or voluntary exits, would be $115,000 - $155,000. That amount, coupled with the expected modest back office savings, would provide a total of $130,000-$170,000 available for investment in new services.

EARLY EXIT PACKAGES

These medium term savings could be realized immediately with voluntary retirement packages. Funding from LAO to provide incentives for early retirements could move the turnover in those key positions from the medium term to the short term, reducing existing salary costs by roughly $150,000 in the next fiscal year and freeing up about 2 FTEs of staff time for new initiatives. Moving this staff change to an earlier date also facilitates a more coherent transition, with the change in clinic structure coming at the same time as new staff, new positions and new processes are introduced.

FINANCIAL ELIGIBILITY GUIDELINE FUNDING

As part of the effort to extend services to a greater share of low income communities, the Government of Ontario has adjusted the Financial Eligibility Guidelines for clinic services, enabling people in income brackets slightly above the historic levels to qualify for clinic services. To accommodate that change, new funding was assigned to clinics in late 2014 and early 2015, which will form part of future base funding, with further investments scheduled over the next two years. This funding is contingent on clinics demonstrating their use of new approaches that reach new clients. Clinics in Ottawa will receive a total of $146,000 in new base funding.

The use of those funds is being explored currently but will further enhance the ability of Ottawa clinics to reach new clients and to begin addressing the needs described in this report. The Ottawa clinics are already collaborating in deciding
how to allocate these new resources. Combined with the savings that can be achieved in the recommended model for amalgamation, these opportunities could provide about $300,000 for new investments to increase access to justice to new communities.

**POTENTIAL ALLOCATION OF SAVINGS**

With $300,000 in resources available for reallocation, considerable progress can be made on the major items identified in the needs assessment, but by no means all of the identified needs and opportunities.
PROPOSED MODEL

ONE CLINIC WITH THREE PERMANENT OFFICES

It is recommended that the best combination of efficiencies and service improvements could be derived from a one-clinic model with three permanent offices. The current locations of the offices provide good physical access to the widespread distribution of populations in Ottawa and takes into account the transportation needs low-income people face, although ongoing exploration of a possible relocation of the western office further west will bear consideration.

The single clinic would have one executive director and one operations manager, and would consolidate all back-office functions.

LINGUISTIC NEEDS

- Better documentation of language needs is needed and better protocols for logging and tracking the languages of clients should be created and maintained.
- Connecting Ottawa is a valuable part of a multilingual access to justice program. Stable long term funding for this program should be pursued and it should be integrated into the functioning of the amalgamated clinic.

FRANCOPHONE SERVICE

- Placing fully bilingual staff on reception duties would be a priority in the transformed system.
- The community legal clinics would collaborate with the Francophone community legal clinic in Vanier to address Francophone concerns about access to justice and to advocate within the justice system to address areas where access to services in French is less robust than access to services in English.

RURAL SERVICE DELIVERY

- The clinics would develop stronger relationships with rural service delivery organizations to seek opportunities for service delivery through satellite locations hosted by community partners, and to support intake and
referral through trusted intermediaries in partner organizations in rural areas.

ABORIGINAL SERVICES

- The clinics would work to build relationships with the Aboriginal community by seeking partnerships with Aboriginal organizations and, if possible, by seeking board representation from within those communities.

COMMUNITY ORGANIZING AND PUBLIC LEGAL EDUCATION (PLE)

- The clinics would increase community development, outreach and organizing services and strengthen relationships with community partners, by creating one full-time dedicated position for a Community Development Officer. This staff person would lead processes such as maintaining and developing partnerships, travelling to potential satellite sites, doing outreach with the target populations listed above, and facilitating expanded public legal education. The Community Development Officer could also coordinate with the Connecting Ottawa staff to ensure effective outreach and partnership development.

BACK-OFFICE AND ADMINISTRATIVE STAFF FUNCTIONS

- The clinics would amalgamate all back office functions to reduce administrative overhead.
- The three offices would continue to have administrative support staff members assisting in daily operations. They would coordinate their responsibilities with the manager of operations so that the three offices’ work is integrated.
- The responsibilities of the current three clinics’ office managers will become shared between the manager of operations and the administrative support staff members in the three offices. The current office managers would shift their work to other services that the amalgamated clinic will require, with a focus on client services as much as possible but also engaged in outreach and communications, administrative support for the manager of operations and administrative support staff relief.
LOCATIONS

- The clinics would maintain three permanent offices, initially using the current locations but exploring a move west for the western Ottawa office over time.
- The clinics would have a single consolidated catchment area with a "no wrong door" policy for accepting clients.
- The clinics would explore satellite locations as a tool for offering greater access to service in rural areas. Satellites would be located with partner organizations and explored through the work of the Community Development Officer.

E-SERVICES/HOTLINES

- The clinics would establish a 1-800 number or single phone number to create a highly publicized phone access point but also maintain existing telephone numbers at each clinic office.
- The clinics would explore online access and intake using the SIMS model and the Mid-Minnesota model.

AREAS OF LAW

- Subject to funding, the amalgamated clinic would add a senior lawyer specializing in landlord and tenant law, along with two articling students or paralegals, to increase capacity for addressing housing law at all clinic offices in a team structure.
- Also subject to funding, the amalgamated clinic would add at least one immigration lawyer to increase capacity in immigration law and ensure that immigration law services are available at all three clinic offices.
- Finally, in order to better manage ODSP caseloads, the amalgamated clinic would make the ODSP Appeals Caseworker position a permanent one.

PARTNERSHIPS

- The clinics would actively pursue stronger partnerships through the Community Development Officer and Connecting Ottawa staff, supporting stronger relationships with partner agencies; training for better legal issue identification and a more robust referral system; a trusted intermediary model; and access to potential satellite locations.
STUDENTS, PRO BONO LAWYERS AND VOLUNTEERS

- The clinics would explore additional student placements and explore options for accessing additional space to accommodate greater student participation.
- The clinics would develop a coordinated volunteer program.
- The clinics would develop a consolidated volunteer database and manage volunteer recruitment and training centrally.
CONCLUSION

With a clear outline of a transformed Ottawa community legal clinic system in place, Ottawa clinics will review the plan with the clinic boards, staff partners and clients. Ottawa clinics will also review the plan with Legal Aid Ontario to confirm their support for the elements of the plan that require the assistance of the funder.

If there is widespread approval of the plan, the Ottawa clinics will work through 2015 to develop an implementation plan and prepare for transition to the new model.
APPENDICES

APPENDIX I: MEMORANDUM OF UNDERSTANDING AND STEERING COMMITTEE TERMS OF REFERENCE
APPENDIX II: LIST OF STEERING COMMITTEE MEMBERS
APPENDIX III: DEMOGRAPHIC MAPPING
APPENDIX IV: BIBLIOGRAPHY
APPENDIX V: LEARNINGS FROM MINNESOTA
APPENDIX VI: STAFF FOCUS GROUP GUIDE
APPENDIX VII: CLIENT FOCUS GROUP GUIDE
APPENDIX IX: CLIENT FOCUS GROUP CONSENT FORM
APPENDIX X: COMMUNITY PARTNER, BOARD MEMBER & FUNDER GUIDE
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APPENDIX I

MOU AND STEERING COMMITTEE TERMS OF REFERENCE

BACKGROUND

- The Ottawa Legal Clinics’ Transformation Project (“the Project”) is a project involving the three independently governed community legal clinics (Community Legal Services Ottawa Centre; South Ottawa Community Legal Services; and West End Legal Services) serving the low-income population of Ottawa.

- In 2009, the three Ottawa legal clinics initiated a proposal to consider amalgamation. The goal was to create a more streamlined organizational structure in order to increase service delivery capacity and better co-ordinate service for Ottawa low-income residents. The three Ottawa legal clinics are now proceeding further with this initiative.

- The main goal of Phase 1 of the Project is to consider the best way to maximize service delivery in providing clinic law services in the City of Ottawa, in the context of co-operation between the clinics. To this end, the three clinics have engaged an independent consultant (Public Interest) to gather information and produce a report with recommendations that consider the following matters:
  - Develop tools that will:
    - Determine the current and projected distribution of all poverty law populations and issues (within the boundaries of participating clinics).
    - Map existing resources and points for engagement.
  - Determine the best way(s) to maximize client access to clinic law services in Ottawa.
  - Determine the best physical configuration(s) and location(s) for clinic services in order to maximize service delivery capacity while retaining or improving client access.
  - Determine the most effective and efficient clinic service delivery model for low income residents of Ottawa.
o Provide recommendations for resources and a process to implement the new clinic service delivery model.

- The three Ottawa legal clinics have established a Steering Committee to guide decision-making in the first phase of the Project.

ROLE OF STEERING COMMITTEE/STEERING COMMITTEE MEMBERS

- To serve as a decision-making body in Phase 1 of the Project.
- To ensure effective communications with and participation of the participating clinics’ boards of directors, members, staff and community partners.
- To bring the Phase 1 final report and recommendations to each participating clinic for board review and decision-making.

COMPOSITION

- Each participating community legal clinic will appoint three representatives to the Steering Committee. They will attend all Steering Committee meetings. As a last resort, a clinic may replace, on an interim basis, their representatives, but it has been agreed that the goal is to have consistent participation on the Steering Committee.
- Each clinic shall have a mix of Board and staff members on the Steering Committee.

SUB-COMMITTEES

- The Steering Committee may appoint sub-committees to address specific topics. Sub-committees will bring recommendations to the Steering Committee for review and decision-making.

TERM

- The duration of the Project.
- After Phase 1 of the Project is complete (i.e. upon receipt of the consultants’ report and consideration of the report by each clinic’s Board of Directors), and if the participating clinics agree to proceed with implementation of the report’s recommendations, the clinics agree to the principle that the membership of the Steering Committee should remain consistent, as much as possible.
DECISION-MAKING

- Each clinic will have one vote. The voting representative on the Steering Committee must be authorized to make decisions on behalf of the clinic.
- Decision-making will be by consensus where possible, and, if consensus is blocked twice, by vote (see consensus process notes at the end of this document)

QUORUM

- Five out of the nine legal clinic representatives on the Steering Committee, and at least one representative from each of the three clinics.

MEETING FREQUENCY

- Usually twice per month, with fewer or additional meetings if necessary as determined by the Steering Committee.

CHAIR

- The Steering Committee will appoint a chair to manage the agenda, and to lead a process to review and adopt these Terms of Reference.
- The primary functions of the chair will be as follows:
  o To prepare Steering Committee meeting agendas;
  o To manage Steering Committee discussion and decision-making; and
  o To ensure that these Terms of Reference are applied to Steering Committee process and decision-making.

MINUTES

- To be kept for all meetings by a representative of Public Interest and distributed in draft, to be reviewed and adopted at the next meeting.
- If the Steering Committee holds a meeting without representatives of Public Interest, a member of the Steering Committee will be responsible for preparing draft minutes of the meeting.
CONSENSUS PROCESS

- An issue is discussed and a recommendation is made. Everyone who wishes to speak to the issue has the opportunity for input. The chair then repeats the motion/recommendation and asks if the meeting has reached consensus. Silence means consent and the motion/recommendation is approved. However, members have four ways to state their response to a call for consensus from the chair:

  - “I support the motion/recommendation,” if you wish to state your position rather than consenting by being silent.

  - "I have reservations." This means that you are not certain that it’s the right decision but you can live with it. Consensus is reached. Your reservations/concerns can be noted so that your position is clear for the record.

  - "I stand aside." This means that you don’t think it’s the right decision, but you won’t stop it from going ahead. Again, consensus is reached.

  - "I block this." Finally, you can stop consensus from being reached by saying "I block this." In this case consensus is not reached and the item is re-opened for further discussion.

- After a second round of discussion and call for consensus, if consensus is not reached, the motion reverts to a simple majority vote.
## APPENDIX II
### LISTS OF STEERING COMMITTEE MEMBERS

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Legal Clinic</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gary Stein</td>
<td>Executive director</td>
<td>South Ottawa Community Legal Services (SOCLS)</td>
<td><a href="mailto:steing@lao.on.ca">steing@lao.on.ca</a></td>
</tr>
<tr>
<td>Dominique Conway</td>
<td>Community legal worker</td>
<td>SOCLS</td>
<td><a href="mailto:conwaydm@lao.on.ca">conwaydm@lao.on.ca</a></td>
</tr>
<tr>
<td>Justin Nesbitt</td>
<td>Board member</td>
<td>SOCLS</td>
<td><a href="mailto:jnesbitt@seochc.on.ca">jnesbitt@seochc.on.ca</a></td>
</tr>
<tr>
<td>Charlie McDonald</td>
<td>Executive director</td>
<td>Community Legal Services of Ottawa Centre (CLSOC)</td>
<td><a href="mailto:mcdonalc@lao.on.ca">mcdonalc@lao.on.ca</a></td>
</tr>
<tr>
<td>Sarah Sproule</td>
<td>Staff lawyer</td>
<td>CLSOC</td>
<td><a href="mailto:sprouls@lao.on.ca">sprouls@lao.on.ca</a></td>
</tr>
<tr>
<td>Michael Taylor</td>
<td>Board member</td>
<td>CLSOC</td>
<td><a href="mailto:mirotayl@gmail.com">mirotayl@gmail.com</a></td>
</tr>
<tr>
<td>Jacques Chartrand</td>
<td>Executive director</td>
<td>West End Legal Services (WELS)</td>
<td><a href="mailto:chartraj@lao.on.ca">chartraj@lao.on.ca</a></td>
</tr>
<tr>
<td>Linda Martineau</td>
<td>Office manager</td>
<td>WELS</td>
<td><a href="mailto:martinel@lao.on.ca">martinel@lao.on.ca</a></td>
</tr>
<tr>
<td>Cavell Townley</td>
<td>Board member</td>
<td>WELS</td>
<td><a href="mailto:cowtown@sympatico.ca">cowtown@sympatico.ca</a></td>
</tr>
</tbody>
</table>
APPENDIX III

DEMOGRAPHIC MAPS
APPENDIX IV

BIBLIOGRAPHY


Hamilton Community Legal Services Amalgamation Agreement, Dundurn Community Legal Services- Hamilton Mountain Legal & Community Services-McQuesten Legal & Community Services, Feb. 15, 2010


* Portable document formats of these resources are not available online. Copies of these resource files are available upon request by email to info@gtaclinics.ca. Please include the full bibliography entry for the resource you require in the body of your email.
APPENDIX V

LEARNINGS FROM MINNESOTA

NOTES FROM A CONVERSATION WITH ANN COFELL, DEPUTY DIRECTOR OF MID-MINNESOTA LEGAL AID, ON NOVEMBER 18, 2014

MID-MINNESOTA LEGAL AID

MODEL

The Mid-Minnesota legal aid program operates out of three main offices in Minneapolis, St. Cloud, and Willmar. The Minneapolis office has 39 staff, whereas the St. Cloud office has 12 staff, and the especially rural Willmar office has a staff complement of only 5 people.

Intake is done over the phone and using an online form (https://www.justice4mn.org/a2j/). Forms are being faxed or scanned and emailed more often now. They provide services out of their clinics, but lawyers will also stack appointments in community locations, such as court houses, senior centres, churches – anywhere an agency will give them space. The frequency of these trips varies from agency to agency; lawyers will visit some locations twice a week, and others once a month, depending on availability of space and how many clients they might need to meet there.

When asked whether or not travel time was an issue for staff, Ann said that it was just something they do. Living in rural areas, people are used to the long commutes. She said it would probably be more of an issue for someone who, coming from an urban area, is not used to having to drive much.

DISABILITY OFFICES

Congress has designated funds for the protection and advocacy on behalf of people who are disabled, so each state has agencies. These offices are co-located with the Minneapolis office, and with legal aid offices throughout Minnesota.

E-TOOLS

Mid-Minnesota is using a fairly new but successful online intake form. It is largely just a screening tool: clients answer a series of questions and indicate
when and how they can be reached, and staff persons follow up with a phone call. Ann wished they could do more online.

In rural programs in Northwestern Minnesota, an online advice program was piloted. This program was intended to expand capacity to provide advice, and also intends to spread resources out past the twin cities, where there are more attorneys and students. The advice program is a website where clients, from anywhere in Minnesota, can post a legal problem – be it questions about a family law issue, custody questions, or issues related to housing or landlord/tenant law. A lawyer, from anywhere in the state, can pick up these posts and respond online. They may ask questions back and forth. The hope is that more lawyers from the twin cities will respond to these, so the resources concentrated there can support less-resourced regions in serving their clients. Mid-Minnesota clients use the online advice program for legal advice, and use the online intake form when making requests for representation and/or services other than advice.

This program was quite successful and has gone state-wide in the last 6 or 7 months.

OUTREACH

They utilize their network of community partners to raise the program’s profile. Where they use another agency’s space to meet with clients, those agencies will include information about the legal aid program in their outreach materials.

The Minneapolis and St. Cloud offices do public legal education sessions fairly often. They do these at different agencies, such as sexual assault centres, nutrition sites (where seniors might gather for a meal), homeless shelters, and food banks. The St. Cloud office does about 2 or 3 a month; the Minneapolis office does about 6 a year. The Willmar office does not have the resources to do much public legal education.

Outreach is a big challenge for them. They feel that they have to choose between using their time to talk about their program and actually doing their work.

When I mentioned trusted intermediaries, Ann said that they do not have anything like that. They rely on their community partners to do outreach to their own client bases. Referrals do happen where staff have strong community ties.

CLIENTS

Approximately 57% of their clients come from urban areas and 43% come from rural areas. Ann said this largely correlated with population distributions, except
when economies of scale are taken into consideration. For example, the St. Cloud office is in a larger county so there are more resources there than there would be in Willmar, mitigating more of the barriers to access to justice.

Most clients first make contact with the clinic(s) over the phone. Then there is the online form. They also serve a large immigrant population; clients from that population tend to prefer in-person service and walking into a clinic.

**SHARED RESOURCES**

Administrative functions are largely centred at the Minneapolis office. There is no administrative staff at the St. Cloud or Willmar locations.

Other back-office functions that are shared are payroll and technical support. Technical support used to be provided by staff at each location, but as technology evolved, they moved towards remote support based at the Minneapolis location. Staff also work out of different offices, even covering for staff at other offices when there are absences.

Savings from such an arrangement could not be ascertained as they have been doing things this way for about 30 years. However, Ann did say that other legal offices do share more of those programs. For example, there is a legal aid program in Northeastern Minnesota, and the Mid-Minnesota program operates their case management system. There are two other programs with separate EDs who have integrated their bookkeeping.

**STUDENTS**

Mid-Minnesota generally uses paralegal students as volunteers to do tasks like helping with forms or preparing brief files. Willmar, for example, has a community college nearby and gets volunteer paralegal students from there. An example of how they have used volunteer students is when they schedule a divorce clinic during their spring break. Students will come out with a teacher/lawyer who supervises them, and the school will cover their accommodations. Students will spend 2 days working with clients, helping them out with simple divorce paperwork and self-help. These are clients who clinics usually turn away as they generally deal with more complex cases.

Ann said they do not have students doing case work, but they do have a residency program where 3rd year law students come in for 3 days a week to help out. They might do some representation. They are always supervised by a lawyer.
APPENDIX VI

STAFF FOCUS GROUP

INTRODUCTION

As you know, the three Ottawa legal clinics, have come together to explore various options and approaches to build a new and better system for delivering a full range of poverty law services that better meets client and community needs and which seeks the most effective and efficient means of delivering clinic law services.

We work for Public Interest and will be facilitating all of the sessions like these for the Ottawa clinics. We are holding a series of discussion groups like these for your clients as well, as well as a number of individual interviews with organizations and agencies that serve them, to better understand the poverty law needs of residents in your catchments.

Your input is a very important part of this process.

Everything that you say here today will be kept confidential. No persons will be mentioned by name in the results or report and information will be presented in group form at all times.

We are taking notes to make sure that we are capturing your thoughts and discussions accurately; however, these notes will only be viewed by Public Interest staff.

Please keep in mind that there are no right or wrong answers. We are interested in hearing about your experiences. We understand that there are many different and valuable experiences in this room. Not everyone’s experiences and not everyone’s opinions will be the same, but all of them are important to our work. Because of this, we ask that everyone be respectful of other opinions and allow each other to speak. I also ask that anything that is shared in this room remains here and isn’t repeated elsewhere. I may also ask if you would like the opportunity to speak if you haven’t done so already, and I may skip over you if you have spoken often, but there are others who want to speak.

The discussion today will take about 2 hours. For the sake of time, I may interrupt you or ask you to wrap up so that everyone has the opportunity to
speak. And in order to hear all perspectives, I may ask people who haven’t spoken to offer their ideas.

Does this sound okay to everyone?

**GO AROUND**

Please introduce yourself and let us know what work you do in the clinic and your involvement with poverty law issues.

**QUESTIONS**

1. Who does your Clinic serve? Have the demographics of your clients changed over the last five years? How?

2. Based on your experience working with low-income individuals and communities, what poverty law issues are your clients most concerned about? What issues do they seek assistance for?
   a. OW/ODSP
   b. Tenancy
   c. Immigration
   d. Employment
   e. Other

3. What proportion of your clients has just one case in their file?

4. What law issues is your Clinic unable to meet, within or outside of the clinic’s mandate? What are the barriers to addressing them?

5. How are clients currently accessing services – phone, in person, workshops – and to what degree do they rely on one method of interaction over the other? What is the impact on service delivery?

6. What are some of the barriers that clients face in accessing services? What can the Clinic do to help overcome some of these barriers?

7. In your experience, what service expectations do your clients have of your Clinic (*Walk to clinic, be seen within a specific time frame, language supports*)? What is the impact on service delivery?
8. What of these expectations are you able to meet and not meet? What are the barriers to addressing them?

9. Who would you say is facing the greatest challenges to accessing support from your Clinic?

10. What are the successful ways that the Clinic is able to address clients’ challenges and barriers to accessing services?

11. What else does your clinic do well? Where is there room for improvement and what would they look like? Staffing, location, services, partnerships

12. How would you describe the culture of the Clinic? Formal and informal working environment

13. What happens to your cases when you are on vacation or sick? How much of an impact does that have?

14. From your experience, what are the main issues facing your Clinic at this time and what are the barriers to addressing them?

15. Are there any structural or organizational issues that create barriers for clients to access services? How can these be overcome?

16. How important is the location of Clinic to your clients? What impact could a location change have for them?
   
   a. Would the location be more attractive if it was closer to other programs and services they would use?
   
   b. Would the location be more attractive if it were co-located with other programs and services like a community health centre or community hub?
   
   c. Are there any co-location situations that would be problematic? What would they look like?

17. What impact could non-legal staff have on the Clinic and service delivery? Do you see a role for staff outside of the legal field? What type of support would be most attractive?

18. What impact would a new location have on yourselves as staff of the Clinic? Would the location be more attractive if it was closer to other programs and services that you could refer clients to?
19. Are there significant difference between the ways services are delivered to urban clients versus rural clients?

20. Are clinics able to provide a generally bilingual environment for clients? What impact does that have? Are there barriers to providing good service on a bilingual basis? What are those barriers?

21. What have you learned about collaborating with other clinics? What have been some of the challenges? What have been the success factors?

CONCLUSION

That’s all of the questions that we have. Is there anything that you would like to say, feel that we’ve missed, or wish that we had asked you about?

Thank you for your time and feedback today. We are holding a series of discussion groups like these for your clients as well, as well as a number of individual interviews with organizations and agencies that serve them, to better understand the poverty law needs of residents in your catchments. We’ll also be exploring more operational aspects of your clinics and will be incorporating your feedback, plus those of other stakeholders as we explore the possibility of how clinic service delivery could be adapted to effectively and efficiently meet the needs of your clients.

Thank you!
APPENDIX VII
CLIENT FOCUS GROUP GUIDE

INTRODUCTION

The three general service legal clinics in Ottawa, which include Community Legal Services Ottawa Centre, South Ottawa Community Legal Services and West End Legal Services, have come together to explore different ways that they can better meet the needs of low income people in need of legal services.

We work for an organization called Public Interest and will be facilitating all of the sessions with legal clinic clients and other residents for each of the participating legal clinics. We are talking to a number of individuals through interviews with organizations and agencies, to better understand the legal services needs of residents. We are exploring the potential and possibility of how clinic service delivery could be adapted to effectively and efficiently meet the needs of clients and potential clients like you.

Your input is a very important part of this process.

Everything you say here today will be kept confidential. No persons will be mentioned by name in the results or the final report, and information will be presented to the legal clinics in summary format, referring to the group generally, and not any one person specifically.

We are taking notes to make sure that we are capturing your thoughts and discussions accurately; however, these notes will only be viewed by Public Interest staff working on this project.

Please keep in mind that there are no right or wrong answers. We are interested in hearing about your experiences. We understand that there are many different and valuable experiences in this room. Not everyone’s experiences and not everyone’s opinions will be the same, but all of them are important to our work. Because of this, we ask that everyone be respectful of other opinions and allow each other to speak. I also ask that anything that is shared in this room remains here and isn’t repeated elsewhere. I may also ask if you would like the opportunity to speak if you haven’t done so already, and I may skip over you if you have spoken often, but there are others who want to speak.
The discussion today will take about 2 hours. For the sake of time, I may interrupt you or ask you to wrap up so that everyone has the opportunity to speak. And in order to hear all perspectives, I may ask people who haven’t spoken to offer their ideas.

Does this sound okay to everyone?

**GO-AROUND**

Please introduce yourself, where you live and what legal clinic you’ve used before.

**QUESTIONS**

1. What legal issues are you or your family and friends, and people in your community most concerned about?

   Prompt for
   - OW/ODSP
   - Landlord/Tenant
   - Employment
   - Immigration
   - Affidavits
   - Family
   - Criminal

2. Which of these issues have you been able to get help for from a legal clinic? How did you know it was a legal issue?

3. What type of service did you receive?

   Prompt for
   - Information on phone
   - Appointment with lawyer/CLW
   - Forms filled/signed
   - Non-legal support
   - Other

4. How effective was the support that you received?

   a. What did you like about the support you received?

   b. What would have improved the support you received? (time with lawyer, meeting in person, area of law not covered by clinic)

5. Were there challenges that the legal clinic was not able to address?
6. What happened when you found out you weren’t eligible for their support? (referral to agency/other clinic, lawyer, nothing)

7. What do you expect from a legal clinic? How do they meet your expectations?

8. How do you find out about the legal services and supports available to you and your friends/neighbours/family?

Prompt for
- Word of mouth
- Referral from other agency
- Storefront sign

9. How do you currently access services from the legal clinic?

Prompt for
- Phone
- Website
- In-person
- Workshops/PLE

   a. Which method do you prefer best?

   b. How effective have you found each of them to be?

10. What are some of the challenges and barriers you have in accessing legal clinic services?

11. What can the legal clinic do to help overcome some of these barriers?

12. Is the service you’re able to get appropriate to the language you speak?

13. What impact does travel have on your access to service?

14. How important is the location of the legal clinic for you?

   a. If the legal clinic were to move, what kind of impact would it have on you?

   b. Would the location be more attractive if the legal clinic were to move closer to other programs and services?

   c. Would the location be more attractive if the legal clinic shared physical space with other programs and services like a CHC or Hub?
d. Are there any programs and services that would be problematic? What would they look like?

15. What impact could non-legal staff have on the way you experience support from legal clinics? What type of support would be most attractive?

Prompt for

- Staff within the clinic system, CLW
- Aspirational – social worker, mental health worker, social services worker, housing worker

16. What benefits or challenges would the following have for you in accessing legal services?

a. Telephone hotline
b. Enhanced website
c. Advice clinics
d. Specialized clinics

17. Do you have any suggestions for improvements to service delivery for the clinic?

CONCLUSION

That’s all of the questions that we have. Is there anything that you would like to say, feel that we’ve missed, or wish that we had asked you about?

Thank you for your time and feedback today!
Three of Ottawa’s legal clinics are looking at new ways to better deliver poverty law services. As part of this transformation process, the evaluation team wants as much input from individuals who use legal clinic services as possible. This focus group will provide important information that will be crucial in looking at things that work well in the legal clinic system and things that could be improved.

Any information gathered during this focus group will be kept confidential, not only by the evaluation team but by other participants of the group.

Sharing your experiences and participating in the focus group is expected. Nothing you say in this group will have impact on your access to legal services at your community legal clinic.

I understand that the following information will be provided to the evaluation team for the purpose of gaining my feedback on the service I received. I understand that my participation in the survey is voluntary, and that any responses are confidential and solely for the purpose of assessing and improving legal clinic service delivery in Ottawa.

Name:__________________________________________________________

Signature:_______________________________________________________

Date:___________________________________________________________
APPENDIX X

EXTERNAL KEY INFORMANT INTERVIEW QUESTIONS

QUESTIONS

1. Tell me a bit about your organization, your catchment and your communities (the people in this area that you represent/serve/belong to a community with) – demographic breakdown, languages, ages, employment, geographic clusters.

2. What are your community’s needs and how have they changed in the last 5 years?

3. For these populations, what types of services exist to support them?

4. Are there gaps in services to respond to your clients’ needs? What is needed to fill these gaps? (Are there specific underserved populations, whether in or outside your scope of service?)

5. How does your community interact with your community legal clinic? (programs, services, outreach etc.)

6. Do they interact with the other clinics and if so how?
   b. How could the local CLC improve their relationship with your organization to provide better services for residents?

7. In your opinion, what does your CLC do well? What can it do to improve?

8. In your opinion, what does your local general legal service delivery clinic do well? What can it do to improve?

9. In your opinion, what are the benefits of having your legal clinic in the community?

10. What are the benefits of having a general service legal clinic in the community?
11. In terms of geography, where do your clients live? How does distance impact on your clients’ ability to access services? Do they deal mostly with their local clinic?

12. The literature review for this project found that Francophone clients will often opt for services in English, even where French language services are available, because of barriers they may face, such as incurred costs, lack of FLS throughout all levels of the court, or not wanting to displease service providers. Can you comment on your experiences in this area?

13. One of the options being considered is to amalgamate three of Ottawa’s legal clinics. If an amalgamation meant that, instead of the current three smaller locations, there was one, larger location, with extensive outreach and community access points, how would that impact your clients and your organization?

14. In your opinion, if this was to occur, what types of supports or accommodations would be needed to ensure that the full range of CLC services remains accessible for clients?

15. As you may know, an itinerant model of service delivery is one where the service is not necessarily fixed at one location, such as a satellite. Instead, key partnerships within various communities allow for staff to work out of partner offices, but also allow for flexibility to respond to shifting community needs. What would be the impact in the community if the clinic were to become part of an itinerant model of service delivery?

16. In your opinion, if this was to occur, what types of supports or accommodations would be needed to ensure that the full range of CLC services remains accessible for clients?

17. In your experience, what can your community legal clinic do, and what can the other community legal clinics do, to:
   a. Reach more residents
   b. Provide services that reflect the needs of the community
   c. Provide greater, quality service for clients
   d. Work better with other organizations in the area

18. Do you have any other feedback that could inform this process and the CLC’s service delivery in the community?

19. Any other comments?
APPENDIX XI
EXECUTIVE DIRECTOR INTERVIEW GUIDE

UNDERSTANDING CLIENTS AND THE COMMUNITY

1. Who does your clinic currently serve? Have you seen changes in who you’re serving over the last 5 years? 1 year?

2. How is your clinic dealing with the changing demographics of your catchment area?

3. From your perspective, what are the major issues facing people in your catchment area? How is your clinic able to address these issues?

4. Are there client needs that your clinic is unable to meet within the mandate of your clinic? Outside the mandate of your clinic? What are they and what are the barriers to addressing them?

5. Who would you say is facing the greatest challenges to accessing support from your clinic?

6. Please describe the ways that your clinic facilitates linguistic access to clinic services?

7. How does travel, including proximity to the clinic and access to transportation, impact on client access to clinic services?

8. Do you have any formal or informal partnerships with other organizations? If yes, who are they and what is the nature of your partnership?

9. What role do you see partnerships with other organizations playing in the future of your clinic?

GENERAL ORGANIZATION

10. How long has your clinic been operating?
11. What is the mission and focus of your legal clinic? How does it differ from others in this initiative? Across Ottawa?

12. What is your role in your clinic? How has your role changed since you started?

13. What is the staffing complement in your clinic? What gaps have you identified that impact service provision?

14. How would you describe the culture of your clinic?

15. What does your clinic do well? What are the aspects of your clinic that are not working as well?

16. Are there services that you would like to see your clinic provide? What are they and have you taken any steps towards implementation?

17. From your perspective, what are the main issues facing your clinic at this time? What are the barriers to addressing these issues?

18. What major issues should be considered during the planning and implementation of this process?

**PROCESS**

19. Why did you feel it would be useful for your clinic to participate in this process?

20. What external elements are influencing this process and need to be considered?

21. What would constitute success for this initiative? What purpose does this process serve?

22. What do you hope this process does not do? What are the possible bad outcomes or bad processes that should be avoided?

23. What would constitute success for LAO? What would be seen as a failure by LAO?

24. What would constitute success for your clinic?
a. What are the particular challenges/issues that you hope this process will address? What are the challenges that are important to address, but can’t be with this process?

b. What are the opportunities you hope to secure with this process? What are the opportunities that can’t be secured with this process?

c. What would you and your staff see as signs that this process has been a bad choice?

25. We have the capacity do a limited number of key informant interviews and focus groups. Who are the key people/groups that you feel must be included?
APPENDIX XII
BACK OFFICE INTEGRATION STRATEGIES

DEFINITION
Back-office integration refers to a consolidation of mostly administrative functions and resources between agencies that are collaborating in some form. This may include shared space, co-location, or separate offices. The functions that are consolidated are usually financial accounting, human resources, administration, and policy and/or governance functions. Generally, the expectation is that duplicate functions will be reduced, and any savings (staff time, hard costs, or other resources) can be redirected to the substantive functions of the agency or agencies.

TWO MODELS OF BACK-OFFICE INTEGRATION

HAMILTON COMMUNITY LEGAL CLINIC MERGER

- Three clinics merged into one location, therefore all back-office functions were merged;
- Saved on auditing (2.4K); saved on accommodation (74K); and saved in utilities, travel, audit, and equipment (37K);
- Saw increase in cases opened, increase in outreach, and decrease in referrals (no need to refer to other legal clinics);
- Expanded partnerships because they were able to hire a part-time community development coordinator with savings. This helped reach out to previously underserved populations (ex: Aboriginal peoples) and increased coordination between agencies;
- Financial reporting to LAO was easier; board representation improved since they added more pre-requisites; were able to become designated bilingual; could better their reporting on client statistics;
- Saw more staff time spent on service delivery and less staff time spent on administration (See Figure 1).
NORTHWEST COMMUNITY LEGAL CLINIC MERGER

- Maintained 3 main offices and 2 sub-offices, therefore some back-office functions were merged;
- Saved on ED salary (80K) and on bookkeeping (3K) and were therefore able to hire more service delivery staff and do more outreach, since savings were retained by clinic;
- Outreach increased by 126% (82 outreach activities in 2008-09, 185 in 2010-11);
- Saw increase in timeliness in working with cases and increased access to clinics;
- Could not draw conclusions about increase in cases opened because of inconsistent reporting prior to merger;
- Financial reporting to LAO was easier; board representation improved since they added more pre-requisites; were able to become designated bilingual; could better their reporting on client statistics;
- Rent stayed the same, audit costs increased (1.4K) (paid more for auditor because needed a bigger company);
- Saw increase in staff time dedicated to service delivery and less dedicated to administration (See Figure 2).
LEARNINGS FROM LITERATURE AND OTHER CASE-STUDIES

Literature about back office integrations between various service agencies were reviewed, including the Specialty Clinic Modernization Project, and research completed by the Toronto Neighbourhood Centres in 2013 and 2014. A common set of key learnings arose from almost all of the studies and scenarios, regardless of the sizes or diversity of the organization involved, or of their relative success:

- Clearly defined governance, with clearly defined roles and goals, should be decided at the very beginning of the process
- Clear communication between, and consistent engagement of, all stakeholders and everyone involved is key to a successful process
- A project manager, particularly a consultant or someone external to the agencies involved, should be assigned at the beginning

THE TORONTO NEIGHBOURHOOD CENTRES (TNC)

- In 2013, TNC looked at various shared services models and their costs and benefits
- They stressed the importance of collaboration between agencies, especially in an environment of underfunding and cuts.

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• They explored the costs and benefits, financially and otherwise, and the learnings from a number of case studies

CANES

• Collaboration between CANES Community Services, Community Care Partners and the CCAC to expand delivery of home-care to seniors in larger area
• Cost savings through shared purchasing, resources, and training
• Expanded outreach – larger geographical scope, reached more seniors
• Found savings in staff benefits, together (not much detail)
  o Redirected 100k into services
• Shared IT plans meant they could afford more expensive, effective software they couldn’t previously afford
• Joint trainings and supply purchases resulted in 5-10% savings

ASSOCIATION OF NEIGHBOURHOOD HOUSES BRITISH COLUMBIA

• One “Association” is the central office for eight houses and serves other private settlement houses
• Central suite of services:
  o Accounting
  o Payroll
  o Budgeting
  o HR
  o Strategic planning
  o Board management
  o Training
  o Records management
  o Event planning
• Streamlined operations and created efficiencies
• each agency is saving approximately $85,000-$90,000 by sharing these back office functions
• additional resources used to enhance service delivery
• initiatives for group purchasing of food supplies, office supplies, equipment, IT services, insurance and a voicemail system through leveraging buying power with a common vendor

• each house has an administrative staff complement that is half of what it would be if there wasn’t a central office

• challenges/drawbacks
  o disconnect between houses and central office
  o some houses feel they’re “subsidizing” other ones because of varying membership fee revenue
  o reaching consensus in decision making, although easier when priorities align
  o managing the politics

ADDITION AND MENTAL HEALTH ONTARIO

• Amalgamation of Addiction Ontario and Ontario Federation of Mental Health and Addiction programs

• “…shared back office functions, areas that have been improved are: communications, providing advice to government and cross-organizational support of each other’s work. Importantly, the needs of clients supersede organizational self-interest. This means a principled approach putting aside organizational requirements and self-interest in order to benefit the system as a whole. In this case, the focus of the collaborative mandate was people, community, and the broader determinants of health.” (p24)

• Benefits (p25)
  o Role efficiencies – clearly defined roles
  o Standardization of processes
  o IT support
  o Facility, space and office management
  o Sharing of finance and administration

• Were able to affect policy change and access additional funding

• Staff positions were not eliminated or made redundant – no excess capacity to eliminate: future possibility for shared positions like reception
Mergers require substantial upfront costs for organizational infrastructure (training, skills development, software, IT, facilities) – cost savings will take a while and depend on the success of the merger and its maintenance.

STUDENT CAPACITY

CONVERSATION WITH NANCY HENDERSON, ED AT PARKDALE COMMUNITY LEGAL SERVICES

- Students are accommodated with a mix of interview rooms, and flexible, open-concept work stations. Each arrangement serves a different purpose for each type of student position.
  - Articling students
    - If they come with clinical or legal experience through volunteer work or casework, and with proper training, they can carry their own case load with supervision.
    - They share space with each other
    - Parkdale is set up so all client meetings in interview rooms, not in offices. Work areas are secured with locked doors.
    - Articling students see them in interview rooms, not allowed to see them in offices
    - 3 articling students in a large office, and shared space/cubicle space is fine
    - Clinics should have interview rooms, and not conduct client meetings in offices
      - Safety issues
      - Confidential files are stored in closed offices
    - 10 interview rooms at Parkdale, varying sizes, sometimes one person, two kids, large stroller, sometimes 2 or 3 family members and social worker – most set up for 2-5 people
  - Non-articling students
    - Unlikely to carry files, are more likely to do discrete tasks on file (ex: correspondences, closing letters, hearing briefs)
    - Those are issues that require less client meeting, so they do not require offices

- Safety issues
- Confidential files are stored in closed offices
- 10 interview rooms at Parkdale, varying sizes, sometimes one person, two kids, large stroller, sometimes 2 or 3 family members and social worker – most set up for 2-5 people
- Our students work in pods – circular areas with a number of workstations in one area. We like to encourage them to talk to each other and collaborate. Equally important when having students come in temporarily, because if they talk to each other they might talk less to their supervisors, and teaches them to collaborate and talk cases out, which is an effective learning tool. It encourages self-analysis and reflection.”

  - Volunteer students
    - They have interview rooms where they see clients
    - We try to set up an office for them so they can sit and talk to each other. Sometimes if there’s space we include them with articling students.

- In summary, having flexible work stations and interview rooms will help increase the capacity to host students, and also to optimize the capacity for articling students to take on casework.