



Creating an Environment for Experimentation and Innovation in Community Legal Clinics

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Introduction

Over a period of 10 years, a pattern of innovation has emerged among several community legal clinics in southwestern Ontario, Canada, that is sequential in nature. It is a pattern in which one innovation led to others and, as each successive innovation is merged into the overall delivery model, it has changed the way in which service is organized and provided. This sequence of innovations started with the Legal Health Check-Up (LHC). This project has had a transformative effect on the manner in which the clinics involved meet the legal and justice needs of the public.¹ The ideas that the LHC produced inspired several other projects, all with the broad objectives of creating people-centered and community-focused justice. These ideas were not unique in the broader world of access to justice. Other clinics in the Ontario network of 72 community legal clinics were developing innovative services and continue to do so. However, in the small world of front-line justice in small community clinics, learning largely takes place through experience while fed by ideas filtered in from the access to justice literature and the experiences of others. Although this process of innovation is occurring² in one place and time and therefore may reflect some unique features, it is a story that illustrates what can happen more generally if experimentation and innovation is nurtured in community legal clinics. The perspective of this paper is not on innovation as one good project. It describes a situation in which a momentum for experimentation and innovation took hold, an organizational culture of innovation in which projects influence subsequent projects and, more broadly, create different ways of assisting clients. A sequential process, perhaps even causal in nature, is important because the way in which it has played out in this situation has extended the reach of legal aid and engaged the community as the resource that is needed to expand access to justice.³

In this example, a Legal Health Check-Up (LHC) project⁴ began the sequential effect in several community legal clinics in southwestern Ontario. The thread marking this evolving culture of innovation winds through several specific projects beginning with the initial LHC, a Poverty Law Navigation project,⁵ Legal Secondary Consultation (LSC),⁶ Newcomers PLE Conversations,⁷ and two Mobile Rural Law Van projects, the first a summer mobile rural law van⁸ and the second mobile summer van and winter venues that extended over three years.⁹

Each of the projects taken individually has expanded access to justice. Importantly, however, the projects have built upon one another creating a body of practice built on outreach by learning about unmet need at the micro level through community contact, through people-centered practice or holistic practice and by systematically collecting informative data. One thing leads to another in a way that creates its own momentum to improve access to justice.

¹ Ab Currie and Brandon D. Stewart, *The Unintended Benefits of Innovation*, Canadian Forum on Civil Justice, York University, Toronto, 2020.

² The most recent project in the multiplier effect chain is still ongoing as an externally funded project while at the same time being integrated into the overall delivery model.

³ Ab Currie, *The Communities Being Served are the Resources That Are Needed; Innovations in Community-Based Justice in Ontario: An Anthology of Canadian Research*, Canadian Forum on Civil Justice, York University, Toronto, 2022.

⁴ Ab Currie, *Extending the Reach of Legal Aid, Report on the Pilot Phase of the Legal Health Check-Up Project*, Canadian Forum on Civil Justice, York University, Toronto, 2014; Ab Currie and Brandon D. Stewart, *The Unintended Benefits of Innovation: The Legal Health Check-Up Revisited*, Canadian Forum on Civil Justice, York University, Toronto, 2020.

⁵ Funding Agreement (not publicly available).

⁶ Ab Currie, *Legal Secondary Consultation: How Legal Aid Can Support Communities and Expand Access to Justice*, Canadian Forum on Civil Justice, York University, Toronto, 2018.

⁷ Brandon D. Stewart, *Building Trusted Relationships Through Interactive PLE Conversations, A Report on the Newcomer Conversations Learning Canadian Law Project*, Halton Community Legal Services, 2021

⁸ Ab Currie, *Someone Out There Helping: Final Report of the WellCoMs Mobile Van Project*, Canadian Forum on Civil Justice, York University, Toronto, 2020.

⁹ Ab Currie, *From Serving the Needs of the Few to Serving the Needs of the Many: How the Rural Mobile Law Van is Extending the Reach of Legal Aid in Wellington County and North Halton*, Canadian Forum on Civil Justice, York University, Toronto, 2023; Ab Currie, *Strengths and Opportunities for Sustainability: The Mobile Rural Law Van and Winter Venues in North Halton and Wellington County*, Canadian Forum on Civil Justice, York University, Toronto, 2023; Ab Currie, *You Have to Find The First and That's a People-Centered Process: Learning about People-Centered Justice Through the Rural Mobile Law Van*, Canadian Forum on Civil Justice, York University, Toronto, 2023.

The Legal Health Check-Up

The LHC was the first in the sequence of innovative projects that seeded the ones that followed, initiating the multiplier effect that created a body of linked innovative projects. It was first developed in 2013 as a pilot project by Halton Community Legal Services (HCLS). In the pilot phase, HCLS developed partnerships with seven community organizations that provided aid of various kinds to different groups within the community. These included a service organization made up of individuals with lived experience of poverty, an employment services organization, a multicultural services organization, a community medical practice, a multi-service agency assisting disadvantaged people and two churches. HCLS had a previous tradition of developing partnerships with these and other community organizations to identify people with unmet legal and related needs in a series of bilateral relationships. This clinical experience combined with the findings from the accumulating body of legal needs research inspired by Hazel Genn's Paths to Justice provided the framework for how outreach could be done more systematically. The project developed a legal health check-up questionnaire modeled after the manner in which legal needs survey questions were constructed, asking people whether they were experiencing everyday problems with legal aspects and with possible legal remedies but without reference to anything legal. Professional and volunteer service providers in the intermediary organizations administered the check-up questionnaire to the people with whom they routinely came into contact in the course of assisting them. The LHC questionnaires allowed people to indicate if they wanted to be contacted by the community legal clinic. Using the check-up questionnaire, trusted intermediaries were able to carry out the basic gateway roles of problem spotting and making good referrals without having extensive legal capability on their own. The approach reflected the underlying propositions in the legal needs literature that although legal problems are ubiquitous people often do not recognize the legal aspects of problems they are experiencing, do not know where to find help or if anything can be done.

An important part of the process following a referral to the clinic was a holistic intake and first interview with a legal worker based on the multiple problems identified in the LHC questionnaire. Adding to that, the individual was encouraged to tell their story in their own words. The holistic conversation could explore problems beyond those identified in the LHC questionnaire, based on the information provided by the client. The partnership between the clinic and the organization referring the individual through the legal health check-up process allowed for approaches to resolving problems that might not otherwise have been possible. In one example, an individual presented at the community health team with symptoms that were caused by mold in an apartment. This was a medical problem, for which only the symptoms rather than the root cause could be resolved by medical treatments. Legal action provided the approach to a resolution, with the community legal clinic taking legal action against the landlord to clean up the mold. In another case, an individual referred through the LHC process by a church was facing immediate eviction. Non-payment of rent was part of a broader cluster of problems. In this case, the church used a reserve fund maintained for such emergencies to forestall eviction plus provide emergency food while the legal clinic obtained longer term housing stability through the landlord-tenant dispute resolution process.

A regional roll-out of the LHC was begun in 2015 involving 12 community legal clinics.¹⁰ During the six-month period of this project, following the same approach as the HCLS pilot, the 12 clinics developed partnerships with 125 intermediary organizations and received LHC referrals from 1700 individuals. In addition to the 1700 people who submitted LHC questionnaires with the assistance of intermediaries, 237 LHC questionnaires were not from partner organizations. This suggested that the LHC was also becoming broadly recognized within the community as a valuable pathway to legal help.

Four of the clinics involved in the original pilot at HCLS and the regional roll-out currently receive LHC questionnaires almost a decade after and the HCLS pilot and larger regional roll-out. These clinics continue to provide information about the LHC to the public on the clinic web sites and by communications at public legal education (PLE) and other public information events. These clinics receive relatively small numbers of LHC questionnaires requesting a contact from the clinic. However, in these clinics the LHC has become an ongoing part of the overall service delivery model. The initial LHC pilot and the regional roll-out involved intensive supportive relationships to the intermediary organizations by the community legal clinics. This intensity has not continued with the four clinics, accounting for the number of requests

¹⁰ Ab Currie, *Engaging the Power of Community to Expand Legal Services to Low Income Ontarians*, Legal Aid Ontario/ Canadian Forum on Civil Justice, Toronto, 2017.

for service through the LHC reported above. In the regional roll-out project some of the 125 intermediary partner organizations indicated that the LHC process did not fit well with their existing intact and client service process. In some cases, organizations referred their clients without completing on-line or paper LHC forms. In post-project interviews, intermediary organizations generally felt that the LHC was a good concept that could help them better serve their clients.

Ten years after the initial LHC projects, the legal health check-up remains an ongoing part of the delivery models of four of the clinics that were involved in the pilot studies. The HCLS received 29 check-up forms requesting contact from the clinic in 2022. This number is up from 12 in 2019. The Legal Clinic of Guelph and Wellington County (LCGWC) received 18 check-up questionnaires requesting assistance in 2022, an increase from five in 2019. The Legal Clinic of Brantford, Haldimand Norfolk and Neighbourhood Legal Services of London and Middlesex both received five LHC forms requesting service in 2022. The initial pilot project and the subsequent regional roll-out involving 12 community legal clinics demonstrated the potential of the LHC to produce large numbers of requests for service. The LHC could be developed to produce more requests for contact, in partnership with community organizations or using social media. However, without additional funding that would allow the clinics to absorb the increased volume, clinics have exercised caution not to create an overwhelming situation that would disappoint people seeking assistance through this form of outreach.

The LHC process developed a form of outreach, a way to identify unmet need at the small area level with practical and potentially immediate pathways to resolutions, a holistic approach to meeting needs, a people-centered and community-focused approach and a system of data collection that still exists. With a research component included from the beginning, the project brought together the lessons learned from the broader access to justice literature and the practical application in a small-scale service delivery environment.

One community clinic, the Hamilton Community Legal Clinic (HCLC), discontinued involvement in the regional roll-out in favour of an alternative project better suited to a large urban area.¹¹ HCLC developed on-site outreach with eight community organizations. This was considered to be a better approach to outreach in the big city Hamilton context and in view of the existing community services. Importantly, HCLC is one of the largest community legal clinics in Ontario and had the resources to provide regular on-site outreach by a lawyer and a community worker to community organizations. This successful alternative to the LHC in Hamilton is a good illustration that the size and resources available to the clinic and the character of the community being served are unique features that determine what is possible, feasible, and most effective.

From the perspective of HCLS, the LHC achieved better outreach. It provided the potential to achieve early intervention, was the foundation for building a holistic and integrated service, and provided an approach to identifying and addressing individuals experiencing multiple undiscovered problems. To echo a previous comment, even at the time the original project was carried out, these ideas were not new to access to justice. The LHC project was a blend of ideas coming from the access to justice literature and from clinical experience. However, the resulting mix was embraced by HCLS and became foundational to the way service was provided.¹² In a presentation titled “Whole Lawyer, Whole Client”,¹³ Sym and Reinhardt elaborated on the lessons learned by the LHC project. Experiencing legal problems is a human process and dealing with them should also reflect the realities of emotional and personal difficulties. There is widespread suspicion of lawyers among disadvantaged people. This attitude about lawyers derives from images of lawyers in popular culture; expensive, dealing with complex matters in the courts primarily in criminal law. People are not accustomed to open-ended holistic service. This stems from negative experiences with social services bureaucracies, lawyers being perceived as part of that larger elite world that has failed to understand their needs and mistreated them. Legal aid at HCLS is becoming woven into the fabric of the community. People may not remember what you told them, but they will remember how they were treated. Outreach to community organizations is evolving into partnerships between the Halton clinic and community groups based on the recognition of an identity of interests.

¹¹ Hamilton Outreach Project: Meeting People Where They’re At, Hamilton Community Legal Clinic, 2018.

¹² Colleen Sym and Giulia Reinhardt, *The Legal Health Check-Up, Where We Started, What’s Next and Where We Go From Here*, reprinted in Ab Currie, *Op. Cit.*, footnote 4, pp. 160-164

¹³ Reprinted as Appendix One to this paper because it is not otherwise available.

Poverty Law Navigation

A year after the LHC pilot, the lessons learned from the check-up project were applied in a new initiative to develop a response to a service delivery problem facing many community clinics. The project focused on clients being provided legal representation at Ontario Disability Support Program (ODSP) appeals. This was often referred to as the “ODSP trap” because assistance with the large volume of ODSP appeals was a legal process that was absorbing a large proportion of clinic resources, limiting their ability to focus on the multiple problems and more complex needs of ODSP clients, and on the broader needs of the community in other problem areas. The project, carried out jointly by four community legal clinics: Halton Community Legal Services, the Legal Clinic of Guelph and Wellington County, Hamilton Community Legal Clinic, and the Legal Clinic of Brant, Haldimand and Norfolk, was intended to develop a collaborative approach to addressing these issues, building on the existing LHC tool. ODSP clients were understood to be highly disadvantaged, experiencing multiple problems and, because of the disabilities involved, also experiencing chronic and complex issues. The model contemplated the utilization of navigators who might work with clients identified through the check-up tool, as well as other initiatives and strategies.¹⁴ As the poverty law navigation project developed, the discussions moved away from a singular focus on ODSP clients to a broader focus on people experiencing multiple problems and interdependent clusters of poverty law and related problems, and on trauma-informed service. The focus on large numbers of ODSP cases draining resources away from other areas of poverty law service remained, while the related problem of serving the needs of the broader disadvantaged public became a second area of emphasis. The dual focus that was always in the background did not lead to a way to deal with ODSP clients. Nonetheless, the project was the first important step by a group of community legal clinics in asking about how the lessons of the legal health check-up could be applied to specific problem areas, shaping a coherent approach to their respective service delivery models.

Legal Secondary Consultation

It became apparent during the LHC project that there were many helping organizations in the community that were assisting clients and members of their various constituencies on an ongoing basis. The idea grew out of the LHC that these organizations could become partners who might carry out more than the gateway roles of problem spotting and referrals. The underlying assumption was that the problems with which these helping organizations were assisting clients may have legal aspects. The service providers in these organizations could be assisted by the legal clinics to deal with the problems experienced by their own clients or constituents. An important contribution to the development of this project, illustrating the importance of connecting with the broader literature, was the experience of a medical-legal partnership in Australia. In that project, it was observed that doctors would often come down the hallway to informally ask the lawyer attached to the project about legal issues in which medical practise and social issues overlapped.¹⁵ In this context the consultations occurred within the confines of one organization. Based on the experience with the LHC, the question emerged: why not go outside the walls of one clinic to a structure in which the clinic carries out secondary consultations with service providers of many types in different external organizations across the whole community.

As stated in the LSC project proposal, “the LHC was an effective tool for identifying unmet need through a process of proactive engagement with intermediaries. Developing secondary supports extends that capacity... expanding intermediary capacity beyond the gateway roles and providing holistic and integrated services.” The pilot phase of the Legal Secondary Consultation project was carried out for a six-month period in 2016 by three community legal clinics, Halton Community Legal Services, the Legal Clinic of Guelph and Wellington County and the Legal Clinic of Brant, Haldimand and Norfolk.¹⁶ Through PLE presentations, other community information presentations and by means of online and paper communication, the clinics communicated the idea to community organizations that the problems with which they were trying to assist their own clients may have legal aspects. The clinics could help organizations

¹⁴ Summarized from the Funding Agreement (not publicly available).

¹⁵ L. Curran, “The underrated value of lawyers advising professional non-lawyers in reaching hard to reach clients and building professional capacity – secondary legal consultations”, paper for the National Conference of Community Legal Centres, Pullman on the Park, Melbourne, August 2015.; L. Curran, “Lawyer Secondary Consultations: improving access to justice: reaching clients otherwise excluded through professional support in a multidisciplinary practise”, *Journal of Social Exclusion* 8(1), 2017, pp.64-71.

¹⁶ Op. cit. footnote 4.

better assist their own clients by providing advice about any legal aspects present. The clinics offered consultations with service providers who, in the course of assisting their own clients thought the problem might have legal aspects. Requests for consultations were made by phone or e-mail; as did the subsequent consultations. People remained clients of the helping organization although, occasionally, individuals requiring direct legal service became clients of the community legal clinic. In a few situations, people being assisted by community organizations became clients of the clinic when the legal complexity of the matter warranted. Lawyers at the legal clinics monitored and assessed the capability of service providers in community service agencies and voluntary associations and would take measures to assure that the interests and rights of individuals were protected.

This approach reflects the same propositions and assumptions drawn from the access to justice literature that had informed the framework for LHC. The problems experienced by the public were ubiquitous. The problems people experience may have legal and non-legal aspects bound together in their lived experience. People may be experiencing multiple problems, inextricably tied together, with both legal and non-legal aspects complicating the problem clusters. Problems may have legal aspects but may not require legal action to resolve them. The professional and experienced volunteer service providers may have far greater knowledge about an individual's circumstances than a lawyer at the clinic and, therefore, effective holistic and integrated service could be achieved through this sort of collaborative problem-solving partnership. The LSC project drew on the recognition developed in the LHC projects that the community being served is, in itself, an important resource for expanding access to justice. The LSC project drew upon an important resource in the community, a social organization of helping made up of many social service agencies and voluntary associations already assisting people.

Following the project phase of the LSC project with the three clinics, LSC has continued to be an ongoing part of the delivery models of the three clinics. In calendar year 2022 HCLS received 182 requests for secondary consultations from community organizations. LCGWC received 179 requests during the same period.

The Newcomers Conversations Project

Between 2019 and 2021, HCLS carried out a Newcomers Conversations project, providing interactive PLE sessions to refugees and recent immigrants to Canada.¹⁷ The initial project objectives were to identify the legal needs of newcomers to Canada, to determine if the newcomer conversations could improve their settlement outcomes, and to identify best practices for providing PLE to Newcomers. PLE sessions were held in 6 areas of legal need: workers' rights, tenants' rights, wills and powers of attorney, human rights, family law and public benefits. The PLE sessions were organized in partnership with 9 community organizations assisting newcomers with settlement in Canada. Sessions were structured according to adult education principles and practices. Each session was led by a lawyer, assisted by a translator. Over the course of the project, 144 in-person and virtual conversations were held with a total of 2063 individuals.

The everyday legal problems approach was the organizing framework for the holistic PLE conversations. There was no explicit mention of legal problems. The sessions were attempts to be highly person-centered. After a general introduction to the topics, participants were encouraged to speak about their own problems or issues. Sources of help in the community were identified during the interactive PLE sessions. At the end of each session, participants were invited to contact the clinic if they would like further assistance with any problems they were experiencing.

It was not surprising that newcomers had very strong relationships of trust with the settlement specialists in the nine partner organizations. Consequently, the intermediary organizations proved to be critical in establishing pathways to help with legal and justice problems. Settlement specialists frequently took the initiative, making referrals for newcomers. About 80% of referrals made by the specialists in the newcomer assistance organizations were to the HCLS. However, they also made referrals to a variety of sources of assistance for the remaining 20% of referrals. This aspect of the project emphasized the importance of strong relationships between the community legal clinic and trusted intermediaries. A strong relationship between intermediaries and clinics should include an ongoing dialogue that will help trusted intermediaries better carry out the gateway roles of problem spotting and making good referrals that were the goals of the LHC. As with the LSC, trusted intermediaries knew far more about their own clients than would have been possible

¹⁷ Op. cit. footnote 5.

for the legal workers at the clinic.

The Rural Mobile Law Van and Fixed Location Winter Venues

The summer Law Van project began in 2019 with a six-month pilot project visiting 12 communities in rural Wellington County from May to October.¹⁸ After a one-year hiatus, this was followed by a three-year project, involving regular visits by the van to seven communities during the summer between May and October and service from indoor locations at the premises of community organizations in the same communities from November to April. The 2019 project was developed by the Legal Clinic of Guelph and Wellington County. The ongoing three-year project from 2021 to 2024 involved two community legal clinics, Guelph and Halton Community Legal Services, providing services in North Halton as well as adjacent Wellington County.¹⁹

The objective of both the original Law Van project and the three-year project was to better serve the needs of people in rural Wellington County, then extended to the North Halton region. Clinic intake data had shown that the population of the rural area outside Guelph had long been underserved. The project proposal for the first pilot study stated the solution was “a mobile legal service that meets people ‘where they live’ in rural communities.” This proposal builds on the lessons learned in our early adoption of the Legal Health Check-Up Project as well as the Secondary Consultation Project (in partnership with the Halton Clinic and the Brant Haldimand Norfolk Clinic).²⁰ Similarly, from the funding proposal for the three-year project, this is a pilot project to test an innovative idea for access to justice.

The summer law van provided assistance in regular weekly or semi-weekly stops in high visibility locations in the rural communities. In both the 2019 and 2021-2024 projects, the summer van has set up in parking lots, sometimes connected with community services. A small marquee tent is erected beside the van and a sign offering “free legal help” is placed at the side of the street close to where the van is located. The schedule is published in community Facebook pages, on other social media such as Twitter and Instagram. Posters are placed in places where people go in the course of their daily activities: grocery stores, gas bars, coffee shops and so on. In the winter, the service is provided on the premises of various community organizations such as libraries, churches, and other community service organizations. In the summer, simply passing by the location was initially the main way in which people learned about the van. Social media became relatively more important over time. In the winter, passing by is negligible as a way people learn about the service. Social media remains important. More recently, people coming to the winter locations have indicated that learning about the van from community organizations has become more frequent.

Interim results have been reported elsewhere.²¹ During the six months in the summer of 2019, 454 people came to the van requesting assistance. During the three-year project, 503 people requested help in the summer of 2021, 523 in the six-month period of summer 2022 and 486 in the summer of 2023.²² In the winter during the six months from November to April 2021-22, 162 people requested assistance. This number increased substantially to 308 in the winter of 2022-23. The number of people assisted in the final winter season, 2023-2024, was an estimated 309 individuals. The project is serving people who may not likely have been otherwise assisted. A strong majority of people say they have had no

¹⁸ Op. cit. footnote 6.

¹⁹ Op. cit. footnote 7.

²⁰ Funding proposal (not publicly available).

²¹ Op. cit. footnote 7; Justice for All, SLAW, October 2, 2019; Discovering the Power of Social Media in the Guelph WellCoMs Mobile Legal Services Project, SLAW, November 29, 2019; Building Pathways to Justice in Rural Wellington County, SLAW, Feb 5, 2020; But Now a Lawyer Comes to Them – The North Halton and Wellington County Rural Mobile Law Van and Winter Indoor Venues, SLAW, March 31, 2022; Community-Based Justice, Does finding help in your community when you are experiencing troubles produce a sense of well-being and security? Do feelings of wellbeing and security matter as outcomes? SLAW, May 26, 2022; Making Justice Available to Everyone, The Rural Mobile Law Van in North Halton and Wellington County, Ontario, SLAW, October 4, 2022; From Serving the Needs of the Few to Serving the Needs of the Many: How the Rural Mobile Law Van is Extending the Reach of Legal Aid in Wellington County and North Halton, Ontario, SLAW, February 14, 2023; Sustainability, It’s Not Just About Money: reflections on sustainability from the rural mobile law van, SLAW, June 1, 2023; From Need to Vulnerability, SLAW, October 24, 2023 (with Maddy Smith); The WellCoMs Mobile Van Project: Building Paths to Justice in Rural Wellington County, CFCJ Newsletter, Fall 2019.

²² In 2023 the summer Law Van ended the schedules three weeks earlier than in the two previous years because of unusually cold weather. In the summer of 2021 69 people visited the van during the last three weeks. In summer 2022 the van was visited by 50 people requesting assistance. Using these numbers as a rough way to estimate the number of people assisted in 2023 if the Law Van had completed a full schedule, the number of people assisted would have exceeded the two previous years.

previous contact with the community legal clinic, among people coming to the summer vans 88% in 2019, 90% in 2021, 84% in 2022 and 55.6% in the summer of 2023. The percentage of people saying they had no previous contact with the legal clinics has declined over time from 68% in the winter of 2021-22, to 57% in winter 2022-23 and to 50% in winter 2023-2024. A decline is to be expected as the summer and winter venues continue to operate and familiarity with them increases in the communities. The summer law van and the winter counterparts make referrals to the clinics and the clinics sometimes refer people to the van or the winter location.

The project is highly people-centered. This observation is supported by the way in which the summer van maximizes accessibility. People are provided the opportunity to obtain assistance in their own communities and in a way that allows them to choose the time. However, the rapidly increasing number of people coming to the winter locations indicates that a similar accessibility advantage may be emerging for the winter venues as well. The service provided at both the summer and winter locations is holistic in nature. The project does not collect data on the time taken for individual service sessions. However, case notes indicate that holistic conversations are the norm when people come in for help. As described by the rural community worker at the van, “People come in thinking that they have a straightforward question and with the expectation of a quick answer. Discussions often last between 25 and 45 minutes.”

In addition to the quantitative data collected at access points, the project also gathers qualitative data in the form of spontaneous, unsolicited comments and case notes. The following comment and case note illustrate the holistic and people-centered nature of the service.

Comment by a person assisted at a winter 2023-2024 venue:

I didn't know who else to talk to. I was able to get answers and insight. Without you it wouldn't have happened.

From a case note, winter 2023 – 2024:

A mother and daughter appeared at one of the 2023-2024 winter venues. They learned about the service from a post on Facebook. The daughter had multiple problems, a long-term disability matter, an employment matter, and questions about Aboriginal Status applications. The mother had questions about wills, powers of attorney and, generally, wanted to better understand what happens when a loved one passes away. They received several referrals. In addition, an arrangement was made for the daughter to be contacted by the employment lawyer from the clinic. She was also directed to the Indigenous justice coordinator at Legal Aid Ontario. At the end of the session one of the two people said: “Do you know how much you've helped us? We've only been here a short amount of time.”

People bring a variety of problems to the summer and winter law van. As one would expect, about 75% of problems consist of six major problem types: family, wills and estates, landlord-tenant issues, social assistance, and criminal matters. However, during each summer and winter season, about 25% of all problems comprise approximately 20 problem types covering a wide range of issues. These include elder abuse, credit repair, consumer, bankruptcy, property law, neighbour problems, identity theft and criminal matters. This indicates that people are not constrained by a perceived menu of services or by perceptual barriers such as uncertainty about whether anything can be done about their problem.

The Summer Law Van and Winter Venues – 2024 and Forward

The funded law van projects have ended. The Guelph and Halton clinics are integrating the summer law van and winter venues into the delivery model, as has been done with the LHC and LSC. The data collected at service or access points is being revised. An electronic follow-up survey is being put in place. In general, questions that relate to why many people do not request service from the regular community legal clinics and the extent to which the outreach services are achieving early intervention are being examined. The continued research illustrates the culture of innovation and experimentation that exists in the two clinics, an organizational culture and commitment to improving access to justice services that began more than ten years ago with the legal health check-up.

Growing a Delivery Model through the Sequential and Multiplier²³ Effect of Innovation

In an article titled *The Legal Health Check-Up Project: What We Started, Where We Went and What's Next*,²⁴ written following the original pilot project and the subsequent regional rollout of the LHC, Sym and Reinhardt identified how the LHC had influenced developments in service delivery at HCLS. These were primarily achieving greater outreach, identifying people with multiple undiscovered problems, contributing to the building of an integrated and holistic service and attempting to achieve early intervention. At about the same time, in a presentation titled *Whole Lawyer, Whole Client*,²⁵ Sym and Reinhardt expressed more of what had been learned from the LHC and how it had affected the delivery approach at the Halton clinic. Presaging what is currently referred to as people-centredness, the LHC was important in developing the view that experiencing legal problems is a human process and dealing with them should also reflect the realities of the related emotional and personal difficulties. Service delivery has overcome a degree of suspicion of lawyers. It has to acknowledge that people are often not accustomed to holistic service either from lawyers or from the social service agencies that control important aspects of their lives. Training, mentoring and otherwise resourcing intermediaries is a worthwhile investment in service expansion. An overall goal is that legal aid should be woven into the fabric of the community. How people are treated is important as well as resolving their problems. In one of this writer's many discussions with the legal professionals involved in the projects described in this paper, I wrote in my notes: "People may not remember what you told them, but they will remember how they were treated." (anon.)

In a follow-up assessment of the LHC in three of the clinics that had adopted it, the Executive Director of the Brant clinic described the pre-LHC character of the clinic as a publicly funded law firm, not much different from any private law firm. The majority of the clinic's work involved representation at landlord/tenant and employment tribunals, using legal means to resolve problems that had clear legal solutions. The experience with the LHC has changed "the way lawyers at the clinic approach their work, how the clinic relates to clients and to the community...You can draw a straight line between the LHC and these changes."²⁶

These insights into service delivery gained through the LHC were written 10 years ago. They were not unique, in the progressive access to justice discourse extant at the time. There were other service providers in the Ontario community legal clinic system and elsewhere who were adopting similar insights from different sources. The important point here is that they were broad insights, not specific project objectives achieved, that changed service delivery at that particular clinic that were derived from a pilot project. That is the desirable impact of innovation.

The LHC was the basis for subsequent projects. An initiative to adopt the lessons learned from the LHC called the Poverty Law Network was the first. This was followed by the legal secondary consultation project, by the Newcomers project, and by the project currently underway, the rural mobile Law Van. Good research not only answers questions but raises new ones. Good innovation has that same quality. In this particular situation, a small group of community legal clinics expanded the reach of legal aid, changed the way they engaged with the community, the way they provide service and changed the structure of the clinic delivery model by adopting the innovations on an ongoing basis. Of course, the ideas such as outreach and holistic service were not new. They had been adopted by other Ontario community legal clinics²⁷ and by legal aid service providers elsewhere throughout the world. It is one illustration of what

²³ Choosing a term for something newly observed can present difficulty, especially when the term that makes the most sense is one that is familiar in another area. In economics, a 'multiplier effect' refers to the proportional amount of increase, or decrease, in final income that results from an injection or withdrawal, of capital. However, in more general terms, 'multiply' implies an increase by natural generation or by repetition of a process. The pattern of innovation examined in this paper is a cumulative process in which subsequent projects are built on the lessons learned from previous ones. It is not repetitive, but rather, cumulative, each project being unique although building on ideas or features from previous ones. Second the process is one in which the whole that is continuously being created by that cumulative process is greater than the sum of its parts, thus having the quality of a multiplier.

²⁴ Op. Cit, Footnote 13.

²⁵ Reproduced in an appendix to this article since it is not available elsewhere.

²⁶ Ab Currie and Brandon D Stewart, *The Unintended Benefits of Innovation, The Legal Health Check-up Revisited*, Canadian Forum on Civil Justice, 2020, p. 8.

²⁷ Hamilton Outreach Project.

has been called process innovation by Justice Connect, “improving the way we work.”²⁸ It had the effect of “fostering a culture that encourages experimentation and innovation, using user-centered service design.”²⁹ The ten-year experience represents a joined-up justice approach that strengthened the capacity of community organizations to be partners in access to justice. The process had a multiplier effect, not only in the sense that one project led to another but that the whole that was produced, the new approach to service delivery to those clinics in that time and place was greater than the sum of its parts. The return on investment of the LHC has been evident.

Replication of a project elsewhere or scaling up to a larger system are often the objectives of innovation. Although the LHC or any of the projects that followed on from it could be replicated or scaled up, the outcome of this sequence was delivery model building through a multiplier effect that produced other projects and became part of the delivery model and altered the delivery model in a more fundamental way.

However, community legal clinics are often teetering on the edge of being overwhelmed, squeezed between the enormity of unmet need and inadequate resources. It is remarkable that they find the time to innovate, let alone to adopt good ideas when the special funding ends. It flies in the face of their genuine commitment to access to justice that funders and donor organizations fund innovation of the sort described here, then walk away, leaving the clinics to pick up what they can at former levels of resourcing and carry on.

Legal aid is notoriously budget-driven rather than needs-driven. Even in this environment, innovation has been a constant feature of legal aid. All too often, however, innovation has been driven by the pressure to do more with less or, at least, with not enough. These are the original sins of publicly funded access to justice for disadvantaged people.³⁰

Funding organizations support innovative projects with the expectation that they might expand access to justice by being replicated elsewhere or by being scaled up to a whole system. A third way to approach the expansion of ways to address unmet need is encouraging multiplier innovation. This is not an alternative to replication or scaling up. Replication is a desirable goal. Going to scale makes sense when a pilot project is seen as a promising approach for a whole system. However, it might make sense for donor organizations to also focus on funding projects in a way that encourages the organizational culture and momentum that leads to multiplier innovation. Nothing works in exactly the same way from one place and time to another. However, jump-starting a multiplier effect and letting it take a direction and sequence of projects building on its own inventiveness, momentum and success is of value for meeting the needs of the broader community.

Collaboration among several clinics in innovation is advantageous. They can bring different ideas to the table. All participants benefit from the experiences of different community clinics and the different ideas they bring to the table.

²⁸ Justiceconnect.org.au

²⁹ Joiningupjustice.org.au

³⁰ David Luban, *The Right to Legal Services* in A.A. Paterson and T. Goriely, (eds.), Oxford University Press, 1996 writes “Access to equal legal services would, however, take more money than our society than our society can be expected to provide to the poor since it often seems barely willing to tolerate their existence at all...” p. 39.