

OTTAWA COMMUNITY LEGAL CLINIC TRANSFORMATION PROJECT PHASE II

South Ottawa Community Legal Services

West End Legal Services

Community Legal Services of Ottawa Centre

January 2017

TRANSITION PLAN

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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CONSULTANT'S LETTER AND PROJECT ASSESSMENT

Public Interest Strategy & Communications has been pleased to work with the participating Ottawa area Community Legal Clinics as the independent consultant on their Phase II of the Transformation Project. The objective of Phase II was the development of a transition plan to ensure effective implementation of the amalgamation model developed in Phase I.

It was originally anticipated that the implementation itself would constitute the third and final phase of the project, but in fact, much of this anticipated activity was in fact accomplished during Phase II. As a result, the clinics are essentially ready for the formal amalgamation to take place on April 1, 2017. Issues related to managing change and “settling in” are nevertheless to be expected. The project Steering Committee has diligently identified issues that the new amalgamated clinic may need to address post-amalgamation – particularly related to human resources, technology, and governance – and developed recommendations for its consideration.

Public Interest's perspective on the Phase II is that it has been a remarkable success. All three clinics participated and collaborated on the Steering Committee in a spirit of openness, transparency, and accountability. Robust communications ensured that all identified stakeholders were involved in, and kept aware of progress and decision-making, including clinic boards and staff, and community partners. No major obstacles to progress were apparent, and where issues arose, they were addressed through open and respectful dialogue.

In addition to good planning, the Steering Committee process has provided a forum, mechanism, and model for the three clinics to begin working together in new ways. Participants have noted that it effectively sets a positive tone and lays the groundwork for the new clinic to begin operating as a unified entity immediately upon its creation.

The final and ongoing outcome of this work will only be ascertainable after the amalgamation has been completed, but we are confident that the process has been a success, that it can serve as a basis for other projects of this nature, and that all parties to it are to be congratulated for their efforts.

INTRODUCTION

PURPOSE OF THE REPORT

The purpose of this report is:

- To outline the engagement activities undertaken by the Ottawa Legal Clinics' Transformation Project
- To present the findings from these engagements
- To prepare an implementation plan that incorporates Steering Committee, Staff, and Board feedback.

INTRODUCTION

South Ottawa Community Legal Services, West End Legal Services, and Community Legal Services of Ottawa Centre have recently undergone a two-phase transformation project, aiming to improve access to justice for low-income people in the Ottawa area by more effectively managing the services and resources of the three existing clinics. The research phase (Phase I) was completed in 2015, with strong recommendations for a one-clinic model with three permanent offices. The current locations of the clinic offices provide good physical and geographic access to the widespread distribution of populations in Ottawa and take into account the transportation needs that low-income people face. The research showed that reducing the administrative responsibilities of clinic staff would allow more time and resources to be dedicated towards expanding direct client services and exploring other outreach and community development programs. The research findings that led to this recommendation and a more in-depth review of the benefits of the new model can be found in the Phase I report.

The proposed model would serve to best improve the efficacy of the offices, ensuring better and enhanced client service, and consolidating all “back-office” functions. Each office would maintain a level of autonomy and its existing community ties. The single clinic would have one executive director and a director of administration and a director of operations. The clinics have defined “back office functions” as largely administrative tasks required to maintain clinic operations, such as organizational policies, technology, and workflow.

The transformation was intentionally developed to minimize impact on client relations and caseload; with some minor exceptions, client services will not be affected. The transformation will also not affect relationships with community partners.

Based on Phase I, Phase II of the Transformation Project was meant to operationalize the research by continuing to engage with the clinic staff and Board of Directors in the development of an implementation plan. The Steering Committee, which guided Phase I of the project, continued to be engaged throughout the project activities, and supported all project activities, outlined below.

TRANSFORMATION FRAMEWORK

Throughout the process, certain values have guided the work of the Steering Committee and the Working groups. As the project continues, it may be beneficial to continue applying these principles, especially as challenges arise.

These are values that should be embedded in the efforts made by the Project teams to implement project plans:

- **Placing clients first-** all Project activities and goals were established with the sole purpose of better supporting clients. Every effort was made throughout the process to ensure that project activities would contribute to better and varied client services.
- **Transparency-** the Steering Committee and working groups have openly shared information, been visible in naming themselves and distributing their contact information, and encouraging honest communication.
- **Open Communication to all Stakeholders-** Stakeholders, including Board members, clinic staff members, clients, community partners, and the general public have all been carefully considered in the development of all communications materials in both English and French.
- **Valuing insight and feedback-** In addition to creating several opportunities for interested stakeholders to provide feedback on the process, the Steering Committee has valued stakeholder insight and has continually incorporated recommendations and suggestions throughout the process.
- **Openness to exploring new structures-** there has been great interest from clinic staff and Board members for the unique opportunities presented by the amalgamation process. While that interest does not take

away from the challenges presented by this difficult process, it has fostered an environment that encourages innovation and creativity.

PROJECT ACTIVITIES

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With clearly defined goals, the Steering Committee undertook several activities to ensure participation across all levels in the three clinics. The activities are described below.

These activities were reviewed, discussed, and agreed upon by the Steering Committee as part of a workplan presentation on November 9, 2015.

STEERING COMMITTEE

In 2014, a Steering Committee (SC) was established to support Phase I of the transformation work. In 2015, all members of the Phase I Steering Committee agreed to continue their work for Phase II. The Steering Committee continued to be composed of the three executive directors, one from each clinic; three Board members, one from each clinic; a Community Legal Worker from South Ottawa Community Legal Services; a Staff Lawyer from Community Legal Services Ottawa Centre; and an Office Manager from West End Legal Services Ottawa. The Steering Committee's work was supported by Public Interest, an independent consultant. The SC met (and continues to meet) bi-weekly to receive updates on the progress of engagement with stakeholders and to guide the next steps. As communication strategies were developed, the SC supported their testing and implementation. The list of Steering Committee members can be found in Appendix 1.

The mixture of frontline staff, executive directors, and Board members ensured that the three legal clinics received accurate and up-to-date information at the same time and that information was being shared widely with clinic staff and Board members. The structure was also established to ensure broad representation and opportunities for input throughout the transformation process.

The SC was effectively a “practice run” at the amalgamation of joint decision-making and information sharing between the three clinics. While the clinics have historically supported each other and collaborated, the SC embodied a formal structure designed to allow thorough discussions and implement unified decisions.

Public Interest staff was responsible for drafting agendas and minutes, and the Steering Committee distributed the minutes to all staff at the legal clinics. Additionally, minutes in both English and French were shared on the Transformation website for public transparency.

The SC's composition, work and guidance is ongoing.

STAFF INTERVIEWS

Throughout the project, there was continual emphasis on frequent, meaningful engagement of staff from all three community legal clinics. In November 2015, Public Interest developed an interview guide (Appendix 5) and, in December, they facilitated individual staff interviews at each community legal clinic location. The interviews were designed to both better understand current staff roles and positions as well as to ascertain how to best engage staff in the ongoing transformation. In addition to facilitating the interview, staff members were asked to showcase their work, allowing our team to better understand the limitations, challenges, and benefits of their physical environment.

While most of the interviews were conducted in person, some were conducted over the phone. They ranged from thirty to sixty minutes, dependent on the interviewee. In total, twenty-four interviews were conducted between all three staff teams.

All responses were collected, reviewed, and analyzed for commonalities. Public Interest took particular interest in responses that demonstrated applicability in consideration of supporting the Steering Committee in their decision-making process.

The analysis of the staff feedback was presented to the Steering Committee in early January 2016. (See appendix 2.)

ALL STAFF MEETING

The analyzed data was then presented to all clinic staff during a half-day All-Staff Meeting on January 25, 2016.

Public Interest facilitated the All-Staff meeting, leading staff members through a presentation and subsequent discussion on the analysis.

Additionally, in 2016, clinic staff members were also invited to a meeting to discuss and provide feedback about a proposed joint staff compensation framework. The Steering Committee developed the proposal to support the three

amalgamating clinics in taking a similar decision-making approach on allocating staff compensation increases in 2016.

STAFF WORKING GROUPS

Subsequent to the January 2016 All-Staff Meeting, working groups were proposed to support the project, based on themes and issues up to that point. These four groups were composed of clinic staff, with Board members' involvement where appropriate. A short discussion template (Appendix 4) was developed by Public Interest to guide working group meetings.

The five original working groups were:

1. Intake Procedure
2. Workflow Management
3. Support Staff and Office Manager Task Sharing
4. Legal Practice Teams
5. Harmonizing Policies

The first two proposed groups were amalgamated as they shared similar focus, resulting in four working groups.

The working groups had complete autonomy over their meeting goals, meeting frequency, and staff participation. Their meeting notes or summaries of them were shared with both the Steering Committee and all staff.

BOARD MEMBER ENGAGEMENT

Throughout the project, Board members were viewed as vital decision-makers. It was critical to the project that Board members were actively engaged and informed, and that their feedback shaped the transformation process.

The process formally began during the 2015 October and November Annual General Meetings. Board members have also received regular updates both at their monthly Board meeting and in regular e-mail communication from the Steering Committee. They are also encouraged to participate in the staff working groups as appropriate.

ALL BOARD MEETING

In June 2016, a three-clinic meeting of the Boards of Directors was facilitated by Public Interest. It provided the Board members from all three clinics to informally meet one another, receive updates on the amalgamation plans, and provide feedback. During the meeting, the four working groups also presented their work, and a guided discussion led by Public Interest helped establish next steps.

COMMUNITY ENGAGEMENT

The project has recognized the importance of community stakeholders. As the transformation is implemented, clients, community partners and other agencies will be affected by the changes in client service delivery. This recognition has highlighted the importance of including these parties in the transition process, with the goal of abating some fear about the structural changes and welcoming their input on potential best practices. The goal of community engagement is to facilitate an open and transparent dialogue by continuous communication, increasing awareness of the project and its goals, reducing uncertainties, and incorporating community feedback into the process.

From the start of the project in December 2015, the project has communicated information and provided opportunities for feedback. A list of more than 150 community contacts was compiled. In early January 2016, these community contacts were sent a summary of the transformation project's work-to-date and the link to the project website; and they were invited to sign up to monthly newsletters. The contact information of the Project Steering Committee was also distributed. Additionally, all clinic staff members were requested to send the same information to other close contacts.

The Francophone legal clinic in Vanier and the University of Ottawa Legal Clinic also received regular communications, and one staff member of the Francophone legal clinic attended some Steering Committee meetings as an observer. Regular communications have also been sent to the Ottawa and Toronto offices of Legal Aid Ontario.

SATELLITE SERVICES

The Phase I report identified an opportunity to increase and enhance the services of the three existing legal clinics by offering satellite services or client access points by partnering with community service organizations, with a particular focus on Indigenous and rural communities. Ongoing outreach has been

conducted and continues with several such organizations, and discussions have been encouraging.

TRANSFORMATION WEBSITE

Two public websites, in English (ottawaclinics.ca) and in French (cliniques-juridiques-ottawa.ca), were developed in November 2015 to inform community members, stakeholders, and other interested parties on project activities. The websites are maintained by Public Interest Staff with translation support from the Francophone Legal Clinic in Vanier.

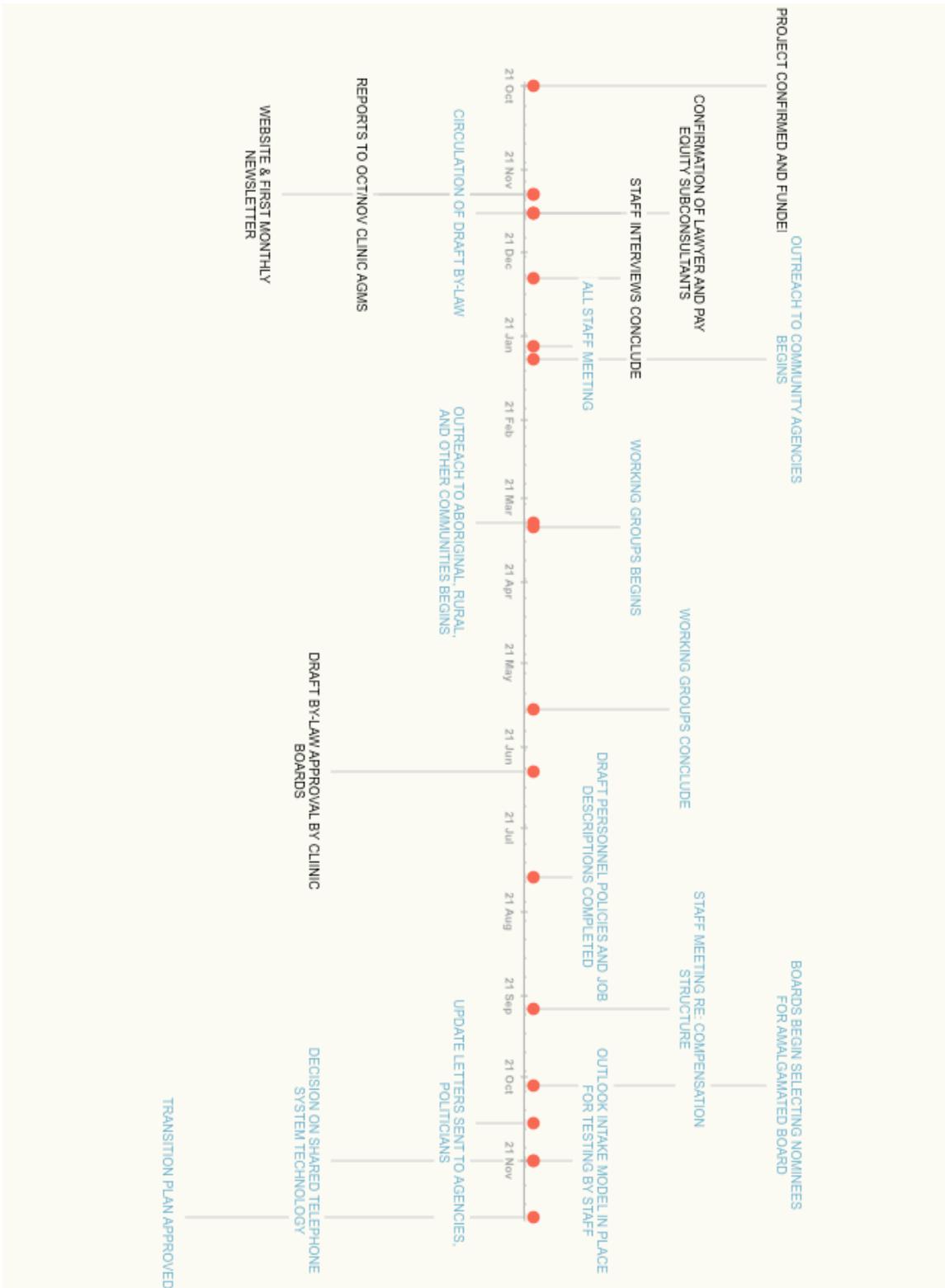
The website has links to the minutes of the Steering Committee meetings and newsletter. It also offers opportunities to the general public to sign up and receive the monthly newsletter as well as space for public comments. The three legal clinics also provide the link to the Transformation website from their own websites.

MONTHLY NEWSLETTER

The general public can also receive updates from the newsletter. The newsletters are distributed with monthly project milestones. The newsletters have been distributed by email and on the project website. Copies are also shared with community partners through e-mail. Additionally, all three clinics have had the opportunity to distribute hard copies from their locations.

To date, nine newsletters have been composed and distributed in both English and French. As of November 2016, there are 48 e-mail subscribers who receive the monthly newsletter.

TIMELINE



AMALGAMATION PLAN

SHARED MANAGEMENT AND TASK SHARING FOR SUPPORT STAFF

The clinics have affirmed the feasibility of having one executive director, one director of administration and one director of operations for the three offices of the amalgamated clinic. Additionally, it has been determined which current executive director would become the new executive director of the amalgamated clinic (subject to confirmation by the future Board of Directors of the amalgamated clinic). The plans for the roles of the other two current executive directors have also been determined: one is considering retirement and one will continue as a lawyer and supervisor at one of the amalgamated clinic's three offices.

Similarly, it has been determined who will be the new Director of Administration and Director of Operations after amalgamation.

LONG TERM CONSIDERATIONS

- As the transformation continues, logistical challenges, such as how to coordinate all staff meetings between the three locations, will need to be addressed.

SHARED BOARD OF DIRECTORS

In the new model, the existing Boards of Directors would be amalgamated into one thirteen-member Board. The Steering Committee has developed and distributed a draft organizational bylaw that sets out the process for doing so.

MAJOR ACTIVITIES

To support this endeavour, the three Boards of Directors have received regular updates from the Steering Committee. At the All Board meeting, they also had a chance to meet, partake in discussions on the transformation process, and have been given several opportunities for feedback.

As part of the process, the three Boards will be amalgamated into one Transitional Board, composed of four existing Board members per clinic and one

staff member nominated by the staff of the amalgamating clinics. Each existing Board will determine their method of selecting their nominees, as will staff.

LONG-TERM CONSIDERATIONS

- The timeline and strategy for the amalgamated Board are spelled out in the draft bylaw.

SHARED INTAKE AND WORKFLOW MANAGEMENT

MAJOR ACTIVITIES

As a critical step to the transformation, the clinics are carefully mapping their shared intake process and deciding on the new workflow.

IMMEDIATE CONSIDERATIONS

- To establish the feasibility of the shared intake system, staff will need to participate in its ongoing development and then pilot the new system.
- Staff will also need to be trained in the new system, and may require guidance as they test the system.
- The pilot program will need to be carefully developed, including an evaluation process to maximize learnings from the pilot.

LONG-TERM CONSIDERATIONS

- Once the system has been piloted, a review process will need to be established to pinpoint inefficiencies, gaps, and needed improvements.
- Once the system has been improved, a plan will need to be developed to support staff in implementing the new system.
- Staff may require additional guidance, training, or other supports in using the new system.

SHARED DOCUMENTATION/INTERNAL OPERATIONS

MAJOR ACTIVITIES

Both the Steering Committee and the working groups have been working on developing shared documentation and cohesive internal procedures. While a lot of the work is underway, at this time, none of the tasks have been completed.

IMMEDIATE CONSIDERATIONS

- Develop outline for a unified funding application:
 - Develop documents on the basics: organizational mandate, list of Board members, financial documents, etc.
 - Potentially explore new funding sources or program funding for specific issues.
- Ratify organizational by-law.
- Develop and implement a Technology plan:
 - Consider staff and Board technology needs.
 - Research and develop list of technology best practices.
 - Determine cost to the organization of the technologies and decide which technologies are best fitted to the organization.
 - Determine logistics associated with staff training, ongoing support, and implementation.
 - Develop processes for continual monitoring and feedback.
 - Design policies to standardize technology usage across the amalgamated clinic's offices.
- Finalize and ratify organizational policies and procedures:
 - Consider the unique cultures of each clinic throughout the process.
 - Test certain policies and procedures with staff before finalizing.
 - Support staff in embracing new policies and procedures.
- Finalize and ratify Integrated Staff Salary Model.

FUTURE CONSIDERATIONS

- Implement staff and Board check-ins on all transformational changes.

- Consider a full evaluation of all internal procedures at established checkpoints after amalgamation.
- Incorporate feedback from evaluation to further amend organizational policies and procedures.

FUTURE RECOMMENDATIONS

FUTURE RECOMMENDATIONS

As the project continues, there are certain considerations to ensure the viability of the amalgamation. The principles established early in the process support an open process of continued reflection, feedback, and amendments.

CONTINUED COMMUNICATION

- Given the importance of open communications with all stakeholders throughout the process, the amalgamated clinic may want to consider continually giving updates and sharing information on the transformation process with interested parties.
- A communication plan for the amalgamated clinic can be created to further augment the existing and new relationships formed through the project.
- Communications tools developed throughout the process, such as the website, may transform into learning resources for other community clinics or organizations.
- A list of stakeholder contacts engaged through the process may open up possibilities for collaborative work or unexpected partnerships.

STAFF AND STAKEHOLDER ENGAGEMENT

- The project has highlighted the incredible insight from the staff, Board members, clients, and other stakeholders.
- It may be beneficial to consider continually engaging these stakeholders post-amalgamation, allowing for feedback to be incorporated into future planning.
- The project also highlighted staff and stakeholder strengths and areas of growth, which may present useful resources as the clinics continue their difficult work.
- The project enabled staff and other stakeholders to work together in ways that they may not have traditionally collaborated, and it may present a model and further opportunities for staff and Board members to work intensively on other initiatives.

CONCLUSION

Upon careful review of the transformation plans, the three clinics have begun the process of amalgamation into a new model. The outline approved by all three clinics clearly sketches the process, with designated responsibilities for all stakeholders.

The three Ottawa clinics will continue working towards amalgamation throughout 2016, with the aim of achieving their new model by April 1, 2017.

ACKNOWLEDGMENTS

We acknowledge and thank Legal Aid Ontario for their generous funding and continued support of the Transformation Project.

The three Ottawa Legal Clinics and their staff - South Ottawa Community Legal Services, West End Legal Services, and Community Legal Services Ottawa Centre provided exemplary dedication and hard work in this project.

The Steering Committee played a key role and provided enthusiastic guidance and support throughout the project.

Individual staff members and Board members spoke and corresponded with the project team, sharing their experiences and insight; their openness and honesty were key to the success of the project.

The community partner organizations and agencies supported the project goals and provided input for better achieving them.

Special thanks to the Vanier Legal Clinic staff, particularly René Guitard, for their partnership and translation support.

All participants in the project contributed to creating better communities where all members have easy, equitable, and readily available access to justice was the heart of this project.

APPENDIX 1: STEERING COMMITTEE MEMBERS

Jacques Chartrand, Executive Director, West End Legal Services

Dominique Conway, Community Legal Worker, South Ottawa Community Legal Services

Linda Martineau, Office Manager, West End Legal Services

Charles McDonald, Executive Director, Community Legal Services Ottawa Centre

Justin Nesbitt, Board Member, South Ottawa Community Legal Services

Sarah Sproule, Staff Lawyer, Community Legal Services Ottawa Centre

Gary Stein, Executive Director, South Ottawa Community Legal Services

Michael Taylor, Board Member, Community Legal Services Ottawa Centre

Cavel Townley, Board Member, West End Legal Services

APPENDIX 2: STAFF INTERVIEW SUMMARY AND ANALYSIS

The December, 2015 interview findings were very encouraging. About half of the interviewees (12) felt well-informed about the project, and most correctly identified the new model as one amalgamated clinic with three offices. Participants also named creating efficiencies as one of the goals of the transformation.

PROJECT AWARENESS

There were responses that indicated that some staff would like more communication (5) and were still uncertain about the process (5).

COMMUNICATION METHODS

Most participants were comfortable with e-mail communication (15), with some stating that they were only interested in basic information. A few participants, however, felt that there were too many e-mails and it was difficult to keep track of the updates.

Staff also cited that in-person information sharing was valuable (12) with some stating that it was the best method to share information. Several participants (6) also mentioned the Annual General Meeting (AGM) as a useful method of obtaining and sharing information on the transformation. Staff members(3) did identify the newsletter as being a useful communication tool, but more staff members (5) stated that they did not read the newsletter. The website was also mentioned as a useful resource (3).

Discussions about the transformation process were also seen as helpful, either in staff meetings (8), project meetings (2) or during staff lunches (1).

Despite these hopeful findings, there was still some concern that decisions and actions were being made without staff knowledge (3).

COMMUNICATION SUGGESTIONS

The following suggestions were made by staff to increase communications:

- Consistent, regular updates from members on the Steering Committee (4) including the information given needing to be consistent (3)
- Include staff in decisions more frequently (2)
- Staff could contribute to the newsletter
- Staff should have access to the minutes of Steering Committee meetings

KEY STAFF RELATIONSHIPS

Throughout the interviews, clinic staff maintained that the environments in their clinics and between their clinics are supportive. Many staff members stated that they work closely with their executive directors, who often functioned as a direct supervisor. Some also stated that their work was supervised by the community legal worker.

Support staff was highly regarded as critical to maintaining clinic functions, with many staff citing that they work closely with administrative staff.

Staff within the same clinic frequently worked in collaboration on legal issues involving housing and Ontario Disability Support Program (ODSP). Staff between clinics often worked together on immigration cases.

STAFF ROLE CHANGES UNDER NEW MODEL

Staff members across clinics noted that the clinics would need to standardize employee policies and procedures. Some staff highlighted the nuanced workplace cultures across the clinics, noting that they would need to be embraced for a smooth transition. Each clinic has its own unique workplace culture and attempts to standardize this culture would potentially disrupt the transformation process.

Some staff, particularly those responsible for casework, noted that their positions would not undergo significant change. The only change would be their reporting structure.

Staff requested clarification on the changes to the administrative roles, including the responsibilities of the new Office Manager role, new reporting structure, and the assignment of daily administrative tasks. Staff also suggested that a new Clinic Information Management System (CIMS) intake system would be a significant change in their work.

Overall, clinic staff were mostly positive about the upcoming changes, mentioning the increased collaboration with other clinic staff, and several were

excited about the “No Wrong Door” policy facilitated by shared intake procedures.

PROJECT CONSIDERATIONS

With all the activities underway, clinic staff highlighted certain considerations to ensure a smooth transition.

They noted that the new CIMS program would require staff time, training, and resources. The process would need to be standardized across the three clinics. Similarly, workplace policies and procedures would also require standardization. Daily administrative tasks, such as ordering office supplies, identifying and correcting information technology issues, and disbursements, would also need standardized procedures. A client conflict policy may need to be drafted; staff cited examples such as different clinics representing tenants with conflicting interests.

Workload would have to be reviewed and balanced amongst staff. Staff noted their community obligations to serve in both English and French, and they emphasized the need for consideration of the impact on clients throughout the process.

Infrastructural considerations included phone systems; staff questioned whether one phone system would be developed and how it would operate.

Lastly, many noted that the new executive director position would need to be opened externally.

UPCOMING OPPORTUNITIES

Throughout the interviews, staff viewed the transformation process as a method of creating new opportunities in their workplaces and for their clients. They noted that the process created opportunities to meaningfully engage staff in the transition.

The transformation itself presents unique opportunities for the clinics and their clients. As mentioned previously, staff was excited by the “No Wrong Door” policy of shared intake. A community development position, created by the transformation, would potentially increase awareness of the community legal clinics and create access to different collaborations. Clients may be treated more holistically, allowing clients enhanced services. Clients would also potentially have access to expertise in different areas of the law.

Internally, staff may have access to regional training opportunities, and other advancement prospects. The transformation would require updated technology for the clinics, creating potential efficiencies and ease in clinic work. Lastly, there was eagerness about exploring some innovative ways to work collaboratively; examples cited include developing a housing committee, developing a knowledge sharing platform of precedents, increased workload balance, and offering services at different times, such as evenings to better serve clients.

TRANSFORMATION CONCERNS

The interviews highlighted areas of staff concern. These were mostly related to whether job roles and responsibilities would change after amalgamation. There was particular concern for support staff, who were concerned that they may have fewer opportunities to do case work. Staff also does not want internal staff talent to be overlooked in hiring new staff. The hiring process should be very transparent, so staff can internally apply to upcoming positions.

In recognition of the unique workplace cultures, staff maintained that individual clinic should retain some autonomy and have some flexibility in their decision-making process.

Staff continued to be concerned that they may not be actively engaged in the process. There was additional concern about staffs' language capacities, as the frontline staff should be bilingual and able to offer support in both English and French.

In December 2015, when the staff interviews were conducted, it was clear that many attendees still had questions on the new model and its details.

STAFF RECOMMENDATIONS ON THEIR ENGAGEMENT

There were three major recommendations on staff engagement:

- As new positions and roles become available, staff should have an opportunity to apply for them.
- Develop a subcommittee of front office staff to support their process of delegating roles and responsibilities within the new structure
- All clinic staff should be invited to map roles and responsibilities under the new model.

STAFF RECOMMENDATIONS ON NEW TECHNOLOGY

Staff had three major recommendations on better utilizing technology under the new model:

- Allow videoconferencing for staff meetings.
- Develop an internal chat system between all staff.
- Review the Toronto Specialty Clinics Report for best practices and other recommendations.

RECOMMENDATIONS ON ENGAGING COMMUNITY PARTNERS

Staff acknowledged the need to actively engage community partners in the transformation process. Their recommendations included reassuring community partners that there will be no visible external changes, and informing the community partners of the new phone number and catchment area.

Staff would like to emphasize the benefits of the new model, such as the “No Wrong Door” Policy of shared intake and potential satellite offices.

Staff recommended that engagement of community partners should happen through their closest relationships at the three clinics, leveraging the trust between the clinics and partners. Partners should be asked how they would like to be engaged, and a community meeting could be hosted to share information on the transformation and obtain feedback.

CAPITALIZING ON STAFF EXPERTISE

There are two staff members currently employed by the clinics that have undergone similar transformation projects in other communities. One of these members has worked in a similar model, where the Office Manager was housed in a different location. These individuals may be more strongly engaged so they can provide insight based on their previous experiences.

Another staff recommendation is to use a catalogue of precedent documents as a knowledge sharing platform between the three clinics.

Lastly, staff recommended scanning the various regional study group records for best practices.

APPENDIX 3: WORK PLAN UPDATE

Ottawa Clinics' Transformation + Amalgamation Project

Steering Committee Work Plan Review

Updated to December 19, 2016

- The steering committee's plans for Phase 2 of our transformation project were first set out in our September 10, 2015 funding application to Legal Aid Ontario. The goals described below are taken from the funding application. They were also set out in the steering committee's work plan that we reviewed in November, 2015.
- This report includes information from the first update of April 12, 2016 and the second update of August 26, 2016 (updated to July 31), plus current updates to December 15, 2016.

TRANSFORMATION PROJECT GOALS AND CURRENT STATUS

1. **Goal:** Confirm the **project steering committee's membership, role and decision-making authority** for Phase II by the Boards of Directors of the three legal clinics.

April 2016 Status: Completed.

2. **Goal:** Sign a **funding agreement** between the three legal clinics and Legal Aid Ontario; and, if necessary, sign a separate agreement between the three legal clinics confirming their intent to proceed with the transformation project as described in the Phase I report.

April 2016 Status: Completed.

3. **Goal:** Sign an agreement with our project consultant.

April 2016 Status: Completed.

4. **Steering committee support:**

Goal: Public Interest will meet bi-weekly with the project steering committee, producing each meeting's agenda and minutes. Steering committee meetings will be used to provide updates on the progress of engagement with other stakeholders, the development of communications

strategies, and test models and systems for the transition plan. Public Interest will have a team member based in Ottawa to assist in carrying out its Phase II functions. In addition, a member of the Public Interest team will hold in-person steering committee meetings in Ottawa on a quarterly basis.

Status: Fulfilled and ongoing. Our steering committee has met regularly since early October 2015 and will continue to meet every two to three weeks.

5. **Board and Staff Conference/Launch Event:**

Goal: Now that the three clinics have accepted the recommendations of the Phase I report, it is crucial to continue the engagement of the clinics' staff and Board members for Phase II; and to begin bringing the three organizations together. Public Interest and the steering committee will plan and hold a joint, facilitated, three-clinic Board and staff member event to bring the parties together, share information collectively and obtain feedback and concerns that will guide us in this next phase.

April 2016 Status: It was originally proposed that we hold a joint Board and staff event soon after the beginning of phase 2, but we decided to postpone that event for the following reasons:

- In October and November, 2015, we made presentations about the amalgamation project at the three clinics' annual general meetings. Members of the clinics' Boards of Directors and the clinics' general members who attended the meetings received information and had the opportunity to provide feedback at that time.
- We then decided to engage with the clinics' staff members and rely on an extensive consultation process to assist us in developing the amalgamation plan's details. The Board and staff members' event was postponed until we have a more clearly developed amalgamation plan for Board and staff members to consider.

July 2016 update:

- In June, 2016, we held the first-ever meeting of the three clinics' Boards of Directors. 15 Board members attended from the three legal clinics. We provided updated information on amalgamation planning; and Board members had an informal opportunity to

meet and discuss issues. It was suggested that we organize a similar event when we are closer to implementing our plans.

- The staff members of the three clinics have also been receiving regular, detailed updates about our progress (discussed below); and staff members have participated in working groups about some important issues. Holding another event to give staff members information seemed redundant at this point.
- For these reasons, we decided not to plan another joint Board and staff event; but that, as we get closer to implementing our plans, the steering committee would decide if we should do so.

December 2016 update:

- In late October/ early November, 2016, we gave another presentation at the clinics’ annual general meetings, with an update on this year’s progress and a “step-by-step” plan for the clinics’ Boards of Directors and membership meeting requirements for the organizational amalgamation to be completed.
- The steering committee has recommended that the three clinics not hold another joint meeting of all Board and staff members, based on our sense that information has continued to circulate among Board and staff members, and because discussions about details for implementing the amalgamation continue to take place regularly. Instead, it was recommended to hold an informal meeting early in 2017 for the nominees from the three clinics to the transitional Board of Directors.

6. Staff Engagement:

Goal: The importance of frequent, meaningful engagement in the transition plan phase of this project cannot be overstated. Staff input and engagement is crucial in developing a transition plan that will create the smoothest and most effective transition possible. Public Interest will hold one staff focus group with each staff team from the participating three legal clinics to gain input in the project, analyze specifics about implementation, and test risks and opportunities involved in the transition.

As the planning proceeds, Public Interest and the project steering committee will assess the need for more staff group consultations. If needed, Public Interest will hold up to three more focus groups. The

decision about whether to hold further staff focus groups, and the approach for doing so, will depend on the progress of the project and what is needed to create a space for open dialogue with and between staff teams. Ultimately the goal of the groups will be to establish the risks that staff members perceive and to work with them to mitigate those risks; to gain feedback that will inform the transition plan with on-the-ground experience; and to further develop the details of the transition plan.

April 2016 Status: Being fulfilled and ongoing:

- In December, 2015, Public Interest held one-on-one interviews with all available staff members.
- In early January, 2016, Public Interest reported on their findings to the steering committee.
- In late January, 2016 we held the first all-staff meeting of the three clinics. Public Interest reported on their findings from the individual interviews and we established “working groups” to collaboratively consider options for making the amalgamation succeed.
- Between February and April, the four working groups held their first meetings. Information from those meetings was reported to the steering committee, so it could make informed planning decisions for the amalgamation.

July 2016 update:

- From April to June, some working groups continued to meet where needed. The last working group meeting (focused on harmonizing the three clinics’ policies) took place in early June.
- There was ongoing follow-up work arising from the working groups’ discussions. For example, based on recommendation from the intake and work-flow working group, we planned to follow up with LAO’s information technology (IT) department about using Outlook calendars for a shared intake system; and about a shared telephone system. As new information became available, we planned to seek further input from working group members.
- Having the three clinics’ staff members discuss these details together has also led to a collaborative approach on other issues. For example, in anticipation of LAO’s roll-out of the new client

management database (Clinic Information Management System – CIMS), the three clinics’ administrative staff members began meeting for joint training and discussions about implementation for our offices.

December 2016 update:

- From July to December 2016:
 - We held a staff consultation about an integrated salary model for the three clinics that was based on the ACLCO's March, 2016 HayGroup Report.
 - The three clinics prepared jointly for the anticipated roll-out of the CIMS database.
 - A follow-up meeting took place with our front-desk staff members about the proposed intake system and the proposed telephone system.
 - Our staff members began discussing a process for selecting the staff member to sit on the transitional Board of Directors for the amalgamated clinic.

7. Board Member Engagement:

Goal: Board members have extensive input into the governance of Ottawa’s legal clinics, assisting in making decisions about organizational goals, strategic developments, staffing, financial management and how to best meet the legal needs of the low-income communities. Board members must be engaged in the multiple steps of developing a transition plan. Public Interest will initially hold one focus group with each of the three Boards of Directors. They will be used to gain Board members’ input on potential risks, opportunities and strengths for the amalgamation plans. As the planning proceeds, Public Interest and the project steering committee will assess the need for more Board consultations (similar to the approach taken in relation to clinic staff members). If needed, Public Interest will hold up to three more focus groups.

April 2016 Status: Being fulfilled and ongoing:

- The engagement of the clinics’ Board members formally began with the October and November Annual General Meeting presentations.

- Board members received regular information updates at monthly Board meetings and regular email updates from the steering committee.
- One Board member from each of the three clinics participated regularly in the bi-weekly steering committee meetings and in staff working groups where possible.
- In March, 2016, the three clinics' Boards of Directors began their consideration of the draft organizational bylaw that the steering committee developed with input from other clinic staff members.
- Due to the regular communications to Board members and the participation of three Board members in the regular planning process, we had not yet determined a need for Board focus groups to occur.
- We planned to hold the first joint meeting of the three clinics' Boards of Directors in June, to offer the opportunity for Board members to meet the Directors of the other clinics; to receive an update on the developing plans for the amalgamation; and to provide feedback on the plans to date.

July 2016 update:

- As noted above, we held a successful meeting of the three clinics' Boards of Directors in June. We decided to consider holding another similar meeting later this year or in early 2017. We did not plan to hold focus groups for Board members because it did not appear needed or helpful in moving our process forward.

December 2016 update:

- Board members continued to remain engaged:
 - The steering committee provided written updates to Board members; and discussions about implementing the amalgamation plans regularly took place at Board meetings.
 - In October and November, Board members participated in their clinics' 2016 annual general meetings, at which an update about amalgamation planning was provided.
 - In November and December, the three clinics' Boards conducted another review of the draft organizational bylaw for the amalgamated clinic and other documents; and each

Board selected four Board members for nomination to the transitional Board of Directors.

- As noted above, the steering committee recommended that we not hold another joint meeting of all current Board members. Instead, it was suggested that there be an informal meeting scheduled early in 2017 for the three clinics' nominees to the transitional Board of Directors.

8. Community Engagement:

Goal: Legal clinic clients, community partners and other agencies will be affected by changes in the approach to client service delivery, so it is important to include these parties in the transition dialogue, both to minimize hesitance about structural changes and to involve their unique input on potential promising practices. The three clinic offices will determine the best approach to engaging with these stakeholders during Phase II, with the goals of conveying information to them, increasing awareness of the project to a broader audience, reducing uncertainties about the transition and obtaining feedback. For example, each clinic can invite stakeholders to a local public meeting focused on these issues (see the proposed Communications Plan outlined below). As the planning proceeds, Public Interest and the project steering committee, in consultation with the local clinic Board members and staff, will assess the need for more public consultations. If and as needed, Public Interest will hold up to 15 further key informant meetings.

April 2016 Status: Being fulfilled and ongoing:

- In December, 2015, we started communicating information about our ongoing process for developing amalgamation plans and offering opportunities for feedback. We communicated regularly with members of the three clinics' Boards of Directors, with the clinics' membership and with community partner agencies. See item 9 below for more details.
- We had not yet determined whether to hold key informant meetings or other public engagement events. We wanted to determine how key informant meetings could be useful. The steering committee also concluded that there was no benefit in holding a public event until our planning process advanced to the point that we had more developed plans to present. At that time the steering committee would decide what events would be worthwhile.

July and December update:

- Public Interest contacted community-based agencies again to ask if they were satisfied with the information we distributed about the amalgamation plans and if they wanted further information. Written communication was sent to 129 agencies. Public Interest followed up with 26 of those agencies for a short telephone survey and conducted nine surveys (responses attached in Appendix 1).
- The memberships of the three clinics, totalling more than 200 people, were invited to attend their clinic's 2016 annual general meetings for an update, to ask questions and offer feedback.
- The steering committee members indicated that they were satisfied with the steps taken to engage community members and did not think other public events would be useful, so we are not planning further public events at this point.

9. Communications Plan:

Goal: Public Interest and the project steering committee will develop a plan to communicate widely about the amalgamation plan and its next steps, to ensure there is good communication and continued awareness of progress in the transformation process. The plan will ensure that information is communicated to the following parties:

- a. Legal clinics' staff members and Boards of Directors.
- b. The legal clinics' members.
- c. Partner legal clinics and Legal Aid Ontario in Ottawa.
- d. Other partner agencies and "trusted intermediaries."
- e. City councillors, local MPPs and MPs.
- f. Local lawyers and paralegals.

April 2016 Status: Fulfilled and ongoing. We completed one-on-one staff interviews in December and then developed and implemented our communications plans:

- In December, 2015 the three clinics sent communications to their Board members and to the clinics' membership. We enclosed a copy of the December transformation project newsletter; we provided contact information; and we offered a sign-up to continue receiving monthly newsletters.
- We developed a list of more than 150 contacts for the community agencies that the three clinics work closely with. In early January, 2016 we sent all of them a summary of our work to that point, as well as the link to our project website, a sign-up opportunity for monthly newsletters and our contact information. We also asked clinic staff members to send the same information to their contacts.
- Our partner legal clinics in Ottawa (the francophone legal clinic based at the Vanier Community Services Centre and the University of Ottawa Legal Clinic) received our regular communications; and one staff member of the francophone legal clinic attended steering committee meetings as an observer. We also sent communications to the Ottawa office of Legal Aid Ontario.
- Beginning in November, 2015, we posted a monthly newsletter on our transformation website. The newsletter was also sent directly to the people who requested it. As of March, 2016, there were 44 email subscribers and one regular mail subscriber to the newsletter.
- In addition to these external communications, we sent regular detailed emails about our ongoing planning to all clinic staff and Board members. Between January and early April 2016, we sent eight all-staff-and-Board communications and held the January half-day all-staff meeting.
- One clinic met its newly elected Member of Parliament to inform her about the amalgamation plans.

July 2016 update:

- We continued to provide detailed update information to clinic staff and Board members, to other Ottawa legal clinic staff members on request and to Legal Aid Ontario staff members on request. Between April and June, we sent four further email updates.
- In June, we held a meeting for all Board members.

- In June, we also provided an update during a coordination meeting with LAO's Ottawa office staff members.
- We continued to post a monthly newsletter on our transformation website and send it directly to 42 email subscribers (41 in English, 1 in French) and 1 mail subscriber.

December 2016 update: From July to December, we did the following:

- We sent three further detailed email updates to staff and Board members, to our Ottawa partner legal clinics and Legal Aid Ontario on request.
- We posted a September/October external newsletter on the transformation website and sent it to 48 email subscribers. Public Interest is preparing one further external newsletter.
- The clinics' memberships were invited to their clinic's AGMs for updated information.
- We sent emails to 129 agency partners and followed up by telephone with 26 of them (see "Community Engagement" above).
- We sent emails and letter to all Ottawa City Councillors and to all Ottawa-based Members of Parliament and Members of Provincial Parliament.
- There have been occasional informal communications with local lawyers and paralegals.
- In February, 2017 the three clinics' members will receive notices to attend to their clinic's special members' meeting, for an opportunity to review the proposed organizational bylaw and the proposed amalgamation agreement.

10. Transformation Website:

Goal: Public Interest will continue to develop and maintain a project website with a calendar of transformation-related events as well as progress updates. It will also offer the opportunity for stakeholders to ask questions and offer input.

Status: Our bilingual website is operating (ottawaclinics.ca and cliniques-juridiques-ottawa.ca). It has links to the minutes of steering committee meetings and our monthly newsletters; it offers opportunities for public

comments and to directly receive the monthly newsletter; and it provides all of the information from phase 1 of our transformation. The legal clinics' websites also have a link to the transformation website.

11. Distribution of Newsletter:

Goal: To ensure that a broad audience has access to project updates and to ensure transparency in the development of a transition plan, Public Interest will publish regular newsletters, timed in relation to events of interest. Newsletters will be distributed through Mail Chimp and the project website. Copies will also be distributed by email to community partners who were consulted in Phase I of the project. The clinics will also have hard copies for distribution from their locations.

April 2016 Status: As described in item 9 above, we are achieving this goal.

July and December 2016 update: We continued to produce regular newsletters with a break in July because we did not have newsworthy information. The newsletters are distributed via Mail Chimp and our project website but are not regularly distributed at clinic locations.

12. Discussion at Clinics' 2015 Annual General Meetings:

Goal: Discussions are to take place at the 2015 annual general meetings for the three legal clinics, including consideration of the three Boards of Directors' approval of the recommendations in the Phase I report.

Status: This goal was completed in October and November, 2015. Further discussions also occurred at the three clinics' 2016 annual general meetings.

13. Other Opportunities for Public Engagement with Community Members:

Goal: In addition to discussions at the legal clinics' annual general meetings, Public Interest will organize up to three other public events, if needed and as determined by the project steering committee.

April 2016 Status: We had not determined what type of public event might be useful.

July and December 2016 update: Public Interest contacted community-based agencies again to ask if they were satisfied with the information available to them about our amalgamation plans and if they would be interested in attending a stakeholders' information meeting. As noted above ("Community Engagement"), the steering committee members were satisfied with the steps taken to engage community members and did not think other public events would be useful, so we are not planning further events at this point.

14. Translation of Documents:

Goal: Public Interest will arrange for the French translation of the key communications plan documents.

Status: Fulfilled to date and ongoing.

15. Satellite Office Planning:

Goal: Making use of the geographic and demographic data analysis from the Phase I report, Public Interest will assist the steering committee in exploring potential locations for satellite locations, negotiating the details for the provision of this service and providing recommendations for the transition plan.

Status: The work is ongoing. We have made contacts and started holding events. Our focus is to consider the potential for satellite locations to offer better access to services for Ottawa's indigenous communities and for communities residing in the rural and outlying areas of the city.

- **Services to Indigenous Communities:**

- **Odawa Native Friendship Centre:**

- April 2016 status: In March, the community legal workers of the three clinics began holding a monthly workshop and individual summary advice services on the third Thursday of the month.
- July and December 2016 update: Our community legal workers have continued to hold monthly information and advice sessions.
- We have established an ongoing connection and client access point with Odawa.

- **Minwaashin Lodge – Aboriginal Women’s Support Centre:**
 - April 2016 status: In April, our community legal workers held their first meeting at Minwaashin Lodge to discuss the possibility of providing similar services.
 - July and December 2016 update: In May, our community legal workers held an information session at Minwaashin about ODSP issues. In June, they offered further services. Our staff members plan to follow up.

- **Wabano Centre for Aboriginal Health:**
 - Status: We contacted a manager at the Wabano Centre for Aboriginal Health, who initially advised that their staff members would consider our proposal. We followed up but the centre has not requested our services. We also confirmed that a lawyer from LAO’s Ottawa office regularly attends at the centre.

- **Additional Information:**
 - In June and July, we consulted with LAO’s Ottawa office about coordinating services being offered to indigenous organizations.
 - We have made a good start on establishing connections to indigenous organizations. We also face the risk of not having sufficient staff capacity to provide the services we hope to offer.

- **Services to Rural and Outlying Communities:**
 - **Rural Ottawa South Support Services (“ROSS”):**
 - April 2016 status: We made contact with the Community Outreach, Volunteer, and Development Manager of Rural Ottawa South Support Services (rosss.ca), based in Manotick and Metcalfe. Our

proposal to provide services was to be discussed at a meeting of the Rural Issues Collective.

- July and December 2016 update: We have been asked to attend the December 21 meeting of ROSS’ rural issues committee.
 - **Eastern Ottawa Resource Centre (“EORC”):**
 - April 2016 status: We contacted the Program Manager at the Eastern Ottawa Resource Centre (“EORC”). The Centre mainly provides services in the Gloucester area but also provides services to seniors in the more outlying eastern parts of Ottawa (Cumberland, Carlsbad Springs, Sarsfield). Their managers were discussing our proposal.
 - July and December 2016 update: In September, we met with EORC’s seniors’ worker and community development worker to discuss the possibilities for a rurally-based service. That led to an invitation to attend a ROSS meeting (see above) on December 21 and a meeting of the Carlsbad Springs Community Association on January 21, 2017. We are following up.
 - In October, we attended an “open house” of EORC’s Community Support Services, focused mostly on programming for seniors. Most attendees indicated they did not require legal clinic services.
 - **Additional Information:**
 - In October we attended a meeting organized by the **Western Ottawa Community Resource Centre (“WOCRC”)** about rural affordable housing solutions.
 - Establishing connections with organizations serving Ottawa’s rural and outlying communities has moved slowly. We are also wary of the risk, similarly to our outreach to indigenous organizations, of not having sufficient staff capacity to provide services.
- **Outreach to Other Communities:**
 - **Carling Family Shelter:**
 - **Status:** We made contact with the Carling Family Shelter, which has locations in Ottawa’s west end and

downtown. Our staff member held an information session in May and offered further services, but there has been no request for follow-up.

- **Community Developers at Community Health and Resource Centres:**
 - **Status:** We contacted the coordinating group for community developers at Ottawa’s community health and resource centres to discuss making connections with the communities they serve; but their recommendation was to contact individual community centres for follow-up.

16. Sub-Consultant Coordination:

Goal: Public Interest will facilitate communication as needed and at regular intervals with and between the main consultant, sub-consultants and the project lead (see the proposed list of items below requiring advice and assistance from sub-consultants).

Status: To date, contact with sub-consultants has been made directly by the project steering committee. On some items, the steering committee has also followed up without requiring external advice. Items 17 to 22 below describe the progress to date. There will be further follow-up and external advice required after the organizational amalgamation has been completed.

17. Human Resources Issues:

- a. **Goal:** Depending on the amount of available new personnel funding, consider which new staff positions are to be developed and/or how existing positions are to be repurposed.

April 2016 Status: Ongoing:

- There are many inter-related factors affecting the steering committee’s decision making:
 - information obtained from the all-staff consultation process
 - preliminary financial information

- decisions related to the receipt of new staff funding from Legal Aid Ontario (based on increases in the financial eligibility guidelines for services)
- the retirement of clinic staff members
- The steering committee engaged in a decision making process to consider which new staff positions are recommended

July and December 2016 update: Based on our discussions, we are planning for the following result:

- An executive director of the amalgamated clinic located at the South office.
 - Two supervisory lawyer positions, one at the West End office and one at the Downtown office.
 - A Director of Administration for the amalgamated clinic located at the South office and a Director of Operations at the Downtown office.
 - A new reception/casework assistant at the West End office.
 - A new paralegal/caseworker position at the West End office.
 - A new staff lawyer position at the South office.
 - We are also discussing approaches to increase our housing law casework capacity, as recommended in our Phase 1 report (page 74).
- b. **Goal:** Ensure an appropriate balance between offering new services and having sufficient operational support staff to provide those services.

April 2016 Status: The steering committee appreciates the importance of having sufficient support staff capacity to handle office reception, office operations, initial client intake and support for increasing numbers of caseworkers. Ensuring that these fundamentally important services are adequately resourced is an important factor in developing the steering committee's recommendations for the funding of

new positions.

July and December 2016 update: We are planning for Linda Martineau, currently the office manager at West End Legal Services, to be the Director of Administration for the amalgamated clinic and to move locations to the South office. The steering committee has also recommended that the amalgamated clinic employ a new reception/casework assistant for the West End office to have sufficient staff capacity and, if needed, to assist in ensuring sufficient coverage at the South office.

- c. **Goal:** Discuss with LAO about core funding and location for the longstanding shared ODSP appeals caseworker position.

Status: LAO will provide 2017-18 funding for the ODSP appeals caseworker position. Further discussions will take place in 2017.

- d. **Goal:** Harmonize job descriptions and personnel policies.

April 2016 Status:

- Our transformation process included a working group to review the three clinic's policies and make recommendations for harmonizing them. It met in April and May:
 - The group decided to focus primarily on reviewing the three clinics' personnel-related policies. The Chairperson of West End's Board of Directors, who has many years of human resources experience, agreed to review the three clinics' personnel policies and set out their similarities and differences, as a starting point for discussions.
 - The group was planning to review the clinics' French-language services policies. This issue will also be addressed by the amalgamated clinic's draft organizational bylaw.
 - The group was also going to determine which policies are required to be in effect, either by legislation or by agreement with Legal Aid Ontario.
 - The group meets again on May 3.

- A separate working group (“Sharing Tasks between the Director of Operations and Support Staff”) began discussing job descriptions of the office manager and support staff members.

July and December 2016 update:

- The “policy harmonization” working group completed its review of the main personnel-related policies. Its main recommendations have been communicated to all staff and Board members.
 - The Boards of Directors of the three clinics agreed on wording for the draft organizational bylaw, confirming that “everyone has the right to communicate in French with and to receive available services in French from [the legal clinic] as provided in the French Language Services Act.” A review of the three clinics’ French-language policies was not completed.
 - We confirmed which policies are required by legislation or by agreement with LAO.
 - We prepared job descriptions for the planned positions of a Director of Administration and a Director of Operations.
- e. **Goal:** Review and harmonize pay equity practices and ensure obligations are met.

April 2016 Status: Preliminary work began:

- We identified a pay equity consultant and have had preliminary discussions with him. However, the steering committee decided in December, 2015 that further discussions should be postponed until we received and reviewed the report from the HayGroup that the Association of Community Legal Clinics was obtaining. We anticipated that this report would be an appropriate starting point for developing an integrated salary structure for the amalgamated clinic. The ACLCO released this report on March 31, 2016.

July 2016 update:

- On staff compensation, we prepared a proposal for an integrated approach to staff compensation, based on the HayGroup’s report to the ACLCO, for the steering committee’s review and, if approved, to be distributed to staff members for comments and to the Boards of Directors for consideration.
- Regarding our clinics’ pay equity plans, we continued to determine what information we would need from a consultant.

December, 2016 update:

- Regarding the proposed integrated approach to staff compensation, we completed the consultation with staff members and made recommendations to the Boards of Directors about the proposed approach. The three clinics adopted this approach for 2016-17. Further recommendations for implementation will be made to the Board of the amalgamated clinic. External advice will be required.
- Regarding our pay equity plans, we decided to postpone our follow-up until after amalgamation occurs. External advice will be required.

- f. **Goal:** Review and harmonize employee group benefits plans.

Status: Our clinics’ insurance providers have confirmed that our existing employee benefits plans can continue after amalgamation. Our plan is to consider developing a joint benefits plan after amalgamation occurs.

- g. **Goal:** Consider possibilities for the integration of the Connecting Ottawa project’s staff members, including the availability of funding to expand Connecting Ottawa’s service mandate.

Status: In January, the steering committee submitted an application to Legal Aid Ontario’s “Clinic Law Service Expansion Fund.” The goal was to obtain funding for a new

community developer, and to carry out activities by building on the successes of the Connecting Ottawa project (funded by the Law Foundation of Ontario). Our application was not successful. We considered making other funding applications but decided not to pursue this goal at this time.

- h. **Goal:** Incentives for voluntary staff exits. This goal was described in our transformation project's Phase 1 report (page 70).

Status: This goal is being achieved.

18. Financial and Budget integration Issues:

- a. **Goal:** Plan to combine the financial management processes, filing, reporting, etc. for the three legal clinics into one.

Status: Community Legal Services Ottawa Centre and South Ottawa Community Legal Services have the same external bookkeeper. West End Legal Services manages its books internally. Our plan for the amalgamated clinic is to have the external bookkeeper prepare merged accounting systems that the amalgamated clinic will require and to contract with him for bookkeeping services. The amalgamated clinic's Director of Administration will oversee the external bookkeeper's services to ensure that, between them, all financial requirements will be covered. Discussions with the bookkeeper are ongoing.

- b. **Goal:** Develop a plan to integrate the annual funding applications, including processes for information gathering and goal setting.

Status: Following discussions with LAO, it was decided not to integrate the three clinics' funding applications until amalgamation occurs. During this year's transition period, the three clinics will continue sharing information and collaborating to ensure that their funding applications are consistent and include the goal of implementing the amalgamation plans.

- c. **Goal:** Integrate annual budgets in conjunction with LAO.

Status: We have discussed this matter with LAO.

19. Daily clinic operations integration:

a. Intake systems:

- i. **Goal:** Explore methods of intake for increased client access.

April 2016 Status:

- In February and March, approaches for integrating the three clinics' client intake systems were discussed in meetings of two staff working groups.
- During the March meeting of the "Workflow Management" working group, an intake model was recommended that would allow for equitable distribution of client intake between the three offices, with predetermined caps for intake caseworkers that are based on the demand for legal services. That information would be available to the receptionists at each office, allowing them to schedule telephone or in-person appointments with caseworkers from any of the three offices. By being able to schedule intake for caseworkers at all three offices, the goal would be to have caseworkers offering services on every day of the week for most areas of law.
- The next step was to examine our three offices' intake statistics in order to get a better picture of the volume, to lead to a clearer picture of the size of the caseworkers' intake caps for the three offices.

July 2016 update:

- We compiled intake statistics and concluded that our three offices could jointly manage the intake demand. This approach offers good opportunities to balance the demands of intake work between the three clinic offices and good potential for our goal of having "no wrong door" to our services.
- Our next step was to see how a joint intake system would function. We began discussions with LAO's IT department

about using Outlook intake calendars for a shared approach at each office's front desk and for caseworkers. The IT department expected to start to work on this project in September.

December 2016 update:

- From September to November, we worked on a prototype of a shared intake calendar that can be accessed at the three offices.
 - In December, we reviewed a prototype with the three clinics' reception/front-desk staff members. Comments were positive and helpful.
 - We will review the calendar with caseworkers. Subject to their comments and after tweaking the prototype so it reflects the actual intake approach at the three offices, this "no wrong door" approach to intake appears to be in shape to roll out when amalgamation occurs.
- ii. Goal: Harmonize intake systems.

Status: See above.

- b. **Goal:** Integrate other systems: organizational policies, file distribution systems, etc.

Status: The information in section 17(d) describes the policy review work we have completed. Review of other policies will take place as required after the amalgamation has occurred.

20. Goal: Harmonize IT systems:

Status:

- Discussions with LAO's IT department began in April and are continuing.
- During the fall, staff members met for joint training and discussions about CIMS implementation for our three offices.

21. Legal:

- a. **Goal:** Ensure that legal obligations and requirements related to changes in the workplace and employment status are fulfilled.

Status: We retained a lawyer to assist with the corporate legal requirements of amalgamation. Our lawyer provided a checklist of issues to be considered. We also confirmed that staff members' employment status continues after amalgamation occurs and that any significant anticipated changes in duties are discussed.

b. Corporate amalgamation planning, advice and assistance:

- i. **Goal:** Prepare constitution and bylaws. The Ottawa legal clinics have draft documents from previous amalgamation discussions that can serve as a starting point.

April 2016 Status:

- In November, 2015 a sub-committee of our steering committee reviewed a draft organizational by-law, followed by a full steering committee discussion of many key issues.
- In January, 2016 the draft bylaw was circulated to all staff members of the three clinics for their comments. The steering committee received and considered the comments.
- In March, following review by staff members, the three Boards began considering the draft bylaw.
- After receiving the Boards' feedback, we planned to have the lawyer review the bylaw and ensure it complies with the legislative requirements for not-for-profit corporations.
- The draft bylaw will not be finalized until the amalgamated clinic's Board of Directors accepts it and the membership approves it.

July and December 2016 update:

- From April to June, the three clinics' Boards of Directors reviewed and approved the draft organizational bylaw. We then sent it to our lawyer.
- In August, we received the lawyer's comments and reviewed them. We received a further draft in November. The three clinics' Boards then again reviewed the updated version at their late November/early December meetings.

- Other than minor “touch-ups” requested, we anticipate having a draft bylaw ready for the Boards’ final approval at their January, 2017 meetings.
- ii. **Goal:** Develop a plan for transitional Board of Directors.

April 2016 Status: This item was to be considered after the three Boards of Directors reviewed the draft organizational bylaw.

July and December 2016 update:

- The three Boards of Directors approved a plan for the transition from having three Boards to one amalgamated Board.
 - Our lawyer reviewed the draft transition plan (set out in the organizational bylaw).
 - In late November/early December, the three clinics’ Boards of Directors selected their four nominees to the transitional Board.
 - The three clinics’ staff members are currently selecting the staff member for nomination to the Board of Directors.
- iii. **Goal:** Develop plan for the selection of an interim executive director and interim director of operations.

Status: For the purposes of conducting the planning for the clinic’s staff structure after amalgamation, the steering committee discussed and recommended that Gary Stein be the executive director and Linda Martineau be the Director of Administration. This recommendation was conveyed to all staff and Board members of the three clinics; and the amalgamation planning has taken place based on these assumptions. The final decision will take place when amalgamation occurs and the transitional Board of Directors has been established.

We also planned for Kylie Stanners, the current office manager of Community Legal Services Ottawa Centre, to be the Director of Operations. Discussion about the division of responsibilities between the two positions has occurred and job descriptions are developed.

- iv. **Goal:** Conduct due diligence review for amalgamation of corporations.

Status: The three clinics are completing their due diligence requirements based on recommendations from our lawyer.

- v. **Goal:** Transition plan for corporate amalgamation (Board resolutions, membership confirmations, etc.).

Status: With legal advice, we have developed and communicated about the plan for the formal corporate amalgamation to occur, beginning with resolutions to be voted on at the three clinics' Board meetings in January, 2017.

- vi. **Goal:** Conducting name search.

Status: Our lawyer informed us that the preliminary search on the bilingual version of the proposed name (Community Legal Services of Ottawa / Services juridiques communautaires d'Ottawa) appears to be clear.

- vii. Other corporate issues arising.

Status: No other issues have developed.

- 22. **Goal:** Produce an "identity" for the amalgamated clinic (logo, letterhead, website, social media presence).

Status: Other than confirming the clinic's name, follow up on these issues will occur after amalgamation has occurred.

- 23. **Goal:** Develop a comprehensive transition plan, outlining the specifics of how the three legal clinics will implement the proposed model.

Status: The details of how to implement the model for amalgamation that was originally proposed have been developed in our many planning processes and discussions. We then began discussions with Public Interest about the form and content of a document that describes our transition plan. Public Interest has prepared a draft document which steering committee members are reviewing.

APPENDIX 3B: RESPONSES TO TELEPHONE SURVEYS

See next page.

OTTAWA LEGAL CLINICS TRANSFORMATION PROJECT

Organisation	Does your organization currently refer clients to Community Legal Clinics?	Are you satisfied with the level of communication you've been receiving about the project so far?	Would you like an opportunity to learn more and discuss it further with the project team?	Do you have any concerns or comments you'd like to share with the project team?
[a cultural interpretation service]	Yes, in a way we do. We are an interpretation centre. We work with community at large. We cannot give names to the clinics, due to our high confidentiality agreements, but we will let clients know that various clinics that may have services they may wish check out.	Yes	Yes	Everything you have done is great. Amalgamation is the most important thing that has been implemented. Simplicity is best.
[a food bank]	Yes	Yes	Yes, by email.	Only worry is making sure that clients can walk to an office as many of them do not have access to transportation. But I don't have to worry about that now since the three sites will remain open. My clients have nothing but excellent feedback for the Community Legal Clinics.
[a shelter]	Yes	Yes	Yes	Not at the moment.
[a community information centre]	Yes	Yes	No	Great initiative on "no wrong door" approach. Valuable to have organisations come together to reduce barriers for clients, especially where there can be difficulty accessing services due to different policies among territories.
[a community resource centre]	Yes. We have one here through the West End Legal Clinic on Thursday afternoons	Yes	No	"No wrong door" approach is a really good way of making it easier for accessing services. Really good policy.
[a community health centre]	Yes	Yes	Yes	Not at the moment. Will having one board affect West End Legal Clinic services? Will the services change or scope increase? We do not have a formal relationship, but we have a community partnership; will that still be maintained? West End Legal Clinic deals with tenant or ODSP issues will send them to West End. As there will only be one board, will this affect my relationship with West End Legal Clinic?
[a community resource centre]	Yes. we refer to South Ottawa Legal and a French clinic in Vanier that is not a part of this program. We refer to the French clinic for our French speaking clients as this one is closer for them to get to.	No. Info only goes to executive directors (who don't always have time to look at those emails), and not frontline workers. Info should go to frontline works as well, since they have direct access to clients and services and actually do the referrals.	Yes	Hopefully the services don't get too centralized because our families won't go. There needs to be mechanisms to reach those in outlying areas, rural families and suburban families. Legal Clinics make a huge impact for our families.
[an immigration settlement agency]	Yes	No, Have not been receiving info lately about the progress of the project. Eg: what stage is it at now?	Yes	It is a great initiative that was started. It will make things easier to explain to clients. To have these clinics share the same goals and services is better for the clients. Does not limit clients due to catchment areas which is a good thing.
[an agency assisting newcomers to Canada]	Yes	n/a	Yes	No

APPENDIX 4:

STEP-BY-STEP CORPORATE PROCESS FOR AMALGAMATION

The following process was developed by the Project Manager and approved by the Steering Committee at its meeting of October 24, 2016:

Step-by-step corporate process for amalgamation by April 1, 2017

Updated November 21, 2016

1. After CLSOC, SOCLS and WELS' Upcoming AGMs (early November):

- Lawyer's office to be in contact with three clinics to ensure the public records of each clinic's Directors and Officers are updated and any errors are corrected.

2. In November/December, 2016 or at latest by January 10, 2017:

- The Boards of CLSOC, SOCLS and WELS each choose four current Board members to be nominated to sit on the amalgamated clinic's transitional Board of Directors for the following terms:
 - One director for a one-year term
 - One director for a two-year term
 - Two directors for a three-year term
- The nominees' names will go into the draft Application for Letters Patent of Amalgamation.
- The staff members of the three clinics choose one person to be nominated for the staff position on the Board of Directors of the amalgamated clinic. The staff member would serve a one-year term on the transitional Board.

3. By mid-January, 2017: Each clinic gives its Board members proper notice of a Board Meeting, attaching a copy of the following:

- Application for Letters Patent of Amalgamation (including the names of the proposed 13 first Directors of the amalgamated clinic)
- Amalgamation Agreement and
- Draft Organizational Bylaw for the amalgamated clinic.

4. By the third week of January (16 – 20) at the latest:

- Hold Board meetings of CLSOC, SOCLS and WELS:
 - Approve the Application for Letters Patent of Amalgamation
 - Approve the Amalgamation Agreement
 - Approve the Draft Organizational Bylaw for the amalgamated clinic.
 - Nominate all 13 directors for the amalgamated clinic’s transitional Board of Directors.
 - If needed, make any other Board decisions related to amalgamation that will not require membership approval
- Lawyer will provide draft resolutions for this Board meeting.

5. By early February, 2017:

- CLSOC, SOCLS and WELS send proper notice to their members of a special meeting, attaching a copy of the Application for Letters of Patent of Amalgamation and the Amalgamation Agreement.

6. By late February or early March, 2017 (February 27 – March 3 at latest):

- Hold special members’ meetings of CLSOC, SOCLS and WELS:
 - Approve the Application for Letters Patent of Amalgamation and the Amalgamation Agreement and the organizational bylaw.
 - Approve the nominations of the 13 first Directors of the amalgamated clinic.
 - Confirmation by 2/3 of the members attending the meetings is required.

7. After the CLSOC, SOCLS and WELS’ Members’ Meeting (by March 3, 2017):

- Lawyer files the Application for Letters Patent of Amalgamation and Amalgamation Agreement in Toronto with the Ministry of Government and Consumer Services.

- CLSOC, SOCLS and WELS continue to formally operate as separate corporations until the Ministry approves the Letters Patent of Amalgamation.

8. After receiving the approved Letters of Patent of Amalgamation (in mid-to-late-March):

- CLSOC, SOCLS and WELS are now formally amalgamated into Community Legal Services of Ottawa.
- Give notice and hold the first meeting of the amalgamated clinic's transitional Board of Directors (to choose its officers, confirm hiring of the executive director, etc.)
- CLSO gives 21 days' notice to the amalgamated clinic's membership of a special members' meeting, not required but recommended. Lawyer will provide copy of standard form of notice.

9. 21 days after notice was given (in late March or early April, 2017):

- Hold special members' post-amalgamation meeting.
- The membership approves the 13 members of the transitional Board of Directors and the by-law.
- Lawyer will provide draft minutes for this meeting.

APPENDIX 5: STAFF WORKING GROUP DISCUSSION GUIDE

In initial Working Group meetings there should be both an opportunity for staff to share initial input into some of the main issues that are involved in the topic of the group. In this meeting there is also the goal of setting up a work plan or structure for the group, such as a establishing a chair or leader of the discussions, minutes and reporting structure, and location and scheduling of meetings.

It should also be made clear that these meetings are:

- Not mandatory, if you've signed up for the group you do not need to attend each meeting
 - Not restricted, those that have not signed up for this group are still able to attend a meeting if they wish
 - Built to make recommendations to the Steering Committee on transition plans for identified topics
1. Discuss the issues and challenges. (e.g. Work-Flow Management/Intake group could create a visual map of each intake process to help identify areas of overlap and differences)
 - a. How do we currently deal with intake?
 - b. What are the differences between each office?
 - c. What do we want to keep or change?
 - d. CIMS - what is the timeline for implementation?
 2. Clarify what you need to accomplish and when?
 - a. What is success? (e.g. within a 6 months we have developed and implemented a new intake system that is consistent between offices)
 - b. Who is leading the group? Is it a Steering Committee member?
 - c. What is the timeframe?
 - d. What do we need to do?
 - e. Who is going to do it?
 3. Identify questions you need answers to in order to come up with a solution.
 - a. What do we need to know?
 4. Clarify when you will meet next.

APPENDIX 6: STAFF INTERVIEW GUIDE

INTRODUCTION

Thank you for taking the time to meet with me. As you know, over the past year there has been a lot of research done to look at the structure and service delivery of the legal clinics with the result being a recommended model that will amalgamate the clinics while maintaining the three offices. Today, I'm hoping to gain a better understanding from you of how this change might affect your role, how you would like it to affect your role, and any concerns you might have about this transition that should be considered as we move forward.

These conversations with staff will feed into developing an organizational structure for the new model. This is the start of a longer engagement process. Starting in January there will be working groups with staff members on different issues that are raised in these initial discussions with staff.

Please feel free to be frank, as I'm looking for honest input that will support a smooth transition for you and your colleagues. The information you provide will be shared with management.

If you have questions please feel free to raise them with me and I will try to answer them, but an important part of this exercise is gathering questions that might not have answers yet, so they can be considered as we move through the transformation process.

QUESTION GUIDE

1. What are your understandings about the new model? Do you feel well informed about it?
2. What has worked well in conveying information to you and what has not? How would you prefer to receive information in the future?
3. What are your main work responsibilities? What does a typical work day look like to you? Please walk me through key steps.
4. What are the key relationships in your role? Who do you depend on? Who depends on you? Who provides you with direction, i.e. do you "report" to?
5. How will your work day be different when:
 - i. Your executive director may not be in the same office as you

- every day and you report to a senior staff member?
- ii. Your office manager may not be in the same office as you every day?
 - iii. You have counterparts in other offices with whom you may require frequent communication?
6. We don't want anything to "fall through the cracks" in this process. What are some workload gaps or other gaps that you anticipate in the new model?
 7. What are some opportunities in this new model for your role? What changes might help you in performing your duties?
 8. What are your concerns or worries about this transition? Or about the overall change in structure of the clinic?
 9. What questions should we be asking stakeholders as we plan for change? Are there specific people or organizations that we should be consulting with?
 10. Do you have any other thoughts or suggestions you'd like us to consider?