

## CALC Supplemental Submission September 13, 2019

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We learned this week that clinics were allowed to make submissions after the September 6 due date. We have two additional issues that we wished to raise:

1. Institutionalizing further “back office” savings for Clinics – a chimera

This issue is being raised again in various places and it should be put to rest. Initiatives to find back office savings were unsuccessful in two regions during the Clinic Transformation initiative. There is good reason for that: the most effective and efficient back office savings initiatives have already been realized as set out below. What remains is not worth pursuing for many clinics, particularly for those that are outside major urban centres and geographically distant from one another.

My self-funded research in 2014 in two Australian states revealed that back office savings there were considered to be – joint training initiatives, EAP programs, research services, and IT, as examples. Shared back office services like bookkeeping or audits were not found to be worthwhile.

We already have, or had, in the case of recently de-funded initiatives, exactly the kind of integrated or coordinated “back office” services that the Australian clinics (in some States) were investigating in 2014 as having the most potential to elicit significant savings:

1. Joint learning and training & province-wide strategy development on clinic law legal issues – by the Association of Community Legal Clinics Ontario (ACLCO) in its administration of Clinic Learning & Training Committee (CTLC) and the Provincial Learning Action Network (PLAN), by the Clinic Resource Office (CRO) on substantive clinic law topics, and by regional initiatives like the East & Central Regional Learning Task Force (DEFUNDED as of now)
2. Information Technology (IT) co-management – already provided by LAO IT, including software purchases, Skype for Business, etc.
3. Knowledge management, sharing and creation by ACLCO through the ground-breaking KnowledgeNOW initiative (DEFUNDED as of March 31, 2020). Note that this innovative initiative, due to lack of funding and IT support has never been able to reach its full potential to increase the efficiency of clinics – and NOT because of a lack of enthusiasm or commitment to the vision for that project. Although a good number of the 100 recommendations made in 2010 following an 18-month action research project (Knowledge Management, Sharing and Creation: Building on our Strengths and Enhancing Access to Justice) have been acted upon, we had a lot more ideas including an intranet that we have never been able to realize. **At risk now** is the future of the knowledge-sharing site (legalclinicresources.ca) for all inter-clinic initiatives including all the communities of practice, regional study groups, provincial issue groups, clinic managers’ promising practices repository, etc. This is a **crisis-in-the-making**, especially combined with the defunding of all clinics’ joint learning and training initiatives.

4. Shared case management software - however , it has not reached its promise [in fact, the opposite as it has increased administrative work] because despite clinics' request that it must include easy-to-use document generation for efficient case management. The program does not support efficient case management - which has created significant inefficiencies. If you would like more details on how document generation could be done properly, please contact us as we had a much more efficient system using ACCESS and WORD integration (that we had shared with many clinics) providing significant back office savings going back at least a decade - this significant time efficiency has now been lost.
5. Joint SunLife benefit & insurance plans (if we want it, many found LAO's plan too expensive so shopped around for better options)
6. Shared RRSP administration
7. Legal research services - the CRO is an example of back office saving on research and library/ knowledge-sharing resources
8. Shared 3P service providers with LAO-negotiated savings - like Bell, Allstream, Hilbourn, Ellis, Grant (the auditors), Lenovo
9. CLEO is an example of back office saving on public legal education production, Steps to Justice integration with clinics' websites, and the provincial website template project.

Frankly, what is left? We seem to have all the largest "back office" functions already covered. What is left to discuss - when we talk about the need for efficiency and back office integration? For example, shared cleaning services are not feasible across geographic distances, and a paltry expense in clinics' budgets.

We've taken back office efficiencies a step further in the East & Central Region (ECR) with joint clinic planning (JCP) for services – this started during the Transformation initiative. This JCP initiative sees us sharing lawyers across clinics for French Language Services, seniors, employment, and precarious work. There are also initiatives to share Consumer Law expertise, and Justice & Health partnerships scaling up to two new Eastern counties through a joint funding application to the Law Foundation of Ontario (LFO), as well as a federally-funded Sexual Harassment in the Workplace Initiative. ECR clinics have developed a strategic plan that we shared with Jayne Mallin, LAO Vice President of Clinic Law Services (and it is described in Northumberland Community Legal Clinic's Modernization Review submission).

A significant efficiency would be realized by a minimum of a three-year LAO funding agreement for clinics as the current system is an inefficient use of clinic resources when repeated annually without significant benefit to either LAO or the clinic. Australian research revealed that in one of the better organized states for legal aid service delivery, Victoria Legal Aid was entering into a five-year agreement with its clinics. They had historically tried three-year agreements but often found they went to five or six years anyway, practically speaking.

The clinic system has wanted to move towards ACLCO as the recognized provider of centralized services for clinics which included knowledge management, and provincial learning and training, a pension plan, but could also include an accreditation program, and other similar “back office” features.

## 2. Issues of accountability and quality assurance

Clinics and their legal staff have multiple accountabilities: to Legal Aid Ontario, to their Boards of Directors and communities, and to the Law Society of Ontario. They are also accountable to other funders. In the current fiscal climate, the incentives for clinics to seek other source funding will only increase the complexity of accountability.

Program-owned evaluation will be the most logical and efficient form of accountability given the variance in and complexity of responsive community-based and client-centred program delivery. This is far more useful than centrally developed performance measures that are not based on a program’s logic model. This is the kind of evaluation that should be encouraged for community-based organizations.

Clinics invented LAO’s first quality assurance program in 1988. The program has changed over the years but the last quality assurance framework developed through a collaboration of clinics and LAO was comprehensive and based on promising practices. What is not clear is what happened to that program. Most clinics would still be adhering to the original quality assurance guidelines because they were integrated into their clinic infrastructure and systems because they were the result of a collaborative process and supported and monitored by the former Quality Assurance Office. The Quality Assurance Program appears to have been replaced with something that is more audit like. A quality assurance system that is focused on communicating standards and promising practices has the most to offer for fostering innovation.

If LAO is unwilling or unsuited to implementing a quality assurance program for clinics, we could look to an accreditation program that could be developed by ACLCO. Australian community legal centres have established their own accreditation program, and there would be much to learn from that, including the development of their own software to monitor compliance.