

MEETING NOTES

Poverty Law Advisory Committee Meeting of November 30, 2009

Advisory Committee Members Present

John D. McCamus, Chair
Justice Sidney B. Linden
Lenny Abramowicz
Aly Alibhai
Avvy Go
Trudi McCormick
Ed Montigny
Ryan Peck
Jeff Schlemmer
Gary Stein
Bob Ward (*ex officio*)

Legal Aid Ontario Representatives Present

Randy Ellsworth
David McKillop
Rod Strain
Heather Morgan
Stephanie Mealing

Others Present

Juliet Robin, MAG
Brent McCurdy, MAG

Introductions and Opening Remarks

Committee Chair John McCamus opened the meeting and welcomed the participants. There were introductions around the table and on the phone.

There were two corrections to the November 5, 2009 meeting notes. On page 2, third paragraph under "Opening Remarks", the second sentence should read, "They are no longer able to provide..." (add the word "able"). On page 3, first paragraph, the reference to "social workers" should read "community legal workers" instead.

The Chair noted that some of the advisory committees have indicated concern about the short timeframe for the meeting process. If this committee feels that two meetings are not enough to complete the process, an attempt will be made to arrange another opportunity for further input prior to December 15. However,

the Minister has asked that the process be concluded by the original December 15 deadline due to concerns that the new funding, if left unattended, may be allocated to other government priorities.

The Chair acknowledged submissions received from the ACLCO and from ALAL, and referred to other materials that had been circulated to the committee. He introduced David McKillop, LAO's Vice President, Policy and Research, who highlighted some of the information included in the Poverty Law slide deck that was distributed to the group. He pointed out that, as indicated on slide 3 of the deck, a proportional allocation of the new funding, if divided according to historical allocations, would amount to an additional \$13 million per year for the clinic system in the fourth year when the full \$60 million has been added to the LAO budget.

Lenny Abramowicz was invited to introduce the submission from the ACLCO. He provided some background on how the ACLCO submission was developed. The recommendations in the submission were honed from an original list of 50 ideas through a consultative process, directed by a special committee composed of 14 clinic staff and board members. The results represent a broad consensus. The consultation process gathered feedback from all 79 legal clinics but did not include Student Legal Aid Service Societies (SLASS). The OBA supports the recommendations in the ACLCO submission.

Discussion

The starting position for the development of the ACLCO's recommendations is that the clinic model is strong and should continue to be the primary approach for delivering poverty law services. Clinics are rooted in their communities and offer a holistic model for responding to systemic needs. The important linkage between clinics and their communities should not be broken. It would be a mistake to adopt solutions from other jurisdictions that do not have a strong clinic system.

A historical allocation of the new money (i.e., one that would ultimately add \$13 million to the clinic system's budget) was the basis upon which the clinic recommendations were built. Although \$13 million is not all the money that is needed, it is a good place to start. There are ways in which the new money can be spent to make clinics more effective and efficient.

Recruitment and Retention of Clinic Staff

Although the recommendations are not meant to be ordered in any particular fashion, the recommendation on recruitment and retention is really the cornerstone or precondition on which the others were built. Without this as a starting point, there would be problems in moving forward on the other recommendations.

A 20 per cent increase in compensation, over and above normal pay equity and cost of living increases, over four years, is recommended. This is a recommendation for an increase to the total clinic funding grid. There are various options for providing the increases, which have not been worked out. For example, some people thought that increases should not be as high a priority for people at the top as for people at the middle and the bottom, but others raised the issue of compression at the top: it is not a good idea to create a situation where the salaries of a two-year CLW and a 20-year CLW are only \$1,000 apart.

It was pointed out that a 20 per cent increase over four years would not bring clinic lawyers to within even shouting distance of other government and agency lawyers. It would bring them close to where the Human Rights Legal Support Centre lawyers are now, in 2009 (but not to where they will be in four years' time).

Serving Racialized Communities and Persons Who Don't Speak English or French as a First Language

This is a recommendation with two parts. The first part of the recommendation, for expanding interpretation and translation services, is something that the whole legal aid system needs, and the funding for this should not be taken solely from the clinic allocation. It would be great for certificate lawyers to have access to a pool of interpreters, and it would save money on the certificate side as well.

The second part of the recommendation is for the creation of a fund, available to all clinics who have an initiative for reaching out to racialized and immigrant communities. It is meant to enable clinics to work in areas of law they did not formerly work in, and to be able to take on the staff to do it. For example, there is a great deal of need for immigration and refugee law services, and not just in Toronto. Depending on what is happening with certificates in this area, it will be important for more clinics to be providing these services and to be able to hire staff who speak the priority languages.

Serving Rural and Remote Communities

Expand our ability to serve rural and remote communities through both technology and increased satellite office presence. Technology does not replace in-person contact, but in the context of providing services to people in rural and remote areas, where geographic distances make in-person contact so difficult, technology could be of assistance. However, because many clients do not have access to technology, there may need to be other solutions as well (satellite offices, travel and personnel costs, making contact with a specialty clinic through a local clinic, travel, etc).

Using Technology to Reach and Serve Client Communities

Clinics would like to be able to make greater use of technology, integrated within the full range of services that clinics provide to clients. There is room to use technology in innovative and modern ways that do not break the link between clinics and clients within the community.

Use of technology could include provision of summary advice and self-help, as an integrated part of the comprehensive scope of poverty law services clinics provide. Some clinics are already doing this kind of work, using websites and portals, and they would like to have the resources to do it better. The clinics in Toronto recently met to discuss the potential for a clinic-controlled, single-referral website for all Toronto clinics, and it would be great for them to have the resources to do that. Clinics would also like to use technology to link with community agencies. They would like to be able to use Skype (a software application for internet communication) for this purpose, but at present they cannot do so.

LAO should be cautious not to go in the wrong direction with technology. Other jurisdictions have made this mistake. It can be just too easy to make technology the “answer”, using it to make an organization’s numbers go up while replacing meaningful assistance with an interactive website run out of Mumbai. During the consultation process the concern was expressed that the use of technology could have very harmful effects if not handled properly. There are many things to think carefully about; for instance, a clinic in Elliott Lake is not going to be able to provide a useful referral or advice to a person in Don Mills who comes across their website. They would have no understanding of the local conditions or services available.

Knowledge Sharing and Transfer

Knowledge sharing and knowledge transfer are all about not having to re-invent the wheel. Promoting this is a good way to make clinics more efficient and effective. People who have a tremendous amount of knowledge are going to be retiring and leaving the clinic system, and it is important that their knowledge not be lost. Clinic staff need time and resources to be able to keep up to date in different areas of law, management issues and other areas that are important to doing their work. Some agencies devote a lot of resources to this, but for clinics it is an uphill battle.

A joint clinic-LAO group on knowledge sharing and transfer was created a couple of years ago. This group will be producing a Report with Recommendations on Knowledge Sharing.

Clinics already engage in some forms of knowledge sharing, including through the email and the SAGE Management site and the CRO and the list-serves that the CRO operates, but they need help with technology, infrastructure and human

resources. It was very disappointing for clinics to hear of the administrative cuts to both the CRO and the existing training and learning budget, which was already stretched. These cuts affect clinics' ability to provide service to clients.

Coordination and Collaboration

Clinics engage in collaborative work in a number of ways, but much of this work is ad hoc. Clinics could do much more if they had dedicated resources for a clinic-led strategic planning process. This would not be a one-time initiative. It would be an ongoing process that would involve clinic clients, community partners and stakeholders, and LAO. It would help clinics and their community partners to work together on a coordinated response to assist the government with its poverty reduction strategy.

To properly engage in strategic planning, clinics need the proper data. Information-gathering costs money. The system as a whole, and not individual clinics, should be providing resources to ensure that planning is actually meaningful, and not just sitting around talking. Clinics would like strategic planning to be a clinic-led process, but they would like to have support from, and work together with, LAO. LAO would probably appreciate having the data for its own purposes.

Specialty clinics, in particular, could benefit from more coordination. Since the regionalized structure took effect, they have not been able to link up with local clinics as they did in the past. They do not always hear about regional meetings that are taking place because they are not copied on the e-mails anymore. SLASSs are largely isolated and end up being excluded, and they should not be. They are clinics, too, and since they are located at the law schools they have the ability to reach out to the next generation of lawyers. There is a lot that they could do to help and they should be more coordinated with the rest of the system.

Other issues

Interest was expressed in knowing about what the next steps would be, following the current advisory group process. The clinics do not see this as the "end of the game"; rather, they see it as a dialogue. The clinics have made their recommendations, and in turn they would like a chance to respond if the Minister rejects their recommendations. Clinics would like to know what LAO thinks about their recommendations, and what thoughts LAO has about the future of poverty law services.

As the committee's recommendations have been based on the new funding being allocated according to historical proportional allocations, there was support for a recommendation that this approach be taken when the new funding is assigned. The point was made that clinics, and also the OBA, support the mixed

delivery system and that this includes the continued availability of certificate services for mental health, ODSP appeals and other matters that fall outside of the areas of criminal, family and refugee law. If these kinds of certificates cease to be available, then clinics will need resources and training to take these areas on.

Recommendations from the Committee

The following recommendations were unopposed by all members present.

1. Increase compensation funding to the community clinic system, over and above normal pay equity and cost of living increases, by 20% over four years. This would be for salary increases for all clinic staff, not just lawyers.
2. Target enhancing access to justice for racialized and immigrant communities through:
 - (a) the expansion of interpretation and translation services (for clinics and for all LAO services); and
 - (b) the creation of a fund of money available to all clinics who have an initiative for reaching out to racialized and immigrant communities.
3. Expand clinics' ability to serve rural and remote communities through a variety of means, including the use of technology and/or increased satellite office presence (including office space, travel and staffing resources), where appropriate.
4. Improve clinics' ability to reach client communities and provide them with poverty law services, through the use of clinic-controlled and clinic-centred technology.
5. Improve clinics' ability to engage in knowledge sharing and transfer, including the personnel needed to support this initiative.
6. Improve coordination and collaboration within the clinic system by funding a clinic-led, province-wide strategic planning process, with the necessary data and support to allow for meaningful planning. This strategic planning process would include community partners and stakeholders and would be an opportunity to play a coordinated role in furthering the reach of the government's Poverty Reduction Strategy. Specialty clinics and SLASSs should be more coordinated with the rest of the clinic system.
7. The committee would like to have an ongoing dialogue, after December 15, 2009, to discuss the allocation of the new money. This dialogue should involve LAO, clinics, and the Minister.

8. Allocation of the new funding should follow historical proportional allocations. Clinics support the existing mixed system of service delivery.