

## **Legal Aid System Modernization Project Consultation Community Legal Clinic – Brant Haldimand Norfolk Submission September 2019**

The Community Legal Clinic – Brant Haldimand Norfolk (the “Clinic”) has provided client focused and innovative service to our community since our inception in 1987.

As set out in the ACLCO Submission, it is our view that the current clinic system model is the best model to meet the goals set out in the Modernization Project (the Project) with respect to delivering poverty law services. We see the Project as an opportunity to strengthen and improve the provision of poverty law services in our community.

From the perspective of our community and Clinic, the clinic system represents the best of both worlds. Our Clinic has no bureaucracy with a minimal management structure and can therefore respond quickly and meaningfully to the needs of our clients and community. At the same time, the clinic system provides our Clinic with high quality centralized research, top notch mentoring and training and access to leading systemic and litigation expertise from our sister specialty clinics.

This submission outlines the work we have done to date to transform and modernize our services within the parameters being considered by the Project and considers opportunities to improve and strengthen our services consistent with the goals of the Project.

### ***INTRODUCTION***

Our Clinic has worked continually to improve our service to the community since 1987 and as a result we are an integral part of the legal community. In addition to providing high quality legal service in poverty law, we are often a first point of contact for clients and have become a clearing house for effective access to other legal and community services.

The strength of the Clinic is rooted in being a collaborative member of the broader clinic system; from the expertise of our community based volunteer Board of Directors; having the necessary independence to assess and quickly meet the needs of our clients and in our proven ability to provide an array of cost effective services and value for money in a capped and sustainable budget.

## ***Value for Money/Sustainability/Accountability***

The Clinic provides high value legal services based on the following factors:

- A fixed budget that is closely monitored and enables us to consistently return a surplus to LAO on a yearly basis
- Clinic operating costs are low; as rent and other operating costs are below market norms
- Personnel costs that are below market norms and low cost staff benefits (including health benefits on a co-pay basis and with no defined pension plan) [see attached report from HayGroup: Developing a New Provincial Salary Structure for Community Legal Clinics: March 2016]
- We provide expanded service at no cost through the regular use of volunteers, student placements and articling students and by obtaining outside funding for paid placements
- Legal disbursement costs are minimized through active financial management and by having clients reimburse approximately 30% of total disbursements
- The Clinic operates as an independent non-profit corporation and is accountable through independent audits, regular financial and statistical reporting to LAO and Board governance. The Clinic has also undergone quality reviews and is subject to the *Legal Aid Services Act*
- We are accountable to the community through client assessment and Board governance. In addition, the Clinic provides an extensive yearly funding application to LAO that reports on our statistical, financial and community engagement and that outlines our plans for the upcoming year; planning that is based on consultation with clients, the community, staff and Board

## **High Quality Legal Service/Client Focussed/Efficient**

Clinic independence and our community connections are central to our ability to provide relevant and client focused service. The needs of our clients vary immensely throughout our urban/rural catchment area. We also serve specific marginalized client groups including First Nations and migrant workers. Although we are governed by and follow LAO policy and directives we are able to independently and effectively determine how best to provide service to our clients and community.

- We provide high quality service with high success rates in our litigation files
- We have a staff complement with a mix of expertise that enables us to take on significant litigation challenges. The Clinic has successfully represented clients in all areas of administrative law in Superior and Divisional courts, WSIAT, Federal Court and the Federal Court of Appeal and the Supreme Court of Canada (see Hodge v. Canada at <https://www.canlii.org/en/ca/scc/doc/2004/2004scc65/2004scc65.html> )
- The Clinic has only been able to pursue such appellant litigation by utilizing the mentoring, research and litigation expertise resident in the clinic system. This expertise also enables us to provide high quality and efficient service to clients dealing with day to day legal issues
- We have embraced the provision of unbundled legal services and our service to clients covers the full continuum from referral/problem solving to appellate litigation
- The Clinic system model provides the best of both worlds with respect to client service. We have minimal management and administration with all of our staff providing direct client service.
- We rely on and benefit from centralized system services that include research from the CRO, litigation and systemic expertise from speciality clinics and training and support from the ACLCO
- We provide service to clients in the most efficient manner possible; including through the use of phone, email, text, fax, mail, through our website and in-person
- We meet with clients in the community and manage satellite offices and locations in our catchment area
- We provide duty counsel services at all sittings of the LTB
- The Clinic provides service to any and all persons who contact us, regardless of their financial circumstances. If an issue is outside of the areas of law that we practice we refer to the appropriate legal service (including Legal Aid Ontario and the private bar) When possible, we provide summary and/or unbundled legal service to clients who do not financially qualify for representation
- Clinic staff has received training to assist in responding to our clients; including mental health first aid, cultural sensitivity and conflict management
- We continually innovate in service delivery and clients can access our services through our website (see at: <http://www.bhnlegalclinic.ca/> ) or through the Legal Health Check Up (at <https://www.legalhealthcheckup.ca/en/> ). We also provide upstream proactive assistance through our Agency Consult Service (see at: <http://cfci-fcjc.org/a2jblog/legal-secondary-consultation-lsc-pilot-project-final-report/>).

## ***Integrated/Streamlined/Nimble – Gaps in Service***

In our view the Clinic system model enables us to meet client need in a nimble, streamlined and integrated manner.

However, the provision of legal services generally can be fragmented due to the different actors involved and the complexity of different areas of law.

Our Clinic has recognized this and we have taken steps to assist clients in accessing clinic and other legal services in the community; with a focus on clients being served in a manner that is timely and barrier free.

- We advise the public and agencies to direct clients to our Clinic if they are not sure how to access legal services. On a daily basis we provide expert and if necessary supported referrals to other legal providers, including LAO and the private bar
- We support clients in navigating access to legal services outside our area of practice. For example we assist clients with LAO certificate appeals, family law affidavits and other ancillary matters
- We work with LAO, the private bar and related agencies to ensure that clients are referred to the Clinic for poverty law services
- The clinic system is very effective in providing integrated and centralized legal and other support to ensure we can assist with systemic issues that arise in our community

Examples of this include issues that have arisen in the areas of a) the special diet program, 2) the basic income pilot and 3) programs directed to specific marginalized groups such as residential school survivors

- Our Clinic has protocols in place with other clinics to ensure that clients do not “fall through the cracks” if they are transient, there are legal conflicts or they require service in other areas of the province
- We work collaboratively with agencies and our community to determine and address systemic issues that cause barriers to accessing services; such as a lack of identification
- Our work in the community includes Public Legal Education sessions as well as supporting initiatives that develop legal advocacy skills, such as Speakers School, tenants associations and local peer advocacy groups
- Our Clinic has developed productive and collaborative relationships with service providers such as OW, ODSP and housing providers. These agencies regularly refer clients to our office. We are also often invited by agencies to intervene upstream to assist clients in resolving legal issues before they become urgent

## Modernized and Innovative

Our Clinic has taken concrete steps to pursue innovate and modernized service delivery using our internal resources as well as funding for transformation initiatives through LAO.

We use innovative modes of service delivery and utilize technology effectively.

- Our main office is modern and located in a community hub. Our satellite offices are located in space that is shared with community agencies at nominal cost
- Our website was recently redesigned in collaboration with CLEO. Our website provides centralized access to clear legal information for all areas of law; as well as referral information to legal services
- Clients are able to contact and access our services through the medium most appropriate to their circumstances. If required, we meet clients in their homes
- Our Clinic uses up to date technology effectively; including email, web, skype, teleconferencing and electronic communication with Tribunals
- We utilize CIMS, the new case management software, effectively. For example, we docket staff time and scan documents into the system. We anticipate that when CIMS is fully functional, it will permit us to more effectively manage our work and improve client service
- Our Clinic provides service in a number of innovative and technologically advanced ways that include:
  - i) *Legal Health Check Up* (at <https://www.legalhealthcheckup.ca/en/>): This is an upstream holistic service that assists us in providing legal and other services to clients
  - ii) *Agency Consult Service* (at <http://cfcj-fcjc.org/a2jblog/legal-secondary-consultation-lsc-pilot-project-final-report/>): This service allows agencies to contact the clinic to obtain proactive advice and direction for individual clients
  - iii) *Mobile Justice Employment Law Project* : This project has expanded our Clinics service in the area of employment law in an innovative and cost effective manner
  - iv) *Indigenous Justice Project*: This is a collaborative project with other clinics that provides referral, support and advocacy to indigenous clients.
- In the last two years, we have reviewed and made changes to how we assess, coordinate and provide client service. This review enables us to allocate our resources in the most efficient, effective and client centred manner. As a consequence, clients are provided service that is tailored to their circumstances. For example, clients in crisis are provided immediate assistance, although all clients are provided with timely assistance

## ***Connected and Responsive to Community Legal Needs***

Our Clinic is responsible for providing service in the counties of Brant, Halidmand and Norfolk as well as two First Nations. Our area is a mixture of rural and urban communities and has a significant lack of infrastructure (transportation and internet) and community services. There is a significant population of historically marginalized groups; including Indigenous, migrant workers, and Low German Mennonite that experience barriers to accessing our services.

Our Clinic has successfully developed trusting and collaborative relationships in our communities; with a priority on client groups that have traditionally experienced discrimination in accessing legal services. Our community based work focuses on ensuring knowledge of our services, reducing barriers to accessing our services, building legal knowledge and expertise with clients and agencies and working proactively to prevent legal issues from arising or worsening.

All of our community work is holistic, collaborative and community resource based. Three recent examples of our community initiatives are:

- i) **FNFA Soccer Tournament:** The clinic obtained start-up funding from the federal government in 2018 to organize a soccer tournament in Norfolk to connect with and support migrant workers. The initial event was a great success and was supported by local farms, the municipal government and the local community. The tournament was held again in 2019 and will be an annual event (See at <https://www.delhinewsrecord.com/news/local-news/workers-get-kick-out-of-soccer> and <https://www.simcoereformer.ca/2018/06/29/an-inclusive-soccer-experience/wcm/53208d4a-5089-ada2-135d-83eba97d4ada> )  
The tournament has helped the Clinic connect with the migrant worker community and has resulted in direct and indirect referrals for service. The most interesting referral was from a worker who was treated egregiously by his former employer and who has retained the clinic through the Mobile Justice Employment Law Project.
- ii) **Speakers School:** In response to feedback from a peer support group, the Clinic designed and delivered a speakers school program. The school teaches creative writing and public speaking skills. The program has been adapted and is now being used by other agencies and groups.
- iii) **Lead Program in Frogmore:** The Clinic developed and delivered a program devoted to self-advocacy and self-esteem skills in Frogmore Ontario. The participants were women from the Low German speaking community. The program was a success and has led to the participants connecting more meaningfully with services in the community.

## **CONCLUSION**

The Terms of Reference for the Project sets out a number of specific areas for consideration. Our perspective is that there are a number of areas where our Clinic and the legal aid system can strengthen and improve service in poverty law.

- 1. Increased Use of Technology:** Our clinic and the clinic system as a whole have been leaders in the use of technology with respect to the delivery of legal services. Examples noted above are the Legal Health Check Up and Agency Consultation initiatives. We have also worked closely with CLEO on a website project. There are many other clinic system examples of innovative use of technology; such as the Legal Way App.

Future opportunities include:

- i) Completion and improvement of CIMS. A mature and properly functioning case management system will free up staff resources and provide clinics with the tools to better manage casework and improve planning
- ii) Clients can currently access our Clinic's services through the use of phone, web, in-person and through trusted intermediaries. However, there is the potential to use technology to connect clients to our services (and other poverty law services) more seamlessly

- 2. Offering More Unbundled Legal Services:** Our Clinic has provided unbundled legal services for many years and will continue to do so. The best example of such service is our work as Tenant Duty Counsel; work that is funded and supported by the ACTO specialty clinic. We will continue to provide such services and see it as an important tool to assist as many clients as possible within our capped budget.

- 3. Agile Service Delivery:** The fundamental components\* that enable agile service delivery are consistent with the structure of the clinic system model. Our clinic has reviewed and structured our service to ensure that clients are served in such a manner. There is no question that improvements can be made and we continue to work on technological and training initiatives that will improve our service.

- Agile service delivery in short 1) don't slow down delivery 2) decisions when they're needed, at the right level 3) do it with the right people 4) go see for yourself 5) only do it if it adds value and 6) trust and verify

- 4. More Effective Leveraging of Paralegals:** Paralegals play an important role in the delivery of services in the clinic system. Although our Clinic does not currently employ paralegals our hiring process over the last few years has considered both lawyers and paralegals when hiring legal staff. This is due to the fact that our funding envelope dictated a starting salary for legal positions at or below the starting salary of paralegals. However over the last three hires the most qualified candidates were junior lawyers with clinic law experience.
  
- 5. Centralized Means Testing:** Our Clinic follows the LAO directives with respect to income and asset eligibility in considering access to our services and understand that this meets LAO requirements.
  
- 6. Gravitating to Multi-Disciplinary Hubs/Administrative Savings:** As noted above our main office is located in a community hub and our clients certainly benefit from ready access to services in the hub (the hub includes a food bank, employment services, financial and tax assistance, paralegal services and the local labour council).

Our Clinic is open to and would actively pursue co-location with LAO staff and services as we see this arrangement as a benefit to clinic and LAO staff as well as to our clients

We review our operational spending on an annual basis and we have instituted administrative savings. We are currently in the process of another review. As noted above sharing space with LAO staff would present a clear opportunity for administrative savings.

Our Clinic looks forward to the continuing opportunity to engage in the Project.

***Attachment: HayGroup Report: March, 2016***