

OTTAWA LEGAL CLINICS
TRANSFORMATION PROJECT

QUALITATIVE DATA SUMMARY

October 2014

TABLE OF CONTENTS

- INTRODUCTION..... 1**
- STAFF FOCUS GROUPS 2**
 - CHALLENGES IN MEETING DEMAND 2
 - MULTIPLE AND COMPLEX ISSUES..... 2
 - NON-LEGAL ISSUES 3
 - BARRIERS TO CLIENTS 3
 - WORK ENVIRONMENT 3
 - INTER-CLINIC COLLABORATION 4
 - COMMUNITY PARTNERSHIPS..... 4
 - AMALGAMATION 4
 - ADMINISTRATION 5
 - LINGUISTIC ACCESS..... 5
- CLIENT FOCUS GROUPS..... 6**
 - ACCESSING THE CLINIC..... 6
 - EXPERIENCE WITH THE CLINIC 7
 - LINGUISTIC ACCESS..... 7
- COMMUNITY PARTNER CONSULTATIONS 8**
 - CHALLENGES 8
 - RURAL 9
 - FRANCOPHONE SERVICES..... 9
 - PARTNERSHIPS..... 10
 - COLLABORATION HELPS TO ADDRESS ISSUES OF DEMAND10
 - WORKING IN COLLABORATION FOSTERS STRONG PARTNERSHIPS.....11
 - CO-LOCATION.....11
 - SERVICE DELIVERY MODELS..... 11
 - CONCERNS ABOUT AMALGAMATED OFFICES.....11
 - RURAL SERVICE.....12
 - OUTREACH AND ITINERANT SERVICE.....12
- BOARD MEMBER CONSULTATIONS..... 14**
 - CHALLENGES 14
 - FUNDING14
 - POLICY WORK.....14
 - ACCESS..... 15
 - PARTNERSHIPS..... 16
- EXECUTIVE DIRECTOR CONSULTATIONS 17**

SIMILARITIES AND DIVERGENCES..... 19

SIMILARITIES AMONG COMMUNITY STAKEHOLDERS 19

MULTIPLE AND COMPLEX NEEDS.....19

COMMUNITY PARTNERSHIPS.....19

LIMITED RESOURCES.....20

GEOGRAPHY.....20

DIVERGENCES AMONG COMMUNITY STAKEHOLDERS..... 21

PUBLIC LEGAL EDUCATION21

CO-LOCATION MODEL21

AMALGAMATION.....22

ITINERANT MODEL.....23

FRENCH LANGUAGE SERVICES.....23

INTRODUCTION

The following summary presents the results from the community consultation phase of the Ottawa Legal Clinics Transformation Project.

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 groups were held with clinic staff, one for each clinic. Five focus groups were held with clients, one for 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. 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 in rural communities, and/or with ethno-specific agencies, Francophone communities, women fleeing violence, and 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, and also some divergences, or 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 legal clinic and to their clients by participating and creating a fruitful discussion about what their legal clinic does well, what it could do better, and ways that they could contribute to increasing access to justice for communities.

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 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, and the time it takes to apply for funding takes away from time that they could be with clients. Management was named as among those who suffer from work involved in these funding applications, as they usually have a full case load as well as completing the funding application every year. Some staff suggested having multi-year funding, which would allow staff more time to be serving clients.

MULTIPLE AND COMPLEX ISSUES

One theme that recurred frequently in the focus groups was that clients coming into the clinic have more than one issue, and that those issues are 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, with multiple family members, and frequently also housing issues and income maintenance issues.

Staff said 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 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 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, and 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 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 getting to appointments. Transportation was named as a cost barrier as well, but also as a time barrier. Finally all focus groups discussed the eligibility 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 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 amount that students were discussed. Students were mentioned in all focus groups, but were mentioned a lot in some groups and not very frequently 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 in 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 culture, which, as mentioned above, is a supportive and positive environment. Another concern that staff discussed was differing visions and service area priorities of 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 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 available to be with clients. Staff mentioned that more help with administrative tasks was needed, and that the ratio of staff dedicated to these tasks does not meet the demand, especially with every day administrative tasks such as photocopying.

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. 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 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 legal clinic model which contributes to conclusions from which the project can create recommendations.

ACCESSING THE CLINIC

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

Clients talked about how physical access to the legal clinic was important: that it be easily accessible 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 legal clinics. Although they are accessible by bus, which was much appreciated by clients, the cost of the bus is still a barrier and not everyone is able to take the bus. Both physical disabilities and anxiety were named as barriers to taking the bus.

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 legal clinic.

Clients also discussed use of information technology at legal clinics, namely phone use and use of online resources. Many clients had made their appointments over the phone, and some had talked about talking 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 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 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 staff in the focus groups had gotten representation from a 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.

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 Legal Aid Ontario. 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 and issues facing the clients community partners serve are very diverse. They 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 dealing with 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, immigration and refugee cases, and housing stabilization. Some seek employment help and family law assistance, which are not provided by clinics.

CHALLENGES

Many clients that partners serve are also seeking legal services from the clinics. They are the most vulnerable populations in Ottawa. Complex cases with multiple issues take investments of time and resources for staff to be able to appropriately address their clients' needs.

Partners face challenges in delivering services that best and most effectively meet these needs. Many partners are working at capacity. There are wait lists for some services, and at times clients are turned away from programming because 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 very 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

Partners whose work encompasses the rural areas of Ottawa 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 legal clinics for service. One partner noted that some communities such as Kanata, Barrhaven, and Orleans have experienced population growth and that the clinics need a strategy to grow their services in line with this.

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 even 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 the lack of cost efficiency and difference in scale for providing programming in rural areas, noting that, for example, a much smaller turnout of participants 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 French Language Services. 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 state 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 Service is increasing in a program area that currently does not have the capacity to provide it. Tenant Duty Counsel offers Francophone service blocks. When they require bilingual support outside of that block, they have had success with the community legal clinics providing interpretation over the phone. Some partners stated that clients have asked for services in English, and the Tenant Duty Counsel have observed that Francophone clients have requested services in English to avoid their hearings being adjourned where the adjudicator is not bilingual.

Some partners stated unequivocally that their clients perceive English Language Services as better, faster, and more comprehensive than French Language Services. 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 the 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. 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 the area of partnership development.

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 will refer them to one of the other clinics; they work together to ensure demand for clinic services are being met. Community partners as well as Legal Aid Ontario report working in similar ways. For Legal Aid Ontario, it is a safety net to have multiple partners that they can refer clients to. 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, working in collaboration helps to address challenges posed by distance by enabling them to have a 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, collaborating on joint committee work, law reform initiatives, and shared governance also helps to strengthen partnerships. 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 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 legal clinic office. The community health centres felt strongly about the importance of having 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 with the unpredictability. Also key to success is to offer services outside of the typical business hours and into the evenings or weekends and at regular times. Partners stated that when service is recurrent and stable, it builds trust for clients and also for front-line workers who are providing referrals. One partner stated that it 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 available that allow lawyers to have 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 legal clinic boards attended the key informant interview to share their input and feedback. In general, board member conversations were heavily weighted on systemic issues and how the community legal clinics can both function the best they can within the current environment but also work in combatting systemic issues.

CHALLENGES

Board members mentioned some of the challenges that community partners, staff, clients, and executive directors 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 legal clinics, and were also concerned about how the transformation project would affect the funding of 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 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 legal clinics after the transformation process was complete. Some board members felt disempowered by the lack of secure and stable funding to the legal clinics.

POLICY WORK

Board members were adamant that legal clinics could use the unique position they are in now, with their transformation process, to bring legal clinic issues to the fore of political discourse as well. Board members worry that because of the high demand of legal cases, legal clinic staff struggles to have the capacity to do work at the systemic level. Board members discussed how in a transformed system there should be room built into the work to make those systemic policy changes.

Board members suggested partnerships as a strategy to making changes in systemic issues. It was mentioned that in the past there has been greater cooperation between services to

address certain policy issues, such as a memorandum of understanding to increase awareness of legal rights and work towards prevention of legal issues. Community legal agencies and other community workers should have open communications to be able to better work together to combat 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 to make the best use of students as possible, and also bring in more students.

Finally, as a way of addressing systemic issues board members suggested that legal clinics make more use of skills of their board members. Board members have written a lot of articles about legal clinics, and there is a lot of knowledge there that could be used for training, greater communication with 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 the legal clinics, 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 legal clinic staff, further reducing their ability to work on systemic and policy issues even more.

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

Board members also discussed the use of Public Legal Education (PLE) for the general population and to other community service agencies to increase access to justice. Board members found that PLE could be a valuable tool in increasing awareness about the legal clinics and can help address some systemic issues like peoples' knowledge about their rights. They suggested that board members could help with PLE work since they also have a high level of knowledge of the legal clinic system.

PARTNERSHIPS

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

Although the board members appreciated that the legal clinics do well in developing and fostering these relationships, they did suggest that legal clinics develop partnerships with Service Ontario, and potentially with LAO, though there were also reservations about both such partnerships.

Board members discussed how most partnerships and relationships legal clinics have are not actually between agencies but between people and they 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 clinic director, and also the executive directors of the Vanier Clinic and the University of Ottawa 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 service 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 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 the clinic maintains 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 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 Vanier clinic. Vanier 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 French Language Services, and 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 concern 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 legal clinic staff, clients, community partners and executive directors all come into the consultation process with varying experiences and opinions, there were themes were echoed across all of these conversations.

MULTIPLE AND COMPLEX NEEDS

Staff, clients, community partners and executive directors all discussed how clients were coming into legal clinics with multiple and complex needs. These multiple needs sometimes present as multiple legal needs, but sometimes they presented as legal and non-legal needs. The executive directors and community partners talked about how the number of those with multiple and complex needs seems to be increasing, with more complicated cases than there has been in past years. Almost all stakeholders talked about how the 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 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 partnership with the University of Ottawa legal clinic and the Aboriginal Centre, and a project with the Vanier community legal clinic supporting refugees.

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. Executive directors talked about how crucial these partnerships were in keeping in touch 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 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. 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, adding to the pressure on staff capacity. 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 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 catchments 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 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. Both physical disabilities and anxiety issues were named as barriers to taking the bus.

Staff also mentioned serving clients outside of their catchment, and even outside of the Ottawa catchment and into other 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 legal clinic staff were able to balance PLE and their frontline 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 legal clinics doing any PLE or facilitating and 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 groups.

Some staff discussed how they wish they had the capacity to do more PLE, which is 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 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 would be helpful, as long as they are separated from the clinic workers. 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 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 to be able to walk down the hall with the client, or for other follow-up. 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 in amalgamating was that they would lose their current clinic culture, which was named as a supportive and positive environment. Another concern that staff discussed was 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 do not want to lose the current relationship they have with their 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 into 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 sometimes, one group did not mention itinerant services, while one 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 with clients, and could create a confidentiality issue when lawyers needed 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 legal clinics to deliver itinerant services. What this looks like for clients vary, some saying that they would like to see legal clinic workers working from another community agency's office, and some saying that they would like to see 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 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 legal clinics as well.

FRENCH LANGUAGE SERVICES

Neither the staff groups nor the executive directors expressed concern for their abilities to provide French Language Services. Staff talked about how there were many French-speaking staff in all of the clinics. One staff group mentioned that French refresher courses for staff might be beneficial. The executive directors talked about how they refer many clients to the Vanier legal clinic, where about 10% of Vanier's clients are referred from other clinics.

Clients also had varying experiences with accessing services in French. Most clients said that there was no problem in getting 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 partners talked about how Francophones face a lot of barriers in asking for services in their first language. 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.