

Northumberland Community Legal Centre

*(Funded by Legal Aid Ontario)
The Fleming Building, Suite 301
1005 Elgin Street West
Cobourg, Ontario K9A 5J4
Phone (905) 373-4464 Fax (905) 373-4467
1-800-850-7882*

Lois Cromarty, Executive Director
Dawood Nasir, Lawyer
Peter Vance, Community Legal Worker
Sharee Bhaduri, Precarious Employment Outreach Lawyer

Sarah Cooling, Staff Lawyer
Marisa Conlin, Community Legal Worker
Jasmine Singh, Articling Student

August 2019

Submissions on Legal Aid Modernization

Please note that there are four segments to this submission, each addressing the different sets of questions that have been raised by various parties in regards to Legal Aid Modernization.

QUESTIONS FROM THE LAO MODERNIZATION CONSULTATION

How can the legal aid system meet the needs in a holistic way and facilitate a seamless client experience?

The simple answer here is that the legal clinic model does do exactly that. Legal Clinics already meet clients' legal needs in a holistic way in terms of poverty law and in making appropriate referrals to LAO for certificate and other services. Where improvement can be made is on the LAO side of the ledger.

At any point of contact with LAO, from the Client Service Centre, to the Triage officers, to Duty Counsel, etc., from phone calls to mail, clients should be told of the availability of legal clinic services. Clinics have tried to facilitate this, but LAO has not be able to incorporate it. This is discussed further below.

We remain open to the idea of incorporating LAO services into the clinic, even though prior attempts to pilot this have been unsuccessful. We are also hopeful that the "mail room" at LAO could incorporate a short paragraph on the availability of legal clinic services on any piece of correspondence sent out to clients.

How can LAO ensure that clients can more easily find a legal aid service to assist them?

LAO needs to do a better job of promoting the legal clinic system. See the suggestion about pilots above and elsewhere in this document.

LAO needs to do a better job of communicating information about certificate and other LAO services to clinics. LAO needs to include clinics in regional planning and regional training on LAO services.

Technology can assist in helping clients to locate legal aid services, but only if properly supported by funding on an ongoing basis and supported with properly trained staff. For example, LAO granted funding for one year to our clinic to develop a prototype app called The Legal Way. The app would direct users to their closest legal clinic (by geo-location) and was designed with a live-answer service. The app launched but quickly became out of date without further funding to update, maintain and improve the technology. Technology that is out-dated or

that does not work is almost worse than not having the technology at all, as it contributes to referral fatigue and frustration for the client.

What factors are effective indicators of client success?

Client success in the legal process does not always mean that a “win” is required. While monetary gains can be one of the indicators of success, others cannot be measured in terms of money. Some factors that would indicate client success could include:

- Client’s satisfaction with the assistance received;
- Timeliness of response of the service provider;
- Clarity from service provider;
- Completeness of the service/response from service provider;
- Client’s understanding of the service provider’s explanations of legal processes, rights, obligations and limitations;
- The service provided averted future or further problems;
- The service provided lessened of the effects of the presenting legal problem or stabilized the client’s life;
- The client was an informed participant in the process;
- The client was afforded respect and given personalized service from the service provider.

What factors are most essential for an efficient client-focused legal aid system?

From a client-centred view, the essential factors for an efficient legal aid system would include:

- timely – ie. at the initial intake contact point - identification of all legal issues, beyond merely the presenting legal problem;
- immediate access to the legal resources necessary to begin taking action on the legal problems;
- trained staff that know all the available legal aid resources, who can make an immediate warm referral to the appropriate legal aid assistance, if such assistance is not available at that point of contact

From a legal clinic view, essential factors would include (note: this is not an exhaustive list):

- provide security of core funding for a period of three years;
- eliminate CIMS as there are too many flaws in this slow, cumbersome, not-helpful, poorly designed, liability-creating system (eg. cannot search by client name in Case; cannot search by opposing party, etc.)
- provide a proper, well-functioning, off-the-shelf, case management system that is already in use in the legal sector
- less micromanaging by LAO in non-essential areas: (eg. needing to involve the IT department to update the bookkeeping software every six months);
- a communications and planning strategy at LAO that includes legal clinics
- an improved referral system at LAO that identifies legal clinic issues even if not presented as such;
- reduce the bureaucracy at LAO.

Legal clinics such as ours are already operating with little to no administrative staff. We have no office manager or receptionist, but rather have a staff component of only legal staff. We choose

to eliminate one step for the client by having legal staff speak to them directly at first contact. This skews the “cost per assist” but reduces the burden on the client to repeat their story to multiple people and reduces the time to direct service.

How can quality assurance be strengthened within the LAO system (qualifying criteria, governance of panels or clinics, performance management, QA audits, referrals, etc.)?

Do a proper consultation on performance measures for legal clinics. Get rid of CIMS, as this is a major barrier to quality service in the legal clinics given its severe limitations and flaws. Improve the referral process at LAO, as described elsewhere in this submission.

How can the system be built to be responsive to client need and sustainable (including alignment of resource allocation to client need)?

The ACLCO produced a submission to LAO on this point. Regard should be had to that submission.

Consultation should also be done to define “client need”. As is stated below, there are many instances where merely looking at the demographics would not tell the whole story about the depth of poverty in a clinic catchment area. Other factors must be considered, such as rurality, lack of other available support services, transportation deserts, shared service agreements between clinics, client’s inability to access or use technology, etc.

QUESTIONS FROM LAO BOARD/STAFF DURING MODERNIZATION ROUND TABLES, etc.

These were questions raised by LAO during the LAO consultation meetings and conference calls. While not part of the formal set of questions, clearly these issues need to be addressed, as LAO is raising them as issues. However, it would be helpful for LAO to spell out exactly what the perceived problems are with the existing clinic system as far as LAO is concerned so that context could be provided for these expressed issues. A more robust consultation method to the legal clinics is needed.

The value and effectiveness of community clinic Boards

From a risk-reward perspective, having independent organizations deliver the legal services allows LAO to download liability and responsibility. When LAO cuts funding, the community Boards of those independent organizations are the ones who must bear that burden. LAO can download the responsibility of training, benefits administration, Human Resources issues, etc. to the community Boards, while imposing layers of accountability and requirements that those Boards govern in a way that ensures their organization delivers high quality legal services. Looking at it this way, LAO comes out with the better end of the deal.

Aside from the benefits LAO gains from the independence of community-based Boards, the true value of community legal clinic Boards is in their connectedness to the community. The independent community Board brings the expertise and circles of influence of each of the Directors to the governance of the clinic. This expands capacity, increases the ability to problem-solve, allows for strategic planning, creates the opportunity to form community alliances. The Community Boards are accountable to more than just the funder, and the

institutional history of quality and responsiveness within the communities they serve is a legacy that endures.

Clinic Boards have worked together to increase the ability of clinics to provide more service in more areas of practice. The ECR Joint Clinic Planning initiative is one such example. The JCP partners did not have to start from scratch to create such an alliance, given the Board involvement and the Board goal for every clinic of increasing access to justice for low-income people in the region.

The question asks about the “value” of Boards. The answer is really that Boards are invaluable – what price can be put on the hours of volunteerism put in by Board members and on the diversity and strength of their contributions?

Some comments have been made by LAO staff about the “nightmare” of having to deal with 72 individual legal clinics. This seems to be a broad overstatement, compared to the number of individual private bar lawyers taking certificates that LAO must monitor.

Importance of clinics engaging in law reform and other systemic advocacy

It would be difficult to define the precise point where advocacy ends and law reform begins and would serve no useful purpose. For example, when new legislation is introduced, it takes case law to give the legislation meaning and context. Law reform is not the sole province of the specialty clinics. Our clinic ended up with a leading case on the definition of “available” in the context of the determination of assets under the Ontario Works Act when a client who had been denied benefits on that basis came to us for help with her Social Benefits Tribunal appeal. We ultimately had to appeal to Divisional Court to get a successful outcome. That was part of the advocacy required to gain entitlement to benefits for our client, but it was also “law reform” because it changed the system for every other OW recipient. Surely, there should be no proscription on the provision of such legal services to legal clinic clients.

Likewise, systemic advocacy can take many forms, and it would be difficult to define when an activity moves from public legal education and community development to systemic advocacy. These are really all part of the same spectrum. Where do you draw the line? Would informing people of their legal rights, and of upcoming changes in laws and policies that affect them, or helping people to put a voice to their concerns, be prohibited as systemic advocacy? That would mean legal clinics could not hand out pamphlets or send out news bulletins about changes or help a group to meet around developing affordable housing. Such a prohibition would deal a massive blow to access to justice for low-income Ontarians.

Further, the Law Society Rules of Professional Conduct require licensees to take steps to improve the administration of justice, including to challenge the law where required. Legal Aid clients should not expect to receive a lesser service:

5.6-1 A lawyer shall encourage public respect for and try to improve the administration of justice.

[2] The admission to and continuance in the practice of law implies on the part of a lawyer a basic commitment to the concept of equal justice for all within an open, ordered, and impartial system. However, judicial institutions will not function effectively unless they command the respect of the public, and because of changes in human affairs and imperfections in human institutions,

constant efforts must be made to improve the administration of justice and thereby maintain public respect for it.

[4] A lawyer, by training, opportunity, and experience is in a position to observe the workings and discover the strengths and weaknesses of laws, legal institutions, and public authorities. A lawyer should, therefore, lead in seeking improvements in the legal system, but any criticisms and proposals should be bona fide and reasoned.

5.6-2 A lawyer who seeks legislative or administrative changes shall disclose the interest being advanced, whether the lawyer's interest, the client's interest, or the public interest.

[1] The lawyer may advocate legislative or administrative changes on behalf of a client although not personally agreeing with them, but the lawyer who purports to act in the public interest should espouse only those changes that the lawyer conscientiously believes to be in the public interest.

Whether clinics should be more “integrated” into LAO

If “integrated into LAO” means “be taken over by LAO”, the answer must be no, as indicated in the answer about the value of community boards and in the answer about the limits of centralized intake.

If “integrated into LAO” means an improved capacity on LAO’s part to promote independent legal clinics and the valuable work that clinics do, the answer would be yes. However, legal clinics have not been able to get LAO to take any action on this.

The “Holistic” project of the ECR Joint Clinic Planning has not met with any success in integrating legal clinic services with LAO services. This was not due to any lack of commitment or ambition on the part of the legal clinic participants.

Legal clinics make frequent referrals to LAO for services. This occurs when the client presents with an “LAO issue” but also when the legal clinic staff uncover issues in their dealings with the clients on other matters. The reverse does not happen.

Legal Clinic staff have observed the LAO call-centre in action. In each instance, the call-taker did not recognize legal issues that should be referred to a legal clinic, despite the facts that the client was presenting. No referrals were made to clinics unless the caller specifically called about a “legal clinic issue”.

Likewise, legal clinic staff attended and observed client service at two LAO staff offices. Again, there was a failure to recognize issues that should be referred to legal clinics and a failure to make referrals to the clinic. One of our legal clinic staff observed a family law mediation as part of the Holistic project. In the mediation, the payor stated he had stopped paying child support because he had been fired from his job, and had no means to pay as he had been denied Ontario Works as well as Employment Insurance. Those facts clearly warranted a referral to a legal clinic for advice on at least 3 areas of law, but no referral was made. It would have been a simple matter for the LAO staffer to call the local legal clinic and give the payor a few minutes to get some basic advice. No referral was made. That lost opportunity is costly for both the payor and for the support recipient.

Legal clinic staff have tried to integrate LAO services into legal clinic offices without success. For example, NCLC was one of several clinics that made space to have LAO family law staff

lawyers in the clinic. These pilots failed when clinic clients were not able to have direct access to those LAO services, even though they were housed within the clinic walls. At our clinic, our staff and clients were told that the LAO family law lawyer could only be accessed through the Client Service Centre.

As an example, our client came into the legal clinic and we discovered there was a family law issue to be addressed. Instead of being able to speak directly with the LAO family law lawyer sitting in one of the legal clinic offices, the client had to call the CSC and be put through to the family law lawyer by phone. Picture this: the client, standing at the front desk, calling the CSC, looking at the family law lawyer sitting in the office directly in front of her, and having to speak to her on the phone. The ridiculousness of the situation created by the LAO bureaucracy would be laughable if it did not have such a demeaning and demoralizing effect on the client.

Legal clinics have not been invited to participate in the regional planning by LAO, despite asking for inclusion. Legal clinics asked for a pilot to have all LAO documentation (letters, decisions, emails, etc.) contain a “one-liner” that would tell the client about the existence of a legal clinic in their area for other types of legal problems. This too was not approved.

There is a role for LAO to play in working with clinics to promote all the LAO-funded legal services. Clinics cannot do that by themselves.

Is there a role for centralized intake?

Local, community-based legal clinics are in the best position to provide intake. Community legal clinics are on the ground, and aware of local issues. Legal clinics seek out clients, make more in-depth inquiries to uncover other deeper issues on each intake, know about local resources and issues, and can be nimble and proactive in response. When a building housing multiple low-income residential units collapsed, our legal clinic was able to contact the tenants within a very short time to provide in-person legal advice to these displaced residents. This is not something that a centralized intake can provide.

Intake done by community-based legal clinics provides direct service with the first contact. Even assuming that a centralized intake would correctly identify all the presenting legal issues (and this is certainly not a given, as our experience has repeatedly shown), a centralized intake would add another layer of bureaucracy and would require the client to make an additional call to the clinic. This is just the type of “bounce” that was identified as a barrier in the Client-Centred Services document. Additionally, a centralized intake cannot “consider clients who cannot call, go online or travel”, whereas a local legal clinic can do exactly that through a variety of methods in the delivery of legal services.

The type of help low-income legal clinic clients need is NOT something that a call-centre or a do-it-yourself technology can provide. Often legal clinic clients have disabilities, literacy issues, or mental health concerns that make it very difficult to cope with technology. They lack funds to pay for cell phone minutes. They live in rural, remote areas outside of transportation routes. They lack internet access at home and in many cases, lack internet connection in their community. Even if internet access can be had in a public space such as a library, these spaces

lack privacy. Community based legal clinic staff can and do meet clients in their own community in order to overcome these barriers to access to justice.

The legal work done by community legal clinic staff focusses on issues that are most critical to low income clients. All the types of law that most directly impact the life of a low-income person are complex, and more often than not, are interrelated such that a decision in one aspect affects rights in another. Most clients present with one legal problem, but careful questioning by trained legal staff often finds underlying legal problems to be solved that are the cause of, or are significantly contributing to, the presenting problem.

While there is a wealth of legal information available on the internet and in books, legal advice – how the law applies to a client’s particular fact situation - requires the services of legal professionals in legal clinics. This requires in-person, locally available legal assistance to review documents, do in-depth interviews, ask probing questions, and most importantly, to listen to the clients. That is what community legal clinics do.

A centralized intake would do nothing to alleviate the concerns raised by clients in the LAO Client-Centred Services document (as more fully described in the following section as well):

- Long call centre wait times is already a problem for clients. In addition, when our staff observed the CSC as part of the Holistic project, they were informed that some of the performance measures for the CSC intake system is focused on a maximum time per call at each stage of client interaction. Getting callers off the line within a short time frame to meet an arbitrary standard is not helpful in increasing access to justice.
- Some of the “Best Practices Identified to Increase Access” describe what legal clinics already do, and these are not compatible with a centralized intake process:
 - Meet clients where they are;
 - Provide legal services through community based organizations;
 - Travel to different communities to triage legal and non-legal needs, provide advice/brief/representation;
 - Conduct outreach and information to community based organizations;
 - Help clients address multiple legal and non-legal needs.

Should LAO dictate minimum service standards at clinics?

The question must be asked: what would be the point of such a standard? LAO already has the mechanisms of accountability to deal with any clinic that falls below an acceptable-to-LAO level of service.

Given the wide variety of clients, client problems, geography, clinic expertise, types of clinic law, types of clinic activities, etc., setting a minimum service standard that would apply across the whole system would be next to impossible.

Consultation on appropriate performance measures for legal clinics was never completed. Clinics would, we believe, contribute valuable information to such a consultation if one was organized.

What criteria should LAO use to address changing demographics in the context of historical funding?

The ACLCO submissions on this point provide suggestions that LAO could use. It would also be important to have a proper consultation process to discuss this issue, as there are many instances where merely looking at the demographics would not tell the whole story about the depth of poverty in a clinic catchment area. Other factors must be considered, such as rurality, lack of other available support services, transportation deserts, shared service agreements between clinics, client's inability to access or use technology, etc.

QUESTIONS TO ADDRESS LAO SUMMARY OF CLIENT CONCERNS

The vast majority of client concerns outlined in the LAO Summary are not based on concerns about clinics, but rather on LAO services. In fact, a more robust legal clinic system would go a long way to addressing the concerns expressed by clients in this Summary document.

Client identified barriers to accessing Legal Aid services

1. May not know their rights, local resources and availability of legal aid services

Legal Clinic clients provide information about legal rights, and provide referrals to local resources every day. Improvements could be made if LAO publicized the existence of legal clinics in all of their dealings with clients and if every LAO point of entry actively canvassed for legal clinic issues (eg. in the application for certificates; via Duty Counsel services; at the Call Centre; through every LAO staff office, etc.).

2. Consider clients who cannot call, go online or travel

Community Legal Clinics are ideally located to be able to serve clients in these circumstances. Indeed, the rural legal clinics use multiple ways to deliver legal services to such clients.

If LAO was willing, legal clinics could also carry other LAO services with them, in the form of taking applications for legal aid, making a warm referral to LAO services (which would require that an LAO staff be directly available to respond), providing a direct line to LAO advice services in criminal and family law, etc.

3. Will clients be bounced around? (eg. clients who attend clinics for LAO certificates or call LAO call centre for clinic law services are referred elsewhere; Clients who call specialty clinics or a clinic not in their catchment area are referred elsewhere; Clients do not always receive comprehensive up front assessment of their needs (legal and non-legal) and options) – Legal clinics have worked together to lessen referral fatigue in a number of ways. Clinics have created warm referral protocols with other clinics. Some have collaboration agreements with other clinics to expand the scope of available services. Some clinics grouped together to plan to address needs and to share services across clinic boundaries. As mentioned elsewhere, legal clinics do assess for other legal and non-legal needs.

The same cannot be said for LAO services. LAO services could improve by employing the model used by legal clinics.

4. Long call centre wait times – this is not the case with legal clinics. Our legal clinic answers the telephone with a live person 37 hours per week. We give the advice on the spot.

Best Practices Identified to increase access

- 1. Meet clients where they are (Provide legal services through community based organizations; Travel to different communities to triage legal and non-legal needs, provide advice/brief/representation; Conduct outreach and information to community based organizations)** – Legal Clinics already do this on a daily basis. This could be improved if LAO would work with clinics to “carry” other LAO services with them, as noted above.
- 2. Help clients address multiple legal and non-legal needs** - Legal Clinics already do this daily. Some clinics have social workers to help clients navigate and deal with non-legal issues. Some, like ours, are part of a joint agency, where the sister agency provides complementary services to deal with non-legal needs. Our clinic, like many others, looks beyond the presenting legal issue to determine what other problems (legal or otherwise) may be contributing to the client’s circumstances, and actively works to address the compounding factors.

Best practices to ensure high quality

- 1. Provide culturally competent and relevant services** – Legal Clinics respond to their communities with such services already. However, LAO needs to continue to provide training dollars so that legal clinic staff can maintain and upgrade their skills.
- 2. Hear from and work with marginalized communities** - Legal Clinics do this work already. However, if law reform, systemic advocacy and community development work by legal clinics is curtailed or constrained, this will mean that marginalized communities have even less of a voice and less access to justice.

QUESTIONS FROM THE MAG REVIEW

LAO should look to and promote the community legal clinic system as a model that addresses each of the MAG review points:

- 1. Enhanced accountability** – clinics are already the subject of many accountability mechanisms with LAO, via Framework Agreements, MOUs, Funding Agreements, the provision of financial reports, audited statements, service statistic reports, client satisfaction reports, accessibility reports, funding application goals and objectives, and Quality Assurance reviews. In addition, community clinics are accountable to their community and to their clients, and to the Law Society for quality and competency (CPD and EDI training). LAO can and has defunded clinics when there was a failure of that clinic to meet the accountability standards. There is no area of accountability from clinics that is not already addressed.
- 2. Modernized service delivery that is integrated and nimble** – legal clinics are already delivering services that are integrated and nimble. However, efforts by some clinics to further expand the collaborations to include LAO services in a holistic model have not met with success, as described above. Proof of integration and responsiveness within the clinic system is also shown in the example of the ECR JCP project, as described below, where clinics, working together have addressed service gaps. Technology such as The Legal Way that would get clients linked up to their local legal clinic and other LAO services needs ongoing sustained funding, not time-limited project funding.

3. **Addressing gaps in the continuum of services** – the clinic system has many examples of working together to address gaps in services. Before the development of the JCP model described below, many clinics shared services across clinic catchments to eliminate gaps in types of law via collaboration agreements, for example.
4. **Streamlined ‘one system’ approach to service delivery that prioritizes the needs of low-income clients** – the client has one point of entry: their individual community clinics. That home clinic determines and serves the client’s needs in that community. Better support and referrals to and from LAO would assist so that clinic clients could access LAO services through the clinic, as described above.
5. **High-quality legal services and information** – legal clinic staff develop expertise in subject matters and share information via listservs and study groups. Legal clinics organized specialized training that ensured high quality services.
6. **Clear accountabilities and appropriate independence in required areas** – independent legal clinics are still highly accountable to the funder, yet free LAO from the liabilities that come along with corporate governance.
7. **Value for money** – the cost of the legal clinic system is far less than the cost of providing the same service with government/LAO staff. Clinics produce high value results for clients in both monetary and non-monetary terms.

In addition to our comments about the general legal clinic system, our clinic is also the Project Manager of the Eastern and Central Region Joint Clinic Planning initiative. As such, we are providing the following information about JCP, as it shows that the Joint Clinic Planning model can also meet all the requirements set out in the MAG consultation. The ECR JCP is a model whereby Board members and Executive Directors of 12 clinics in the East and Central region are working together to:

- Assess and address other unmet legal needs,
- Plan and act collaboratively to further the goal of improving access to justice for low income residents of Eastern & Central Ontario,
- Apply together for funding from outside sources.

The ECR model is functioning without LAO direct financial support at the moment. However, with a small investment of funds from LAO, JCP could produce more benefits through enhanced joint coordination and planning.

In January 2019, ECR JCP clinics created a Strategic Plan for 2019-2022 with the following goals:

1. *Work across clinic boundaries to provide services and support to other clinics.*
 - a. *Service Delivery:*
 - i. *Repurpose staff regionally*
 - ii. *Share services with close neighbours*
 - iii. *Improve use of technology to improve client services*
 - b. *Outreach to marginalized populations:*
 - i. *Improve legal services to Indigenous communities*
 - ii. *Improve our French Language Services across the ECR*
 - iii. *Investigate the unmet civil legal needs of incarcerated persons*
 - iv. *Continue work to address needs of rural and remote populations*
2. *Apply for new funding possibilities jointly to maximize the reach and benefit of our collaborative work.*
 - a. *Continue the joint clinic planning approach*
 - b. *Develop regional centres of excellence*
 - c. *Pursue joint funding opportunities to support existing, expanded and future ECR initiatives*

- d. *Increase funding support for existing regional direct-client services of on-going Transformation Action Groups in the following areas:*
 - i. *Seniors' law*
 - ii. *Employment law*
 - iii. *Precarious employment outreach*
 - iv. *Mental health*
- 3. *Improve knowledge sharing and communication across the ECR legal clinics.*
 - a. *Develop a process for better planning and communication across ECR clinics*
 - b. *Work proactively with MPPs and constituency staff to increase the profile and understanding of the access to justice work done by clinics*
 - c. *Continue the sharing of consumer law resources*
 - d. *Improve online education law resources for legal clinic caseworkers and parents*
- 4. *Increase our capacity to do interdisciplinary and holistic work.*
 - a. *Increase the number of professional student placements (university law students, articling/LPP, social worker, nursing, paralegal, occupational therapists, etc.)*
 - b. *Engage health partners in poverty law outreach*
 - c. *Increase connection between LAO offices and clinics.*

One can see how these goals would fit within the ambit of the MAG review:

1. **Enhanced accountability** – the JCP model has enhanced accountability, as each clinic is accountable to each other, and to the clients served across catchment areas. In addition, there was also accountability with LAO, via Framework Agreements and MOUs, for the duration of the LAO-funded portion of the project.
2. **Modernized service delivery that is integrated and nimble** – the JCP model provides integrated services, where the client remains with the home clinic but with access to the full range of services provided within the JCP clinics.
3. **Addressing gaps in the continuum of services** – the JCP model delivers services across clinic catchments to eliminate gaps in types of law. Clinics develop an expertise in an area of practice such in employment or seniors law, and then the other clinics' clients get the benefit of having access to that service.
4. **Streamlined 'one system' approach to service delivery that prioritizes the needs of low-income clients** – under the JCP model, the client has one port of entry: their individual community clinics. That home clinic determines the client's needs in the context of their own community and can then call on the resources of the other JCP clinics to complete the service picture.
5. **High-quality legal services and information** – by developing and supporting the expertise in subject matter, JCP clinics ensure high quality legal services.
6. **Clear accountabilities and appropriate independence in required areas** – JCP clinics are accountable to LAO, to each other and to their clients; JCP clinics are independent in addressing their community legal needs but are committed to working together.
7. **Value for money** – the JCP model provides value for money as the LAO investment is maximized in direct client service through the shared service model.

The JCP model highlights the benefits of Boards and staff working together, as it achieves better outcomes for clients by addressing more legal needs without adding a layer of management or bureaucracy. JCP clinics achieve more together than alone, through coordinated planning and sharing of resources across clinic catchment areas to maximize the impact of the funding. **Of utmost importance, the clients get an integrated service as they remain embedded in their**

own communities, attached to their own community legal clinic, with access to quality legal clinic services that may not be available within the home clinic.

Thank you for considering these submissions.

Yours truly,

A handwritten signature in blue ink, appearing to read "Beth Bellaire", with a stylized flourish at the end.

Beth Bellaire,
Chair, Board of Directors
The Help and Legal Centre of Northumberland