

Crossing Boundaries:

Exploring Multi-Disciplinary Models for Legal Problem Resolution

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Introduction



Introduction

Legal problems rarely occur in a vacuum. They are often borne from other, non-legal problems or else give rise to non-legal problems and adverse circumstances. Legal research and scholarship has long recognized the broader non-legal contexts of legal problems as important for understanding legal problem experiences and individual approaches to problem resolution. In fact, decades of empirical research into the prevalence of civil legal problems has been conceptualized on the notion that, to understand the extent of legal problems in society, **it is important to consider these problems as the people experiencing them might view them**—through their varied financial, family, employment, health, social, and other contexts.¹ This body of research also confirms that a majority of the legal problems that people experience relate to everyday legal problems, so called because of their beginnings in mundane or ‘everyday’ circumstances in life. They account for some 36 million separate legal problem experiences among the Canadian public in any three-year period and, to address these problems, people do several things, or sometimes nothing at all.² The approach that people take initially or in later stages of the problem depends on their

understanding of the nature and seriousness of the problem and their resources. That is, how people view a problem will shape how they try to resolve it. These concepts—of everyday legal problems, problem resolution as connected to legal awareness, and placing the citizen at the centre of legal needs research and approaches—are foundational to an increasing number of programs and services that facilitate legal problem resolution in ways that are people-centred and multi-disciplinary. As more expansive notions of meaningful and durable paths to access justice have taken hold, there have been considerable shifts in the legal landscape to accommodate approaches that contemplate the legal and non-legal aspects of legal problems, diverse entry points into the legal system, community-based approaches to providing resolutions, and holistic service delivery. These approaches will be the focus of this paper.

That legal problems can be complex, multidimensional, and mixed with other non-legal problems and adverse circumstances is not a new concept. Legal scholars and researchers have examined the interplay between legal problems and related non-legal problems in various contexts.³ Further, there are examples in Canada, Australia, the U.S. and other countries of multi-disciplinary models for addressing legal problems that

seek to identify, triage and resolve legal problems with a balance of resources from the legal sector and from other sectors. From medical-legal partnerships and legal-health check-ups to models that integrate social workers and family services professionals into the legal services framework, there are several approaches that promote multi-disciplinary legal problem resolution. These programs have a **shared objective** – to introduce non-legal resources and actors into the access to justice landscape in order to support holistic legal problem resolution.

“[H]ow people view a problem will shape how they try to resolve it.”

“Multi-disciplinary approaches that support holistic legal problem resolution have grown in popularity...”

Multi-disciplinary approaches that support holistic legal problem resolution have grown in popularity in recent years. Much of this growth may be attributable to applied learnings from people-centred research on experiences of everyday legal problems and access to justice that underscore the value of these models for early dispute resolution. Accordingly, some of these models rely on intermediaries working within or outside of the legal sector to direct the public to sources of legal and non-legal assistance, even before people identify their problems as justiciable. Other models focus on colocated services delivery or a ‘one-stop shop’ for a range of legal and non-legal interventions. Of particular importance to this discussion is that, across this landscape of service delivery models, research suggests that people are being reached who may otherwise have gone without much-needed assistance; people are connecting with legal support services earlier than through more traditional pathways; and, in addressing the

multivariate causes of serious problems, these efforts are **providing durable solutions** that have the potential to resolve existing problems and improve people’s lives.

There are other reasons that understanding the benefits and challenges of multi-disciplinary models for legal problem resolution is both important and timely. The global access to justice crisis is worsening. Global efforts call for action on access to justice that supports a “people-centred approach to justice...that works in collaboration with other sectors such as health, education, housing and employment”.⁴ Because of alarms being sounded by the United Nations – through Sustainable Development Goal (SDG) 16.3⁵— and other international and national bodies, there is a **greater sense of urgency** surrounding the need to apply tools that reflect a more expansive understanding of civil justice problem experiences to improve this crisis. With much of the global legal community working towards the same deadline to achieve “equal access to justice for all”, there may a greater overall appetite for research, investment, and discourse on what is working and what is not working to facilitate meaningful access to justice, including the promise and durability of multi-disciplinary approaches.

“If complex legal problems are viewed solely through the lens of the law only their legal aspects will be addressed, potentially leaving unchanged the very conditions responsible for the problem.”

As more consideration is given to the impacts of different types of interventions in people’s lives,⁶ and the promise of dispute resolution models that are participatory and connect with people at the community level,⁷ the non-legal circumstances of legal problems may become an even larger part of the conversation on access to justice solutions. To get there may require a broader understanding that, to the extent that complex legal problems are viewed solely through the lens of the law only their legal aspects will be addressed, potentially leaving unchanged the very conditions responsible for the problem. Multi-disciplinary approaches to legal problem resolution that contemplate both the legal and non-legal dimensions of problems are a necessary part of the access to justice conversation. This paper takes the view that understanding the potential for multi-disciplinary models to address drivers of the access to justice problem is an important step towards more **people-centred, interdisciplinary access to justice** research

and greater investment in approaches that address the diverse legal and non-legal aspects of problems.

In order to understand the **benefits, challenges and costs** of multi-disciplinary models, this paper will progress as follows. Following the Introduction, there will be an examination of the meaning of two central concepts of this paper: “access to justice” and “multi-disciplinary problem resolution”. From there, the discussion will focus on different models for multi-disciplinary legal problem resolution. These sections will explore the benefits and challenges of specific models before shifting to a closer examination of costs to implement these services and savings to clients of these models. The balance of this paper will look at results of a brief survey that was carried out with a view to gathering Canadian perspectives and insights on multi-disciplinary models for legal problem resolution, followed by concluding notes on the value of multi-disciplinary models for advancing meaningful access to justice. A closer look at the data, including cross tabulations and other analysis is included in the Appendix.

Where possible, the literature reviewed for this paper includes references to research findings on multi-disciplinary models from Canadian programs and studies. There are, however, much more robust research insights on multi-disciplinary models available from U.S. scholarship, and literature from other jurisdictions. Where the topic being considered includes findings that are broadly applicable, and limited or no Canadian scholarship has been found, the discussion is exemplified through case studies and insights from outside of Canada.

The access to justice problem



The access to justice problem

Every year, millions of adults in Canada face legal problems that they consider to be serious and difficult to resolve. For most people, these problems will be non-criminal problems that are costly, time-consuming and stressful. Research on this class of legal problems identifies 16 commonly experienced civil legal problem types that generally fall into the following categories: Consumer, Debt, Employment, Problems with Neighbours, Discrimination, Wills & Incapacity, Medical Treatment, Housing, Personal Injury, Treatment by Police, Disability Assistance, Threats of Legal Action, Social Assistance, Immigration, Family Law Problems related to a relationship breakdown, and Other types of family law problems.⁸

“[L]egal problems are often diagnosed by individuals as other types of issues... A tenant with a roof in need of repair may opt to ‘get a ladder not a lawyer’.”

It is estimated that at some point in adulthood, every Canadian will experience **at least one** of these legal problems. This

almost universal experience of serious civil and family law problems can be further complicated in several ways. **Legal problem experiences are distinct from other problems that people regularly experience** in that people may not immediately recognize the legal aspects of the problem or understand the potential for a legal remedy. Whereas someone experiencing persistent pain might identify the issue as health-related and seek medical assistance, or car trouble might cause someone to consider visiting an auto-mechanic, legal problems are often diagnosed by individuals as other types of issues.⁹ As one researcher explains, a tenant with a roof in need of repair may opt to “get a ladder not a lawyer”.¹⁰ **As these problems persist without resolution, they can become more serious** and the likely costs of their resolution through the formal legal system or through other methods of dispute resolution will increase. Further, legal problems often form clusters. One legal problem might lead to one or more other problems. For example, a consumer problem may lead to a debt problem and threats of legal action by a collection agency. Employment problems have been found to be closely related to harassment, family law problems, matters related to powers of attorney, and debt problems.¹¹ There are many potential variations of legal problem clusters.

Like many social problems, the face of this experience of multiple, ‘stubborn’ legal problems is disproportionately **low-income, racialized and marginalized**. This is an important note in any discussion on access to justice. The challenges that define the crisis in access to justice are being borne by society’s most vulnerable. This detail also has implications for how and where many models for multi-disciplinary problem resolution develop, including their connections to legal aid services and community-based legal clinics, and their integration into other service delivery models that serve low-income and vulnerable populations.

“The challenges that define the crisis in access to justice are being borne by society’s most vulnerable.”

“[People] want to be empowered, treated fairly, and not burdened by cost, time and other obstacles while pursuing a just outcome to their legal problem(s).”

“[A]n increasing number of [court cases] involve self-represented parties since the cost of legal representation is out of reach for many low- and moderate-income earners”

In addition to the prevalence of civil justice problems and experiences of multiple, overlapping problems — oftentimes by society’s most disadvantaged populations— present-day understandings of access to justice also contemplate the challenges that people face to resolve their legal problems through diverse pathways. The **COVID-19 pandemic** has been especially instructive in the extent to which the legal system relies on inefficient, costly, and antiquated processes that foment delay, complications, and confusion. Resolving a legal problem through the formal legal system is often a lengthy process that is difficult to navigate without the assistance of a legal professional. While only about 7% of civil justice problems are resolved through the courts, an increasing number of these problems involve **self-represented parties** since the cost of legal representation is out of reach for many low- and moderate-income earners. Outside of the courts, people commonly consult private lawyers and various legal services organizations, or they seek to resolve their problems without

professional legal help.¹² Remarkably, amidst these varied approaches employed to address legal problems, Canadians report spending on average almost as much as their annual budget for food to resolve their legal problem(s).¹³

Together, these foregoing issues create barriers to timely, affordable and accessible legal problem resolution. When asked about the meaning of ‘access justice’, these themes are top of mind for Canadians, along with the importance of ‘fairness’, ‘equality’ and access to a ‘good life’.¹⁴ Collectively, these concepts are foundational to the idea of “meaningful” access to civil justice. They present a people-centred measure of the objectives and outcomes that are perceived as **offering value** through a potential remedy, positive impact, or social or other change in the lives of people with legal problems. People do not generally want to resolve their legal problems through a court of law but they do want to be empowered, treated fairly, and not burdened by cost, time and other obstacles while pursuing a just outcome to their legal problem(s). The potential for multi-disciplinary justice models to address many of these underlying issues and specific concerns makes them an important part of the conversation on ways to effectuate a more equal, accessible, and effective justice landscape.

What is multi-disciplinary legal problem resolution?



What is multi-disciplinary legal problem resolution?

“Together with legal professionals, these professionals will be part of a network seeking to provide a holistic solution to an individual’s multi-faceted problem.”

Multi-disciplinary models for problem resolution seek to engage legal professionals and non-professionals, and professionals and resources from outside of the legal sector to identify and resolve legal and non-legal aspects of problems. In many models, students enrolled in professional degree programs work with a professional in their discipline to manage cases and offer support. The resolution process might begin with legal assistance or, as is often the case, medical professionals, social workers, community workers, family services professionals or others, might be the **gateway for assistance** with multi-dimensional problem resolution. Together with legal professionals, these professionals will be part of a network seeking to provide a holistic solution to an individual’s multi-faceted problem. The specific type and combination of legal and non-legal problems that can be addressed through a multi-disciplinary service will depend on the specific service model, though **medical-legal partnerships** that consider the social determinants of health and the potential for legal remedies are among the most established models for multi-disciplinary problem resolution in jurisdictions outside of Canada (see further Section IV). Lawyers working in a multi-disciplinary team are also often able to help with various types of legal problems. One study of a multi-disciplinary

legal-health clinic model in Hamilton, Ontario notes for example that legal assistance was available to patients experiencing housing, employment, social assistance, and human rights issues.¹⁵ Importantly, those working to resolve the different aspects of a problem in a multi-disciplinary model play a distinct part in these efforts. They contribute **specific knowledge and skills** to the problem resolution process relative to their own professional expertise and experience. This differs from models wherein team member’s roles mix or overlap as they work together towards a particular solution.¹⁶ Further, individuals contributing their professional expertise to resolving one or more aspects of a complex problem will continue to observe the professional and ethical boundaries of their profession. As discussed in Section IV b, these boundaries can present challenges to collaboration for various multi-disciplinary approaches.

“Lawyers working in a multi-disciplinary team are also often able to help with various types of legal problems.”

Within each approach for multi-disciplinary problem resolution, consideration will generally be given to the specific expertise that professionals will contribute, the limits of assistance that will be available, the types of information that can and will be shared among professionals, how clients might be referred to other professionals within the network, professional boundaries, communication within the network, among other considerations. As multi-disciplinary approaches have gained traction in recent years, an increasing number of models have sought to offer services in a **shared physical location**. In these models, a work space in the same location as other members of the team might be used for a few hours each week or more consistently to meet clients and work more closely with others on the team. This central location with spaces for legal and non-legal professionals might be a legal clinic, medical centre, family services centre or other office or centre. There are several benefits to collocated models for problem resolution, of which the ability for clients to readily connect with different professionals working on their file or who might potentially assist with a cluster of problems is key. This generally translates to cost and time savings for clients. Collocated models also have benefits for those working in various ways to address the needs of clients, including the convenience of exchanging information

or updates in person, and increased synergies among team members working towards a shared goal of addressing clients' multi-dimensional problems. Other models might involve greater physical separation between professionals in different disciplines. For models centred on outreach for example, professionals might connect with clients in various locations in their community or elsewhere. Some assistance might be provided at the point of contact with referrals provided to other professionals, or clients might be directed to resources that target specific aspects of their problem. There may be other approaches still that offer assistance to individuals facing clusters of problems that provide assistance at different professional services locations. There might be practical limitations or other challenges that impede service delivery through a collocated model and instead, clients might connect with much-needed assistance for the legal and non-legal aspects of their problems in different places and at different times.

“Collocated models also have benefits for those working in various ways to address the needs of clients, including the convenience of exchanging information or updates in person, and increased synergies among team members.”

“[P]rofessionals working in a multi-disciplinary team... apply their expertise to address the aspect of the client's problem that falls within the ambit of their professional training and knowledge.”

The multi-disciplinary approach referenced throughout this paper differs from an interdisciplinary approach in that professionals working in a **multi-disciplinary** team remain **bound by their profession's rules and codes of conduct**.¹⁷ They work independent of professionals from other disciplines in the network to apply their expertise to address the aspect of the client's problem that falls within the ambit of their professional training and knowledge. The definition of an **interdisciplinary** team that this paper applies is based on a more **integrated** model for problem resolution wherein a professional whose expertise lies outside of Law, for example, might join a law office and, in so doing, they will be bound by certain rules of conduct of the legal profession. They will apply their professional knowledge to address client matters as part of the suite of problem resolution tools applied to the client's matter, while also observing rules around confidentiality in the legal profession, for example, and maintaining their ethical

obligations.¹⁸ The tensions that might arise from conflicting professional obligations among individuals in a multi-disciplinary team might be addressed through specific work policies that explicitly discuss concerns. Further, professionals will often make clear to clients the types of information that they are obligated to disclose as part of their professional duties as well as other information that will remain confidential. Clients may be invited to waive their confidentiality related to some matters being addressed by a multi-disciplinary team.¹⁹ This distinction between understandings of multi-disciplinary and interdisciplinary approaches is noted here as a preface to discussions in later sections which identify challenges to collaborative models based in this difference between approaches.

A clear plan for communication is integral to the effective operation of any multi-disciplinary model. One study on multi-disciplinary paths to problem resolution advances the importance of a “spirit of generosity and support” that serves to remind members of a multi-disciplinary team that they are all working towards a shared goal of resolving a client’s problems. As another important note, this study also suggests that communication among individuals from different professions should not include

highly specialized terminology and should seek to be **comprehensible** by those in the multi-disciplinary team outside of that individual’s profession.²⁰

For multi-disciplinary models, communications strategies are often built into the way that information about clients is collected, stored and assessed. One approach that appears in several models relies on client surveys to capture information. In some medical-legal partnerships, for example, patient surveys are used by physicians to identify specific social determinants of health and, once the information is collected, physicians share relevant information with their legal professional counterpart while also maintaining the confidentiality of the patient’s broader medical history. Similar approaches to problem identification, information gathering, and information exchange are present in multi-disciplinary models that work at the community level to identify and connect individuals to legal and other local supports through legal health check-ups or other types of intake forms. Generally, **ethics and privacy considerations** make it unlikely that comprehensive client or patient files will be shared among service providers within a multi-disciplinary network. Further, as one study on medical-legal partnerships notes, even when more extensive information

on social determinants of health factors is available in patient files, the information “may not be interoperable with other information systems or their use may be viewed by patients as controversial or stigmatizing.”²¹

“A clear plan for communication is integral to the effective operation of any multi-disciplinary model.”

Types of multi- disciplinary approaches



A. Medical-Legal Partnerships

Social determinants of health are a distinct category of social and economic factors that impact people's health. They are circumstances related to where people are born, live, and work and that are frequently denoted by income level, housing, education level, and employment.²² For BIPOC as well as members of the LGBTIQ community,²³ social determinants of health also extend to persistent incidents of discrimination and racism and experiences based in historical trauma.²⁴ To the extent that these factors contribute to or expand health disparities among demographic groups, they ensure that disadvantaged populations lead lives that are less healthy by comparison. Since the 1970s, Canadian scholarship has recognized these factors as important considerations in understanding and addressing health disparities. In other jurisdictions, the medical-legal partnership movement is even older, with programs targeting interconnected health, social, and justice needs dating back to the 1960s.²⁵ This juncture of research and practice that examines health problems as social and legal problems is the foundation of the medical-legal partnership model for multi-disciplinary problem resolution.²⁶

**TABLE I:
Examples of Medical-Legal Partnerships in Canada**

Health Providers Against Poverty

2005

Ontario, Nova Scotia, and Newfoundland and Labrador

Partners: Various: network of hundreds of providers working in provincial chapters in Ontario, Nova Scotia, and Newfoundland and Labrador.

<https://healthprovidersagainstopoverty.ca/>

Pro Bono Law Ontario's Medical-Legal Partnership for Children

2009

Ontario

Partners: Children's Hospital at London's Health Sciences Centre, the Children's Hospital of Eastern Ontario, Holland Bloorview Kids Rehabilitation Hospital, the Hospital for Sick Children, Pro Bono Law Ontario (5 partners).

Health Justice Initiative – St. Michael's Hospital Legal Services Project

2014

Ontario

Partners: ARCH, St. Michael's Hospital Academic Family Health Team, St. Michael's Hospital, Aboriginal Legal Services Toronto, HIV & Aids Clinic of Ontario (HALCO), and Neighbourhood Legal Services.

<https://unityhealth.to/health-justice-program/>

Community Advocacy & Legal Centre Justice Health Partnership (CALC JHP)

2016

Ontario

Training is being provided to healthcare professionals to identify legal issues and make referrals for legal assistance.

<https://communitylegalcentre.ca/jhp/>

Legal Health Clinic

2016

Ontario

Partners: Family Health Team (FHT) - McMaster Family Practice, Hamilton Community Legal Clinic (HCLC), and Legal Aid Ontario (LAO)

<https://mcmasterfamilypractice.ca/mcmaster-family-practice/programs-services/social-services-helping-you-find-your-way/>

Montréal Children's Hospital and Justice Pro Bono Medical-Legal Partnership

2017

Québec

Partners: Montréal Children's Hospital, Justice Pro Bono

<https://www.thechildren.com/patients-families/hospital-services/legal-services>

Peterborough Community Legal Centre (PCLC) Justice & Health Partnership

2019

Ontario

Partners: Various local healthcare providers including: nurse practitioner led clinics, and family health teams

<https://www.ptbo-clc.org/jhp/>

“Inequalities in society beget inequalities in health.”

A majority of medical-legal partnerships are based in healthcare settings.²⁷ In these models, medical health professionals incorporate screenings for social and legal need into the service delivery model, and lawyers—many of whom are public interest attorneys—offer support for the legal dimensions of these problems.²⁸ What this might look like in practice is, a medical professional who recognizes the social and legal underpinnings of a patient’s health problem might direct the patient to a triage lawyer working in the same healthcare facility; the lawyer then begins the process to better understand the legal aspects of the matter. This simple practice has a range of benefits, particularly for patients who may be unaware of the legal context of their problem or might otherwise be apprehensive about contacting a legal professional or legal aid service provider for assistance, even if referred.²⁹

Research on medical-legal partnerships suggests that a **majority of social and legal needs addressed** through these models relate to just a few problem categories. As

one Canadian paper explains, “social needs contributing to poor health often overlap with specific legal needs, particularly relating to income security, insurance, housing, employment and legal status.”³⁰ There is a similar pattern in jurisdictions outside of Canada, with social and legal needs addressed through these models related predominantly to housing matters (with eviction matters featuring prominently), loss of employment, and family matters. Other framings suggest that medical-legal partnerships have emerged as a successful model for multi-disciplinary problem resolution because of their focus more generally on people’s **lived experiences**—not just their experiences as a patient or a client. This expansive approach to understanding and addressing people’s needs might also explain the connection of some medical-legal partnerships in the U.S. and elsewhere to advocacy efforts and social programs aimed at advancing **preventative policies**.³¹

“A medical professional who recognizes the social and legal underpinnings of a patient’s health problem might direct the patient to a triage lawyer working in the same healthcare facility.”

Perhaps more so than other models for multi-disciplinary problem resolution discussed in this paper, medical-legal partnerships are supported by an extensive body of **empirical evidence**, much of which confirms that “inequalities in society beget inequalities in health”.³² Further, there are academic programs that offer pathways for research and scholarship on the connections between health and social factors. Social Epidemiology programs, for example, offer a pedagogical framework to explore social determinants that contribute to adverse health outcomes and disease over time.³³

Addressing one facet of a complex problem involving physical health problems, legal problems and social or economic problems may offer some relief in the short term but, as outlined in earlier sections, unresolved problems in law, health, and other areas tend to worsen and lead to other types of problems. The benefits of medical-legal partnerships in integrating mechanisms for problem identification, referral, and problem resolution across multiple disciplines are—in many ways— an ideal for holistic service delivery in support of meaningful access to justice. These benefits are explored further in later sections.

A.1. A Note about Community Health Centres

“The services offered by a community health centre might include: primary healthcare; family services, such as parenting education and domestic violence treatment and prevention; programs and initiatives with anti-racist and diversity directives; housing services; and, other counseling and educational services and programs.”

In some jurisdictions, “community health centre” refers to a category of health service provider with a mandate to address medical issues, and related social issues impacting the health of patients. For many of the community health centres located in Ontario and elsewhere,³⁴ understandings of the social determinants of health inform a multi-disciplinary, health and social services oriented approach to problem resolution at the local level. The services offered by a community health centre might include: primary healthcare; family services, such as parenting education and domestic violence treatment and prevention; programs and initiatives with anti-racist and diversity directives; housing services; and, other counseling and educational services and programs. These services are usually targeted towards **vulnerable, marginalized and otherwise underserved populations** who face inequities in the extent and quality of healthcare and social services that are accessible. Not all community health centres have a legal services arm but some do. Those centres typically provide support for legal matters through partnerships with legal aid

service providers, in-house staff lawyers, or other alliances.³⁵ Notwithstanding the likely importance of these services to the populations they serve, the expansion and broader acceptance of community health centres has faced challenges, particularly within the medical field and, in spite of the promise they show to reach people experiencing complex problems with interrelated health, social and legal impacts.

B. Social Work and Legal Services

Within the continuum of multi-disciplinary service models that might be available to people experiencing legal problems, social work-legal services programs provide another example of an approach grounded in present-day understandings of meaningful access to justice and holistic problem resolution. There are several reasons that partnerships between legal service providers and social workers might seem judicious, or even obvious. Social adversity—understood here to mean persistent experiences with debt, housing problems, and/or unemployment—is a prominent feature in the lives of approximately **5.7 million adults** in Canada.³⁶ Canadians experiencing ongoing problems in these areas are also more likely to face one or more serious everyday legal problems, though not necessarily in corresponding legal problem categories.³⁷ The associations between challenging social problems and experiences with serious civil or family justice problems might justifiably be best addressed by a team of professionals with the combined expertise to handle the diverse legal aspects of these problems and their varied social contexts. Social workers are trained to consider an individual's

environment, the social systems at play, and broader connections to society as a whole as factors creating micro- and macro-level challenges in people's lives.³⁸ For matters that might benefit from a combination of legal tools and social work tools, this multi-service model has the potential to advance solutions with **immediate and longer term impacts**.

Consider as an example a case study involving a low-income tenant with ongoing housing problems. The tenant has sought assistance in the past for housing matters through one type of problem resolution pathway but has had a series of legal and related non-legal problems that have worsened as well as new problems that have developed. A joint social work-legal service team accepts the tenant's case. In this multi-disciplinary model, both professionals work independently, maintaining their respective professional legal and ethics boundaries, and connect with their professional counterpart to alert them to issues for consideration in their area of expertise and for pertinent case updates. The lawyer helps to prevent the tenant's eviction, negotiate the payment of past-due rent, ensure that the tenant keeps their low-income housing assistance voucher, and helps the tenant to secure permission to move. The social

TABLE II:
Examples of Legal Clinics with Social Work Services in Canada

Downtown Legal Services

2013

Ontario

Program: Supervised social work students work in a legal clinic

<http://downtownlegalservices.ca/social-work-support/>

Scarborough Community Legal Services (SCLS), West Scarborough Community Legal Services (WSCLS)

2020

Ontario

Program: Pilot project: Scarborough Community Legal Services

<https://www.scarboroughcommunitylegal.ca/news/2020-11/scls-pilots-student-social-work-services-program>

Legal Assistance of Windsor

Ontario

Program: Supervised social work students and law students working in a legal clinic

<https://www.uwindsor.ca/law/1193/clinics>

ARCH Disability Law Centre

Ontario

Program: Internships and placements for social work students and law students

<https://archdisabilitylaw.ca/get-involved/student-programs/>

worker cultivates a relationship of trust with the tenant, which helps to assuage concerns about the legal process and the tenant's housing problems, and also manages the relationship between the landlord and the tenant. The involvement of a skilled social worker in serious eviction cases such as this one has been found to lead to "excellent outcomes both inside and outside the courtroom".³⁹ As relates to this case study, the social worker was also able to provide the tenant with information about their responsibilities as a tenant, help the tenant to build skills as a tenant, help the tenant to develop the tools to deal with disputes that might arise in the future, and support the tenant in other ways. The tenant's multiple problems in this case were resolved over time and the tenant eventually moved to a new home. Interestingly, the team working on the case noted that, for every one exchange with the lawyer, there might have been up to three interactions with the social worker. In addition, the social worker-lawyer team working to assist the tenant noted their initial skepticism of the tenant's claims of harassment by the landlord, suspecting instead that there might be other issues with the tenant. As the case progressed, the team discovered the truth in the tenant's claims, and that engaging with the tenant to address his non-legal housing concerns, even after his legal problems had

been resolved, would be in the best interest of the tenant. All things considered, this multi-disciplinary approach allowed for several of the tenant's legal problems to be resolved; related non-legal housing matters to be addressed; and for the tenant to be equipped with the tools to potentially avoid or quash equally serious housing problems in the future. As the report on this case also highlights, this model offers benefits for overcoming notions of the "difficult" client or a misplaced distrust of client narratives that may seem exaggerated.⁴⁰

"This model offers benefits for overcoming notions of the "difficult" client or a misplaced distrust of client narratives that may seem exaggerated."

B.1. Lawyers as Social Workers

"Access to both a social worker and lawyer can be effective at informing well-considered and varied approaches for problem resolution, and for facilitating more durable solutions."

The case study discussed in this section is based on a social worker-lawyer multi-service model in which both professionals work independently to assist clients. Clients seek assistance from the lawyer or social worker and, in so doing, they might be referred to the other professional for assistance with those aspects of the problem relevant to that individual's area of expertise. Importantly, both professionals continue to observe the professional rules of conduct and ethics of their respective field. For multi-disciplinary models that seek more precisely to integrate social work and legal services, social workers might be employed as part of a legal team and would be required to follow professional rules that apply to lawyers, though in some family law matters and other cases where there is suspected harm, the reporting obligations of each provider's profession will likely apply.⁴¹ In this integrated, interdisciplinary model, the services that the social worker

provides might be considered part of a suite of services offered by the legal service provider rather than an independent service. Research suggests that in some jurisdictions there have been **increased shifts** to this more integrated approach, with indications that this model's popularity is part of the broader acceptance and use of restorative justice in the legal system.⁴²

“This model’s popularity is part of the broader acceptance and use of restorative justice in the legal system.”

In yet other cases, lawyers may also be trained social workers. Various universities in Canada, the U.S., and other jurisdictions offer dual degree programs in social work and law;⁴³ and, of course, studies in these fields can also be pursued independently. Separately, there are aspects of both disciplines which may feature regularly in interactions with clients. Social workers, for example, might work with clients in difficult personal situations whose legal rights are being infringed on, or for whom a legal remedy is one among several important solutions for a range of interrelated problems. Lawyers —particularly in areas of public interest or poverty law— often interact with clients in crisis situations or who may be living in situations of social or economic adversity.

Having the skills to navigate and assess the diverse legal and non-legal dimensions of complex matters while also being sensitive to the particular challenges that a client or group of clients may be facing can be tremendously helpful to the client, and the service provider.

For many of the reasons discussed in this section, access to both a social worker and lawyer can be effective at informing well-considered and varied approaches for problem resolution, and for facilitating more durable solutions. In particular for racialized and marginalized populations and other vulnerable groups, access to legal and social work problem-solving tools can be invaluable.⁴⁴ For professionals equipped with training in both disciplines, there are also a range of benefits for clients. For example, where race may play a more limited role in lawyers’ thinking about legal matters that are not expressly concerned with questions of race, social workers are generally more alert to **race and diversity issues** and “consistently recognize this dynamic in their work, in terms of actual racism (intended or not), institutional racism, and its historical significance.”⁴⁵ To that end, a dually trained lawyer-social worker may have a more expansive understanding of the challenges that a client is facing and, further, they will have the skills to guide the client through practicable solutions that

consider specific race-related factors, as well as other legal and non-legal aspects of the client’s problems. Lawyers who are social workers will also have developed additional skills related to interacting with clients; identifying the possible **psychological dimensions** involved in working with a client; identifying issues related to religious diversity, age discrimination and other types of biases; and, understanding the connections of other environmental, social, family, economic, and personal factors to the client’s problems. Further, there are academic research benefits associated with a background in Social Work and Law, including for social justice and applications of social science in legal research.⁴⁶ In addition, for a practicing lawyer-social worker, questions related to task differentiation, collocated service delivery, maintaining client confidentiality, and communicating details about a client’s matter to other service providers are largely absent where they might be important considerations in a multi-service model employing both social workers and lawyers.⁴⁷

“A dually trained lawyer-social worker may have a more expansive understanding of the challenges that a client is facing.”

Importantly, there are also challenges that the lawyer-social worker must overcome. There are **tensions that exist** in who the services being provided might extend to —on the part of the social worker, this could more readily include an individual client, the individual’s family, couples, or other groups; whereas for the lawyer, the person seeking assistance will usually be understood to be the lawyer’s client and the sole person to whom lawyer-client confidentiality and advice might extend. There are also differences in professional conduct and ethics obligations, and the potential for questions to arise related to which professional guidance should take precedence in a given situation, and what are the possible consequences of choosing one professional responsibility over another.

B.2. Specific Challenges of Social Work-Legal Service Models

“Social workers have frequently observed that they are not treated with the same level of respect as their counterparts in the legal field.”

There is another noteworthy point of tension between social workers and lawyers in multi-disciplinary service delivery settings. Social workers have frequently observed that they are not treated with the **same level of respect** as their counterparts in the legal field. Reports on pilot projects involving social worker-lawyer teams as well as examinations of more established models outline experiences of social workers being treated more like “assistants” than as professionals.⁴⁸ Other accounts by social workers suggest that their contributions in the multi-service model were not regarded as equally valuable as those of lawyers. In some cases, this dynamic has been justified as a tendency for lawyers to assume that they can “do it all themselves”⁴⁹; in other cases, negative experiences have been identified as the result of **an absence of role differentiation and a lack of clear communication within teams**. Similar tensions have been observed among social work students and law students working jointly in multi-disciplinary settings.⁵⁰ In one account,

a social worker surmised that, where there are supervisors in a multi-disciplinary model, social workers should be supervised by other social workers, rather than a lawyer.⁵¹ The implication here is that some of the challenges within this model might be addressed if professionals from a given discipline provide **oversight** to members from their profession and work to address some client issues in groups with similar knowledge and training. Another potential issue concerns the different responsibilities of law students compared with social work students in dealing with more difficult clients. Where the focus of law students in a clinic setting may include, for example, drafting briefs or determining legal problems which the clinic can assist with, the problem spotting process for social work students will often be more involved. The social work student may have to navigate a difficult personality and multiple difficult conversations to learn about the areas of the client’s life or specific issues that the client is dealing with which are contributing to their legal, personal, financial, social, and other problems, a process which has the likelihood to be **“more complex”** and “messier”.⁵² In the absence of adequate supervision from a professional social worker, the student could generally find their work and their work environment at the legal clinic to be more challenging.

“Some of the challenges within this model might be addressed if professionals from a given discipline provide oversight to members from their profession.”

These challenges and concerns shared by social workers in some social worker-lawyer multi-service teams present a risk to this type of multi-disciplinary model. To the extent that professional boundaries are contravened in a multi-disciplinary team or the expertise that the social worker brings to the team is **neither understood nor valued**, there are likely to be breakdowns in communication among professionals in this model or, more generally, as relates to case management. Drawing an analogy from earlier discussions on the consequences of unresolved matters, it is also possible that persistent and unresolved issues between professionals working in these multi-disciplinary teams could cause tensions to worsen and eventually lead to the model's **collapse**.

C. Social Work, Legal Services and Health Services

“Better problem identification, legal empowerment, better client/patient engagement, and effective and holistic problem resolution are all direct outcomes of this one-stop medical, legal and social worker model.”

Some medical-legal partnerships have sought to add social workers to their multi-disciplinary team.⁵³ In these models, clinicians (doctors and nurses), lawyers, and social workers contribute their respective expertise to helping clients with complex, multidimensional problems.⁵⁴ Clients are referred to other professionals within the multi-service network when problems are identified in one of those fields. The primary point of access to services provided by a collaborative medical, legal and social work model will often be the same as medical-legal partnerships – via the health service provider. That is to say, for colocated models, the health service provider will often house **in-person access points** where clients

can connect with a lawyer and/or social worker. According to one report, the credibility of medical professionals in the eyes of the public makes health care facilities a favorable location to house a multiservice model.⁵⁵ Further, many of the benefits outlined in this section that derive from medical-legal and social work-legal partnerships will extend to models that integrate all three professional services.

As another example of this type of multi-service model, some social service agencies engage legal services organizations or private attorneys on a **contractual basis** to provide legal assistance for some at-risk or vulnerable populations. These legal professionals are not employed as staff at the social service agency but rather provide limited representation or more extensive legal assistance upon request. **Community guardianship programs** in the U.S. are an example of this type of service delivery model. These programs are often concerned with resources administration and might offer a suite of services that include financial management, mental health services, medical services, social services, services for daily needs such as transportation and cleaning services, and legal services. In these programs, social workers generally play the central role.⁵⁶ As one social worker employed at a community guardianship program explained,

a principal challenge in having a staff lawyer is oftentimes the expectation that the lawyer will be able to address every legal matter without consideration for the time required to conduct research or other support the lawyer might need for a given case.⁵⁷

“There is the potential for each professional to enhance the work of those within the multi-service network.”

A one-stop medical, legal and social work service has benefits for clients experiencing a range of **interrelated legal and non-legal problems**. Several studies underscore their suitability for family matters;⁵⁸ other discussions invoke their importance across legal problem categories where clients are better served by a combination of medical health, social work and legal tools, including matters related to: domestic violence, disability and/or social assistance support, housing (including, for example, homelessness or matters where there are health impacts for tenants), medical treatment, immigration and problems related to incapacity and powers of attorney. Family law problems related to divorce and orders of protection, guardianship and education have also drawn specific attention as areas that necessitate this sort of multifaceted approach.⁵⁹

Realizing the synergies between problem resolution mechanisms in these disciplines can lead to **broad-based and long-term improvements** in the lives of clients. In this way, there is the potential for each professional to enhance the work of those within the multi-service network. Social workers might consider problems as they relate to larger issues and may be well-placed to identify legal problems beyond the client’s immediate legal problem.⁶⁰ Similarly, in conversations with a social worker, a client might divulge information that has important implications for the client’s health. The physician might also be privy to information about a patient’s problems that could be better served by interventions from a social worker or lawyer working within the multi-disciplinary network. Further, a lawyer might benefit from being part of a multi-disciplinary team with a social worker who can expertly manage communication and engagement with the client and assist with various non-legal aspects of the client’s problem; the medical health professional will also be an important resource in this social worker-lawyer dynamic as they work to address the specific health dimensions present in the legal problem categories mentioned. Importantly, the involvement of a social worker in this model will also facilitate understandings by those within this multi-disciplinary model of a range

of underlying issues and potential barriers that could impact the ability to assist the patient/client. These might include information related to substance abuse, language and comprehension barriers, obstacles to in-person access to the services being provided, and mental health problems.⁶¹

“In many ways, this model embodies a more expansive vision for accessible justice that the national Action Committee outlined in their “Roadmap for Change” report.”

Better problem identification, legal empowerment, better client/patient engagement, and effective and holistic problem resolution are all direct outcomes of this one-stop medical, legal and social worker model. While many of the challenges that are manifest in medical-legal and social work-legal partnerships will be present in the more expansive medical, legal and social worker multi-disciplinary collaboration,⁶² the **comprehensive benefits** of this model will also be greater. The potential for this one-stop approach to effectively assist vulnerable and marginalized persons across a variety of problem experiences and in ways that can improve their ability to **address or avoid** similar types of problems in the future should

not be underestimated. In many ways, this model embodies a more expansive vision for accessible justice that the national Action Committee outlined in their “Roadmap for Change” report. It offers a promising way to address unmet legal needs, everyday legal problem experiences as well as legal problem clusters, cost and economic barriers to accessing different types of services over extended periods, and gaps in service delivery for poor and vulnerable populations.⁶³

D. Funding Considerations for Medical-Legal, Social Work-Legal and Medical-Social Work-Legal Services Models

Funding is a central concern across much of the access to justice landscape. In Canada, and in other jurisdictions, multi-disciplinary programs commonly begin as pilot projects and receive seed funding from foundations or other grant funding to cover expenses for a limited time, usually spanning several months to a year or longer. As a recent example, in 2019 the Ontario Trillium Foundation provided grant funding to Scarborough Community Legal Services for a 1-year pilot project examining the feasibility of an integrated social work-legal service delivery model.⁶⁴ In other cases, a combination of grant funding, private donations and/or other program funding might be used to cover expenses related to multi-disciplinary service delivery. A report examining Canada’s first health-justice partnership makes a noteworthy distinction between funding for medical-legal partnerships in the U.S. and similar programs in Canada. In

discussing the inaugural program, the report notes that, “[t]he biggest differences between the US medical-legal partnerships and [Pro Bono Law Ontario] at SickKids are the funding and sustainability: the health cost recovery in the United States comes from **insurance programs**, whereas in Canada there is sole reliance on **grants and donations** to fund this partnership.”⁶⁵

“Multi-disciplinary programs commonly begin as pilot projects and receive seed funding from foundations or other grant funding to cover expenses for a limited time.”

Medical-legal partnerships in the U.S. have also acknowledged that funding remains a challenge and many highlight the importance of **in-kind support** for the work that they do. This support might be seen, for example, in office space at a medical facility which is made available to an onsite lawyer, or staff resources which are provided in-kind to manage administrative and other aspects of the medical-legal partnership. In the U.S., the National Center for Medical Legal Partnerships, which creates toolkits for medical-legal partnerships and offers other publicly accessible information and resources, indicates that medical-legal partnerships are present in 49 U.S. states and the District of

Columbia.⁶⁶ This compares with a handful of such initiatives in Canada. Medical-legal partnerships are also present in a variety of healthcare settings in the U.S., including general hospitals and health systems, Health Resources and Services Administration (HRSA) funded health centers, Veterans Affairs medical centers, children’s hospitals and other healthcare sites.⁶⁷ By comparison, medical-legal initiatives in Canada have been introduced in **fewer types** of healthcare settings, though their success in at least two types of healthcare settings—children’s hospital⁶⁸ and general hospital settings⁶⁹— is well-documented. In both jurisdictions, staff for a medical-legal partnership generally includes a lawyer, who is available in a full-time or part-time capacity and a medical service professional who is available on a part-time basis. There might also be access to one or more social workers who might be available on a full-time basis and students of Law or Social Work who work part-time or full-time for the program.

Formal funding sources for medical-legal partnerships in the U.S. vary and may be based in part on the type of healthcare provider that is involved in the medical-legal partnership. A majority of healthcare organizations with medical-legal partnerships report operating expenses incurred from the

medical-legal partnership in their budgets.⁷⁰ General hospitals lead the pack with annual operating expenses from a medical-legal partnership averaging \$65,000 USD where the total average budget for the medical-legal partnership is estimated at roughly \$100,000 USD.⁷¹ This compares with health centre spending on operations of \$28,000 USD on average where the total average spending on the medical-legal partnership is approximately \$75,000 USD.⁷² On the healthcare side, medical-legal partnership funding might also be supported by government programs that provide tax-exempt benefits to non-profit hospitals, or federal Health Resources and Services Administration (HRSA) grants.

To support legal services provided in a U.S. based medical-legal partnership, there will generally be a range of funding sources that programs use. This might include Legal Services Corporation (LSC) funding, state funding from Interest on Lawyers Trust Accounts (IOLTA), law schools—of which approximately 25% of American Bar Association approved law schools participate in medical-legal partnerships— and Legal Aid fellowships.⁷³ A majority (64%) of medical-legal partnerships in the U.S. supplement funding from healthcare and legal sources with funding from other grants, foundations,

and private donations, particularly in the early stages of the program.⁷⁴

“The types of out-of-pocket expenses to access these programs will often mirror expenses to access these services independently. Notably, however, colocated services provide important time and cost efficiencies through their ‘one-stop’ delivery model. ”

In Canada, multi-disciplinary programs have also been supported by funding from a combination of sources. There is less information available on precise funding allocations for medical-legal, social work-legal, and other multi-disciplinary models, however, a review of several programs suggests that lawyers involved in these programs often work **pro bono** or provide services through legal aid or community legal clinics.⁷⁵ There might also be involvement from law school or social work students who participate in these multi-service initiatives through **experiential learning programs** at their university and are compensated accordingly. Similarly, referrals might be made to private lawyers when individuals do not qualify for legal aid or are not eligible for legal services provided by the multi-service lawyer. Compensation for a

private lawyer would be determined by the lawyer. The health arm of the multi-disciplinary service, including resources and staff time at a healthcare facility, might also include significant in-kind support as well as access to other services which may be provided through regular healthcare and insurance channels.

“The benefits of equipping clients with legal empowerment skills and social tools to better identify and manage problems in the future adds another, important, cost-saving dimension for clients and social programs.”

Low-income patients and clients will often be recipients of services provided by multi-disciplinary medical, legal and/or social work programs. The types of out-of-pocket expenses to access these programs will often mirror expenses to access these services independently. That is to say, transportation costs, childcare expenses and other ancillary costs will likely continue to be considerations for people who are privy to these services. Notably, however, collocated services provide important **time and cost efficiencies** through their **‘one-stop’ delivery model**. Further, by addressing unmet legal needs and providing mitigating interventions for serious and complex problems, multi-disciplinary approaches produce significant temporal, personal, economic and other cost savings in the short- and long-terms. The benefits of equipping clients with legal empowerment skills and social tools to better identify and manage problems in the future adds another, important, cost-saving dimension for clients and social programs.

E. Other Models⁷⁶

Trusted Intermediaries and Legal Health Check-Ups

“People often do not immediately seek help for their legal problems because they do not recognize that there are legal aspects to their problem.”

A brief discussion on trusted intermediaries is included here for several reasons.⁷⁷ Trusted intermediaries are common in several settings, many of which promote people-centred, holistic legal problem resolution at the **community level**. People often do not immediately seek help for their legal problems because they do not recognize that there are legal aspects to their problem; they might think that the problem is not serious enough or that they can resolve it without legal help; or, they may not know where to go for help.⁷⁸ Various organizations at the local level work to address unmet legal needs and connect people to legal and non-legal supports for their problems, and they use several models to help **bridge service delivery gaps**. Frontline workers in non-legal community organizations sometimes serve as trusted intermediaries.

They are people who, through their profession or organization, might meet people in difficult circumstances and learn about complex problems and triggers in people's lives. In some community organizations, these intermediaries are trained to recognize the legal dimensions of problems, provide legal information if applicable, and refer the individual to a legal professional for legal advice as needed. The individual might also receive assistance or information from the community worker for the non-legal aspects of the problem which brought them to the community service organization.

“They are people who, through their profession or organization, might meet people in difficult circumstances and learn about complex problems and triggers in people's lives.”

The simple act of a **'trusted' source** explaining the potential seriousness of a problem and providing guidance on specific legal, social, financial or other types of services or programs for more tailored assistance has proven to be valuable at motivating problem resolution across **multiple facets of a problem**. It can mean the difference between no intervention, early intervention

and timely problem resolution. **Legal Health Check-Ups** follow a similar concept.⁷⁹ They use a structured list—a check-up—to help intermediaries (and persons who have connected with them for help) identify a possible need for legal help. In many cases, trusted intermediaries working at the community level will refer people to community legal clinics or legal aid services for help with the legal aspects of a problem. Legal Health Check-Ups have also been used in other settings. A Legal Health Clinic in Hamilton, Ontario in 2016 used a Legal Health Check-Up tool in a primary care medical clinic “to initiate a conversation with participants about legal problem areas” and help determine if patients had problems that required legal assistance.⁸⁰ In discussing the importance of this type of approach, an article on an Ontario-based Legal Health Check-Up project underscored the importance of “developing a holistic and integrated legal service delivery model with community partner support.”⁸¹ Importantly, the various elements of the Legal Health Check-Up process—including collaborations between legal professionals and intermediaries—work as an innovative and effective approach in the multi-disciplinary service space. For low-income and vulnerable populations in particular, the Legal Health Check-Up has important applications when paired with

trusted intermediaries in oft frequented organizations. Many professionals will likely appreciate the clear guidance that the Check-Up provides as well as the ability to offer clients a broader array of options to address the legal and non-legal aspects of their problems.

“It can mean the difference between no intervention, early intervention and timely problem resolution.”

Common challenges within multi-disciplinary models



Common challenges within multi-disciplinary models

Challenges that exist for clients in a legal service setting will also present obstacles in a multi-service setting. For example, if a client requires a translator to facilitate resolution of their problem through a legal clinic, they will likely require a translator across the services being provided in a multi-service setting. As discussed, however, the involvement of a social worker on a multi-disciplinary team can mean that other service providers are made aware of these and other specific challenges or barriers that clients face and their potential implications for the problem resolution process. It might also mean that additional efforts can be made or resources applied to address obstacles.

Across diverse multi-disciplinary models, **issues of confidentiality** as a professional or ethical concerns present an almost universal challenge. There have been several ways that this has been addressed. In some models, patients or clients are asked to choose the details of their matter that can be disclosed to service providers within the multi-service network.⁸² Client consent forms might pertain

to specific information or more generally apply to sharing relevant information with other service providers within the ‘circle of care’.⁸³ The information might be recorded on forms specifically designed for intake and information exchange within the service delivery model.

Each professional will also generally maintain their own confidential records and will continue to be guided by **ethical and professional rules** around confidentiality in their profession. Lawyers and social workers will not have access to patient medical records or information about a patient’s medical history outside of information that the patient has consented to share or that is pertinent to the specific legal and social problems that are being addressed. Further, for information that is being shared, and as pertains to certain family matters, information might be recorded in ways that can be readily **de-identified**.⁸⁴ This will be especially important where data is being collected to assess the outcomes or success of a pilot project or for other purposes. To address concerns around confidentiality within a multi-disciplinary network, the type and extent of information that will be shared as well as the processes to exchange information should be planned and clearly outlined prior to the start of any program.

“To address concerns around confidentiality within a multi-disciplinary network, the type and extent of information that will be shared as well as the processes to exchange information should be planned and clearly outlined prior to the start of any program.”

Canadian perspectives (survey findings)



“[M]ulti-disciplinary models in Canada generally lag behind other dispute resolution offerings...”

A. Multi-Disciplinary Legal Problem Survey Overview

The research, programs, and case studies that have informed the discussion on multi-disciplinary problem resolution in this paper thus far point to an approach to legal problem resolution that carries significant benefits for service users and service providers in Canada and other jurisdictions. Despite the mostly positive findings, however, multi-disciplinary models in Canada generally **lag behind** other dispute resolution offerings in terms of sustained investment and in their ability to inspire broader adoption. While medical-legal partnerships are present in 49 U.S. states and the District of Columbia, for example, only a handful of these models have taken root in Canada, despite evidence of their success in several provinces when adopted provisionally or for longer periods. Multi-disciplinary service pilot projects have not commonly extended beyond their initial funding and implementation periods or developed into long-term initiatives. Understanding **Canadian perspectives** on these models could prove to be an instructive starting point for considering more expansive adoption of these models as a means to

advance meaningful access to justice across Canada. The specific questions that might offer useful guidance include the following:

What are the obstacles to broader adoption and investment in multi-disciplinary models for legal problem resolution in Canada?

What factors determine whether a pilot project that is shown to effectuate people-centered and holistic problem resolution **becomes part of an established service delivery framework?**

Are there concerns that Canadian service providers have about **cross-sector collaboration or coordination** on problem resolution which have not been uncovered in the research and studies from other jurisdictions explored in this paper?

These questions formed the basis of a **short survey** which was disseminated to several organizations in Canada that facilitate legal and/or non-legal problem resolution. The goal was to gather preliminary insights on perceptions and challenges of multi-disciplinary models from the perspective of providers currently working in the justice sector, social services sector, or other legal - non-legal multi-service settings.⁸⁵ As an

overview, the survey included 16 questions, with respondents directed to different questions based on: (i) whether they provide legal help to clients; and, (ii) whether they have collaborated with other professionals or organizations from other fields to provide multi-service legal problem resolution. The survey included: several demographic questions aimed at developing a general profile of survey respondents relative to their history and work on multi-disciplinary initiatives; questions aimed at identifying the type of collaborative efforts respondents have engaged in; and, questions that were included with a view to understanding challenges to multi-disciplinary models in Canada and the appetite to engage in multi-disciplinary programs and services in the future. In total, 40 respondents completed the survey, including legal clinics and legal aid providers, not-for-profit organizations in the legal sector, legal education and information providers, research organizations, a law society, government service, a law library, an allied agency and others. A copy of the survey and the responses are included in the Appendix.

B. Takeaways from the Survey Data

“Responses to the survey confirm many of the central concepts, challenges, and perspectives on multi-disciplinary models underscored throughout this paper.”

Responses to the survey confirm many of the central concepts, challenges, and perspectives on multi-disciplinary models underscored throughout this paper. A majority of responses as well as details volunteered by respondents align with the notion of holistic problem resolution as important for people-centred and durable solutions to complex problems. Funding considerations, competing professional obligations/standards and staffing were identified as the main challenges to collaborative service delivery models by legal service providers. Similarly, non-legal service organizations identified concerns related primarily to funding, information sharing, and demands on staff time as the main barriers to collaborating in multi-disciplinary teams. These findings too reflect perspectives discussed in earlier sections, in particular as relates to lawyer-social

work models for service delivery. While a larger, more representative data pool would be needed to confirm the extent of these challenges among Canada’s legal – non-legal service provider alliances, these responses offer some indication of the **investments and supports that might be needed** to inspire and sustain multi-disciplinary models in Canada.

Across responses organizations also indicated that they collaborate with different groups and work in different ways to support holistic service delivery. A larger percentage of **newer organizations** (54.4%)⁸⁶ indicated that they collaborate with social workers/social work organizations than older organizations (44.8%). Similarly, a larger percentage of newer organizations (45.5%) indicated that they collaborate with mental health organizations than older organizations (37.9%). Organizations working at the **local or community level** were more likely than organizations at the provincial level to collaborate with social work organizations (80.0% compared with 26.3%), medical health organizations (53.3% compared with 15.8%) or mental health organizations (73.3% compared with 21.1%). These responses are encouraging for several reasons. They suggest that a range of legal services, legal information providers, and legal professionals have collaborated with service providers in other fields or continue

to work with service providers outside of the legal field. Further, the responses suggest that newer organizations may be designing their services, choosing to enhance their services, or otherwise engaging with organizations that are equipped to weigh the non-legal aspects of the work being carried out. This finding could point to an interesting trend that sees an increasing number of legal – non-legal collaborations involving **newly established organizations** in Canada working to facilitate people-centred and holistic outcomes.

“This finding could point to an interesting trend that sees... legal – non-legal collaborations involving newly established organizations in Canada working to facilitate people-centred and holistic outcomes.”

That a majority of community-oriented organizations indicated that they collaborate with various non-legal service providers generally aligns with contemporary scholarship on community-based justice initiatives and the far-reaching benefits of these services for justice seekers.⁸⁷ Weighing the potential to increase multi-disciplinary services throughout Canada, this survey finding could be interpreted in several ways. Service providers interested in adopting an approach to legal problem resolution that

considers legal and non-legal aspects might find a welcoming, **natural fit** with local or community-oriented organizations. This finding could also point to an **untapped opportunity** at the provincial or territorial level to work across multiple services to facilitate holistic legal problem resolution.

The survey also pointed to differences in the ways that service providers integrate different types of supports as part of their suite of service delivery offerings. While an equal number of not-for-profit organizations and legal clinics indicated that they offer colocated services, a much higher percentage of legal clinic respondents (71.4%) than not-for-profit respondents (46.2%) indicated that they offer client referrals. Half of legal clinic respondents indicated that they offer student placements compared with almost 40.0% of not-for-profit respondents. The library respondent in the survey also indicated that they use referrals while the respondent who identified as a pro bono service indicated that they used both internships and client referrals in their collaborations.

A goal in conducting this brief survey on multi-disciplinary legal problem resolution was to get a sense of the current landscape of legal – non-legal information and services delivery in Canada and the potential for

multi-disciplinary models to be more broadly adopted as a way to advance access to justice. The modest survey findings suggest that legal organizations operating at different levels and providing assistance with a range of legal matters are also working with other types of organizations to facilitate multi-disciplinary problem resolution, resource creation, research and dialogue. There is room for more to be done and there are challenges that are ongoing but the findings are nonetheless **promising**. Responses to the survey also signal that collaboration across disciplines is taking place through formal programs, projects, and services as well as in less formal ways through information and resource sharing and other supports. Further, several respondents who revealed that they do not collaborate with providers in other fields also indicated that they would be open to working with professionals or organizations –in particular in the areas of social work and mental health— in support of multi-disciplinary legal problem resolution.

“[C]ollaboration across disciplines is taking place through formal programs, projects, and services as well as in less formal ways through information and resource sharing and other supports.”

Conclusion



“[M]ulti-disciplinary models improve the quality of help that people receive.”

Conclusion

Multi-disciplinary problem resolution is important to advance access to justice

That low-income communities, racialized populations, marginalized and vulnerable populations face greater barriers to access justice is well known. Serious and unresolved legal problems experienced by these populations often give rise to other legal problems. Further complicating these legal problem experiences are difficult personal circumstances, social adversity, and health and other inequities. Decades of research into the access to justice problem have advanced collective understanding of the value of **people-centred solutions** as well as the need to contemplate the **broader contexts** of legal problems in order to furnish more durable solutions to the problems that people experience.⁸⁸

Increasingly, discourse about access to justice has expanded to include the **non-legal impacts of problems** and holistic solutions that can address the legal and non-legal dimensions of complex problems. Across jurisdictions, multi-disciplinary approaches that seek to address this service need have taken shape in different ways. In the U.S.,

for example, medical-legal partnerships have expanded to almost every state and Washington D.C. In Canada, though medical-legal partnerships have shown promising results in several healthcare settings, they have been slower to materialize on a broader scale across provinces and territories. A major challenge for this and other types of multi-disciplinary models is **funding**, particularly beyond the pilot phase. Notwithstanding, secondary research and responses to the Multi-disciplinary Legal Problem Resolution Survey suggest that there is an appetite among legal service providers for these types of collaborative models.

“[D]iscourse about access to justice has expanded to include the non-legal impacts of problems and holistic solutions that can address the legal and non-legal dimensions of complex problems.”

“Research... confirms significant benefits of multi-disciplinary approaches for those who face the greatest barriers to accessible, fair and holistic problem resolution.”

Research also confirms significant benefits of multi-disciplinary approaches for those who face the greatest barriers to accessible, fair and holistic problem resolution. From a public policy perspective, there are also several reasons to support the case for public investments in the types of multi-disciplinary programs and projects canvassed in this paper. Generally, multi-disciplinary models improve the **quality of help** that people receive. Social workers, medical health professionals, lawyers, family counsellors, community-based intermediaries and others working in multi-service contexts to provide legal and non-legal help improve access to government programs and services or reduce the need to rely on these supports. Both outcomes improve client’s lives. By addressing legal needs, related social, health and family needs, and equipping clients with the tools to better understand and address problems in the future, multi-disciplinary services are

a comprehensive problem resolution model that often produce better quality solutions. By solving immediate problems and addressing issues that can give rise to problems in the future, these services have the potential to reduce the demand on publicly funded programs, generating **significant cost savings**.⁸⁹

“By solving immediate problems and addressing issues that can give rise to problems in the future, these services have the potential to reduce the demand on publicly funded programs, generating significant cost savings.”

Importantly, effective multi-disciplinary models for legal and non-legal problem resolution can result in positive, **life-altering impacts**. As with many contemporary access to justice issues, the applications and potential of multi-disciplinary models in Canada demand more research aimed at better understanding long-term benefits for different populations, ways to address challenges of these models, and the interest in broader adoption by different types of providers as a way to advance meaningful access to justice.

Appendix I

Multi-disciplinary Legal Problem Resolution Survey

The Canadian Forum on Civil Justice (CFCJ) is a national not-for-profit organization with a mandate to advance access to justice through research and advocacy. We are conducting a study to learn more about multi-disciplinary legal problem resolution. Findings from this study will help to inform a publically accessible report.

This survey will take approximately 5 minutes to complete. All responses will remain confidential. If you need to leave the survey and return at a later time, your original responses will be saved (provided that you don't clear your browser history).

For more information about the Canadian Forum on Civil Justice or any of our research projects, please visit: www.cfcj-fcjc.org.

For questions about this survey, please contact communications@cfcj-fcjc.org.

1. What is the name of your organization?

2. Please choose the category that best describes your organization.
 - i. Court, Administrative Board or Tribunal
 - ii. Pro bono legal service provider
 - iii. Legal clinic
 - iv. Medical-legal partnership
 - v. Lawyer/Private practice
 - vi. Public Legal Education and Information service
 - vii. Not-for-profit organization
 - viii. Other (please specify)

3. How long has your organization been in operation?
 - i. Less than one (1) year
 - ii. One (1) year to four (4) years
 - iii. Five (5) years to nine (9) years
 - iv. Ten (10) years to nineteen (19) years
 - v. Twenty (20) years or more
4. Is your organization...
 - i. International in scope
 - ii. National in scope
 - iii. Provincial/territorial in scope
 - iv. Local in scope/community-oriented
 - v. Other (please specify)

5. What types of legal problems do you assist with? (Please select all that apply)
- i. Family matters
 - ii. Immigration
 - iii. Disability support
 - iv. Consumer problems
 - v. Debt problems
 - vi. Employment matters
 - vii. Discrimination
 - viii. Wills and incapacity support
 - ix. Administrative law
 - x. Housing matters
 - xi. Problems with neighbours
 - xii. Medical treatment
 - xiii. Social assistance
 - xiv. Criminal matters
 - xv. We do not provide legal assistance
 - xvi. Other (please specify)
-
6. Do you follow up with clients after a problem has been resolved?
- i. Yes
 - ii. No
 - iii. Other (please specify)
-
7. Does your organization offer services tailored to any of the following topics/groups? (Please select all that apply)
- i. Children/youth
 - ii. Mental health
 - iii. Disability
 - iv. Racialized communities
 - v. Immigrant communities
 - vi. Elderly persons
 - vii. Women (equality rights)
 - viii. Human rights
 - ix. Gender/sexual orientation
 - x. Self-represented litigants
 - xi. Low income communities
- xii. Aboriginal and Indigenous persons
- xiii. Civil law reform (non-family)
- xiv. Family law reform
- xv. My organization does not offer services tailored to specific groups.
- xvi. Other public interest focus not listed above (please specify)
-
8. Have you worked with any of the following to provide holistic service delivery? (Please select all that apply)
- i. Social workers/social work organizations
 - ii. Medical health organizations
 - iii. Mental health organizations/mental health professionals
 - iv. Family services organizations
 - v. Religious organizations
 - vi. Other (please specify)
-
- vii. We have not collaborated with others.

9. In what capacity have you collaborated with others? (Please select all that apply)
- i. Internships or student placements
 - ii. Collocated services delivery
 - iii. Client referrals
 - iv. Other (please specify)

10. Have you faced any of the following challenges in your collaborations? (Please select all that apply)
- i. Funding challenges
 - ii. Competing professional standards/obligations
 - iii. Barriers to information sharing
 - iv. Location/office space limitations
 - v. Staffing
 - vi. We have not faced any challenges
 - vii. Other (please specify)

11. Do you track the results of client matters that involve a multi-disciplinary team?
- i. Yes
 - ii. No
 - iii. Not applicable
12. What type of collaborative model would you be most interested in participating in?
- i. Medical-legal partnership
 - ii. Social work-legal partnership
 - iii. Mental health-legal partnership
 - iv. Multi-disciplinary family services team
 - v. Other (please specify)

13. How feasible would it be to work with professionals in other disciplines to provide holistic service delivery?
- i. Somewhat
 - ii. Very
 - iii. It would not be feasible
14. What would be your concern in working with professionals in other disciplines? (Please select all that apply)
- i. Funding challenges
 - ii. Competing professional standards/obligations
 - iii. Barriers to information sharing
 - iv. Location/office space limitations
 - v. Time constraints
 - vi. We do not have any concerns
 - vii. Other (please specify)

15. Do you provide clients with information pertaining to any of the following services? (Please select all that apply)

- i. Medical or healthcare organizations
- ii. Mental health organizations
- iii. Social workers/Social service organizations
- iv. Aboriginal/Indigenous organizations
- v. Community services organizations
- vi. Other (please specify)

16. In the space provided, please feel free to add any additional information that you would like to share:

Thank you for your time.

For questions or concerns, please contact: communications@cfcj-fcjc.org. For more information about CFCJ research, please visit: www.cfcj-fcjc.org.

Appendix II

MULTI-DISCIPLINARY LEGAL PROBLEM RESOLUTION: SURVEY RESPONSES AND ANALYSIS

By Lisa Moore
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The **Canadian Forum on Civil Justice** (CFCJ) is a national not-for-profit organization dedicated to civil justice reform and access to justice research and advocacy. Established by the Canadian Bar Association and affiliated with Osgoode Hall Law School, the CFCJ envisions an accessible, sustainable and effective justice system for all Canadians.

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A. SURVEY METHODOLOGY

The Multi-Disciplinary Legal Problem Resolution Survey was created to gain insight into challenges and perceptions of models for multi-disciplinary legal problem resolution in Canada. It further informs the discussion of holistic legal problem resolution in the *Crossing Boundaries: Exploring Multi-Disciplinary Models for Legal Problem Resolution* paper.¹ The survey was designed to be short. Survey response rates vary based on several factors but the completion rate of shorter surveys tends to be higher.² There were 16 questions in total included in the survey but no single respondent was asked every question. Skip logic—which allows for the path of a survey to change based on a respondent's answers—was used to direct respondents to different questions based on: (i) whether they provide legal help to clients; and, (ii) whether they have collaborated with other professionals or organizations from other fields for multiservice problem resolution. With the exception of the first question and the last question, all questions included in the survey were multiple choice.³ For some questions, there was an option to choose multiple responses; other questions were limited to a single response. Questions also included an "Other (please specify)" selection where respondents could key in an answer if they found that none of the options provided matched their experience or perspective. With the total number of questions that respondents might answer and the multiple choice format, it was estimated that respondents could complete the survey in 5 minutes or less. Further, if respondents wanted to complete the survey over multiple sittings, the instructions provided indicated that it would be possible to save the survey and return to it at any time before it closed.

a.1. Dissemination

The Multi-disciplinary Problem Resolution Survey was disseminated through two main channels. Legal services organizations and community organizations were contacted directly using publicly available information from websites and directories. In total, 202 emails were sent through the Simple Survey tool that was used for data collection, of which 16 (or 7.9%) bounced and 3 (1.6%) unsubscribed from the survey email service. In addition to email invitations sent through Simple Survey, a survey collector link was generated to allow anyone with access to the link to respond to the survey. One of the main differences between both methods is that when individually generated emails are sent to respondents via the survey tool, reminder emails can be generated and sent only to those respondents who have not yet completed the survey. The questions in the survey were not likely to be applicable to every type of stakeholder in the legal sector so it was determined that the survey would not be shared more widely, for example via social media, where the response rate and incomplete rate would likely increase significantly and the quality of responses might be adversely affected.

In total, 40 respondents completed the survey over 2 1/2 weeks—20 respondents completed the survey from direct email invitations and 20 respondents completed the survey from a link that was shared through the Canadian Forum on Civil Justice's Access to Justice Research Network.⁴ The survey could be completed in French or English using the same link, though email invitations were in both languages, and a separate collector link was created to direct respondents to the French version of the survey without first choosing the language selector at the top of the English version.

¹ See Lisa Moore, *Crossing Boundaries: Exploring Multi-Disciplinary Models for Legal Problem Resolution* (Toronto: Canadian Forum on Civil Justice, March 2022).

² See e.g. Rhonda G Kost and Joel Correa da Rosa, "Impact of Survey Length and Compensation on Validity, Reliability, and Sample Characteristics for Ultrashort-, Short-, and Long-Research Participant Perception Surveys" (2018) 2:1 J Clin Transl Sci 31.

³ The first question asked respondents to indicate the name of their organization. The last question asked respondents to add any additional information that they wanted to share. Both questions were optional.

⁴ The Access to Justice Research Network (AJRN) was created in 2013 with the goal of providing a platform where justice stakeholders could make connections, share information, identify emerging access to justice issues, and exchange ideas. The AJRN includes a website, listserv and blog. The Multi-disciplinary Problem Resolution Survey was shared with AJRN listserv members. To learn more about the AJRN, see Access to Justice Research Network, online: <www.ajrn.org>.

B. SURVEY RESULTS AND ANALYSIS

b.1. Respondent Profiles

A majority (35%) of survey respondents identified as a legal clinic or legal aid provider, while almost a third (32.5% or 13 respondents) identified as a not-for-profit organization. Among the “other” types of respondents—which accounted for 15% of responses— there was a legal information centre, an organization that identified as both a legal aid provider and public legal education and information service, a law society, library, research organization, government service and an allied agency. Two of the 40 respondents were public legal education and information services. For the remaining respondent categories, there was one respondent each.

TABLE I: RESPONDENT TYPE

CATEGORY	PERCENTAGE OF RESPONDENTS	NUMBER OF RESPONDENTS
Court, Administrative Board or Tribunal	2.5%	1
Pro bono legal service provider	2.5%	1
Legal clinic/Legal aid provider	35.0%	14
Medical-legal partnership	2.5%	1
Lawyer/Private practice	2.5%	1
Public Legal Education and Information service	5.0%	2
Not-for-profit organization	32.5%	13
Library	2.5%	1
Other (please specify)	15.0%	6
Total	100%	40

There was less variation in the age and jurisdictional scope of organizations⁵ that participated in the survey, with most respondents indicating that their organization had been in operation for twenty years or more (72.5% of respondents). Organizations in operation for more than ten years but less than twenty years accounted for 15% of respondents while younger organizations in operation for less than 10 years represented 12.5% of respondents.

⁵ The reference to respondent “organizations” in this discussion is used collectively to apply to all survey respondents, including the lawyer/private practice respondent.

TABLE II: YEARS IN OPERATION

NUMBER OF YEARS	PERCENTAGE OF RESPONDENTS
Less than one (1) year	2.5%
One (1) year to four (4) years	2.5%
Five (5) years to nine (9) years	7.5%
Ten (10) years to nineteen (19) years	15.0%
Twenty (20) years or more	72.5%
Total	100%

Almost half of respondents indicated that they work at the provincial/territorial level (47.5%). There were no respondents carrying out work that is international in scope, while community-oriented organizations accounted for 37.5% of respondents, and organizations with a national scope represented 12.5% of respondents. One respondent indicated that while their direct services were provincial in scope, some policy work was carried out at the national level.


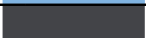














TABLE III: SCOPE OF WORK

SCOPE	PERCENTAGE OF RESPONDENTS
International in scope	0.0%
National in scope	12.5%
Provincial/Territorial in scope	47.5%
Local in scope/community-oriented	37.5%
Other (please specify)	2.5%
Total	100%

b.2. Legal and Non-legal Services Provided by Respondents




Survey respondents were asked to indicate if they provide legal assistance and, for what types of legal problems. With some exceptions, the legal problem categories provided in the survey largely mirrored the everyday legal problem categories referenced throughout this paper. Respondents were able to select multiple responses from the options provided. Housing matters (60%) and administrative law (55%) were the most common responses, followed by consumer problems (52.5%), employment matters (52.5%), and problems related to discrimination (52.5%). Several respondents specified other problem types, including domestic violence, provincial offences, and prisoner's rights. The seven respondents (17.5%) who indicated that they do not provide legal assistance were directed to a series of questions aimed at better understanding the types of legal service providers and non-legal organizations that they have collaborated with as well as other views on holistic service delivery.

TABLE IV: TYPES OF LEGAL PROBLEMS HANDLED BY RESPONDENTS

LEGAL PROBLEM CATEGORY	PERCENTAGE OF RESPONDENTS	NUMBER OF RESPONDENTS	
Family matters	32.5%	13	
Immigration/Refugee matters	32.5%	13	
Disability support	42.5%	17	
Consumer problems	52.5%	21	
Debt problems	47.5%	19	
Employment matters	52.5%	21	
Discrimination	52.5%	21	
Wills and incapacity support	25.0%	10	
Administrative law	55.0%	22	
Housing matters	60.0%	24	
Problems with neighbours	25.0%	10	
Medical treatment	15.0%	6	
Social assistance	42.5%	17	
Criminal matters	27.5%	11	
We do not provide legal assistance	17.5%	7	
Other (please specify)	25.0%	10	

Respondents who indicated that they provide legal assistance were asked if they follow up with clients after a problem has been resolved. Across multi-disciplinary models discussed in the “Crossing Boundaries: Exploring Multi-Disciplinary Models for Legal Problem Resolution” paper, following up with clients even after the legal aspect of the problem had been resolved has been contemplated as important for some types of cases and clients. While social workers have generally taken the lead on post-case contact with clients, this question was included to gauge the extent to which legal service providers also engage in this type of post-service exchange with clients after a problem has been resolved. Respondents who selected the ‘other’ option (15.6% of respondents) largely indicated that whether they follow up with clients depends on the specific case. Of these responses, one respondent indicated that feedback is gathered from a certain portion of cases while another respondent indicated that while they do not actively seek out clients to follow up with them after a problem has been resolved, they do communicate to clients that they can contact the service provider in the future if the problem resurfaces.



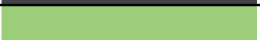













TABLE V: PERCENTAGE OF RESPONDENTS WHO FOLLOW-UP WITH CLIENTS AFTER A LEGAL PROBLEM HAS BEEN RESOLVED

FOLLOW-UP WITH CLIENTS	PERCENTAGE OF RESPONDENTS	
Yes	46.9%	
No	37.5%	
Other (please specify)	15.6%	

The same subset of survey respondents who indicated that they provide legal assistance were asked if they provide services that are tailored to specific groups or areas. Of the fifteen options that were provided to respond to this question, respondents could select all the options that applied to their organization. There was also an option to indicate that the organization did not offer services that were tailored to specific groups. A majority of respondents (75.9%) indicated that they provide services that cater to the needs of low income communities. This significant percentage is likely due in large part to the number of legal clinic/legal aid service provider respondents in the survey. More than half (59.1%) of the organizations that identified as legal clinics indicated that they provide services tailored to low-income communities. Legal clinics also accounted for a majority of respondents who indicated that they provide services tailored specifically to address disability rights (64.3% of respondents who selected this option) and a majority of respondents who indicated that they provide services tailored to mental health needs (57.1% of respondents who selected this option).

Across the areas and specific groups of focus of respondents, there was some variation. A significant number of respondents indicated that they provide targeted services for mental health matters (48.2%), disability rights (48.2%), and Aboriginal/Indigenous persons (44.8%). A slightly lower percentage of respondents indicated that they provide services specifically tailored to racialized communities (37.9%), human rights issues (34.5%), and self-represented litigants (34.5%). Other tailored service areas and groups—identified by almost 21% of respondents— included services tailored to French-speaking populations, access to justice as a specific focus, services for homeless populations accused of crimes, services for library staff, and services specifically for victims of different crimes.

TABLE VI: PERCENTAGE OF LEGAL SERVICE ORGANIZATIONS OFFERING SERVICES TAILORED TO SPECIFIC GROUPS

AREA/COMMUNITY OF FOCUS	PERCENTAGE OF RESPONDENTS	
Children/youth	13.8%	
Mental health	48.3%	
Disability rights	48.3%	
Racialized communities	37.9%	
Refugees/Immigrant communities	31.0%	
Elderly persons	31.0%	
Women (equality rights)	31.0%	
Human rights	34.5%	
Gender/sexual orientation	27.6%	
Self-represented litigants	34.5%	
Low-income communities	75.9%	
Aboriginal/Indigenous persons	44.8%	
Civil law reform (non-family)	13.8%	
Family law reform	6.9%	
My organization does not offer services tailored to specific groups	10.3%	
Other public interest focus not listed above (please specify)	20.7%	

The same question was asked of respondents who indicated that their organization does not provide legal assistance. Almost one third of those respondents also indicated that they do not offer services that are tailored to specific groups. Other responses within this subset revealed a mix of focus areas, including mental health services (28.6%), Aboriginal/Indigenous persons (28.6%) and family law reform (28.6%). One respondent each indicated that their organization provides services tailored to racialized communities (14.3%), human rights (14.3%) and civil law (non-family) reform (14.3%).








TABLE VII: PERCENTAGE OF NON-LEGAL SERVICE PROVIDERS OFFERING SERVICES TAILORED TO SPECIFIC GROUPS

AREA/COMMUNITY OF FOCUS	PERCENTAGE OF RESPONDENTS
Children/youth	0.0%
Mental health	28.6%
Disability rights	0.0%
Racialized communities	14.3%
Refugees/Immigrant communities	0.0%
Elderly persons	0.0%
Women (equality rights)	0.0%
Human rights	14.3%
Gender/sexual orientation	0.0%
Self-represented litigants	0.0%
Low-income communities	0.0%
Aboriginal/Indigenous persons	28.6%
Civil law reform (non-family)	14.3%
Family law reform	28.6%
My organization does not offer services tailored to specific groups.	28.6%
Other public interest focus not listed above (please specify)	14.3%

b.3. Multi-disciplinary Collaboration


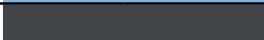




Between respondents who provide legal assistance and respondents who do not provide legal assistance, a larger percentage of respondents who indicated that they do not provide legal assistance also indicated that they have not collaborated with other organizations than respondents who provide legal assistance (42.9% of non-legal service providers compared with 14.8% of legal service providers). However, almost half of respondents (42.9%) who indicated that they do not provide legal assistance also indicated that they have collaborated with legal service professionals or alternative dispute resolution service providers to facilitate holistic service delivery. Organizations that do not provide legal assistance also indicated that they have collaborated with other types of service providers and professionals, including social workers (28.6%), medical services organizations (14.3%), and mental health organizations (42.9%). One respondent indicated that they had collaborated with law societies, law libraries and other types of service providers.

TABLE VIII: PERCENTAGE OF NON-LEGAL SERVICE PROVIDERS COLLABORATING WITH OTHER SERVICE PROVIDERS

SERVICE PROVIDER	PERCENTAGE OF RESPONDENTS	
Social workers/social work organizations	28.6%	
Medical services organizations	14.3%	
Mental health organizations/mental health professionals	42.7%	
Family services organizations	28.6%	
Religious organizations	0.0%	
Legal services professionals/alternative dispute resolution services	42.9%	
We have not collaborated with others.	42.9%	
Other (please specify)	14.3%	

Organizations that provide legal assistance were asked a similar question about holistic service delivery, although the question did not include an option for collaborations with other legal service providers. Almost three quarters of respondents (70.4%) indicated that they had collaborated with social workers or social work organizations. This was followed by 59.3% of respondents who indicated that they had collaborated with mental health organizations/mental health professionals to facilitate holistic service delivery. A significant percentage (40.7%) of respondents indicated that they had collaborated with medical service organizations, followed by 29.6% of respondents who indicated that they collaborated with family service organizations. No respondent indicated having worked with religious organizations though one respondent indicated that one of the 'other' types of service providers with whom they had collaborated were churches. 'Other' entries by legal service respondents who indicated that they had collaborated with organizations or professionals included: public legal service organizations, newcomer organizations, other lawyers and outreach workers, MPs and MLAs, government ministries, law schools, community colleges, welfare departments, shelters and housing providers, domestic violence organizations, anti-poverty groups, police, food banks, workers groups, public libraries, court registries, and family services groups. Shelters and housing groups were mentioned by multiple respondents. One respondent clarified that their efforts with other service providers mainly entailed client referrals.

TABLE IX: PERCENTAGE OF LEGAL SERVICE PROVIDERS COLLABORATING WITH OTHER SERVICE PROVIDERS

SERVICE PROVIDER	PERCENTAGE OF RESPONDENTS	
Social workers/social work organizations	70.4%	
Medical services organizations	40.7%	
Mental health organizations/mental health professionals	59.3%	
Family services organizations	29.6%	
Religious organizations	0.0%	
We have not collaborated with others	14.8%	
Other (please specify)	33.3%	

As a follow up to the question regarding collaborations, legal service organizations who indicated that they had collaborated with others were asked if those collaborative efforts were in the form of any of three specific types of actions discussed in the Crossing Boundaries paper: colocated service delivery, client referrals, or internships/student placements. A majority of respondents indicated that they engaged in client referrals while an equal percentage of respondents indicated that their collaborations included internships or student placements, or colocated services delivery. More than half of the respondents to this questions specified other types of collaborative efforts, namely: information and knowledge exchange; sharing of resources; development of community resources as well as consultations and other coordinated service delivery; public-facing reports and materials for clients; trainings for public library staff; working groups; and community advisory committees. Two respondents noted that they had worked with other organizations to integrate access to legal counsel, including with a service provider assisting with mental health matters.

TABLE X: TYPES OF COLLABORATION AMONG LEGAL AND NON-LEGAL ORGANIZATIONS

TYPE OF COLLABORATION	PERCENTAGE OF RESPONDENTS
Internships or student placements	48.15%
Collocated services delivery	48.15%
Client referrals	77.78%
Other (please specify)	55.56%

Respondents were also asked about challenges that they might have experienced when working collaboratively with other service providers or organizations. The main challenge cited by respondents related to funding (74.1%). A large percentage of respondents also indicated that staffing was a significant challenge (59.3%), followed by slightly more than half of respondents who indicated that competing professional standards or obligations created challenges in their work with others (51.9%). Respondents also indicated that location or office space limitations were an issue (48.2%), as were barriers to information sharing (44.4%). Two respondents indicated that they had not faced any challenges while one respondent indicated that they had experienced challenges in all areas listed but had managed to address the barriers to information sharing and issues related to competing professional standards and obligations. The respondent also noted that cross-disciplinary discourse is an issue, as is distrust of lawyers.

Examining the challenges identified based on respondent type reveals that an equal number of not-for-profit organizations and legal clinics cited funding and barriers to information sharing as challenges in collaborating with others, however a higher proportion of legal clinic respondents (42.9%) indicated that competing professional standards/obligations were challenging compared with 30.8% of not-for-profit respondents. Challenges related to staffing were cited as a concern by 50.0% of legal clinic respondents compared with a slightly lower proportion of not-for-profit organizations (46.2%) that indicated this was an issue in collaborations. A similar dynamic played out with respect to location/space limitation challenges. A greater percentage of legal clinic respondents (42.9%) than not-for-profit respondents (38.5%) indicated that space limitations were a challenge. The pro bono service respondent indicated that funding, competing professional standards/obligations, space limitations and staffing were all challenges, while the library respondent indicated that competing professional standards/obligations and barriers to information sharing were challenges in collaborating with others.

TABLE XI: CHALLENGES FACED IN COLLABORATIONS BETWEEN LEGAL SERVICE PROVIDERS AND OTHER ORGANIZATIONS

TYPE OF CHALLENGE	PERCENTAGE OF RESPONDENTS
Funding challenges	74.1%
Competing professional standards/obligations	51.9%
Barriers to information sharing	44.4%
Location/office space limitations	48.2%
Staffing	59.3%
We have not faced any challenges	7.4%
Other (please specify)	3.7%

For respondents who indicated that they provide legal assistance, the final multiple choice question in the survey asked if they track the results of client matters involving a multi-disciplinary team. A larger percentage of respondents indicated that they do not track the results of client matters involving multi-disciplinary teams (44.4% of respondents) than respondents who indicated that they track the results of matters involving a multi-disciplinary team (37.0% of respondents). Several respondents entered written responses through the 'other' option. A majority of these respondents indicated that it depends, with multiple respondents stating that whether results were tracked varied based on the type of collaboration and whether it was a special or formal project versus a more informal exchange. One respondent noted that tracking of client matters was subject to the needs of the client at the time.

TABLE XII: PERCENTAGE OF RESPONDENTS WHO TRACK CLIENTS MATTERS INVOLVING MULTI-DISCIPLINARY TEAMS

TRACKING OF RESULTS ON MULTI-DISCIPLINARY TEAMS	PERCENTAGE OF RESPONDENTS
Yes	37.0%
No	44.4%
Other	18.5%

Respondents who indicated that they do not provide legal advice were asked several questions to better understand their views on multi-disciplinary service teams. In response to a question on the type of multi-disciplinary model that the respondent would be most interested in participating in, a majority of respondents (42.9% of respondents) indicated that they would be most interested in a social work-legal partnership. This was followed by 28.6% of respondents who indicated that they would be interested in a mental health-legal partnership. While no respondents indicated an interest in a medical-legal partnership or a multi-disciplinary family services team, one respondent did specify that they would be most interested in working with a team of lawyers to solve the access to justice problem of unaffordable legal services.

TABLE XIII: INTEREST IN COLLABORATIVE MODELS AMONG ORGANIZATIONS THAT DO NOT PROVIDE LEGAL SERVICES

TYPE OF COLLABORATIVE MODEL	PERCENTAGE OF RESPONDENTS
Medical-legal partnership	0.0%
Social work-legal partnership	42.9%
Mental health-legal partnership	28.6%
Multi-disciplinary family services team	0.0%
Other (please specify)	28.6%

As a follow-up to this question on collaborative models, respondents were asked to indicate how feasible they thought it might be for them to work within a collaborative model to facilitate holistic problem resolution. A majority of respondents (85.7%) indicated that it would be somewhat feasible while one respondent indicated that it would be very feasible.

TABLE XIV: FEASIBILITY OF COLLABORATION AMONG ORGANIZATIONS THAT DO NOT PROVIDE LEGAL ASSISTANCE

FEASIBILITY OF COLLABORATION	PERCENTAGE OF RESPONDENTS
Somewhat	85.7%
Very	14.3%
It would not be feasible	0.0%

In the first of two remaining questions limited to organizations that indicated that they do not provide legal assistance, respondents were asked to indicate the type of concerns that they would have in working with professionals from other disciplines. A majority of respondents (71.4%) indicated that funding challenges would be an important concern. An equal percentage of respondents (42.9%) indicated that they were concerned about barriers to information sharing and time constraints, while 28.6% of respondents indicated that location or office space limitations would be a concern. One respondent indicated that they would be concerned about competing professional standards or obligations. Among the 'other' concerns indicated, one respondent expressed concerns related to the potential to collaborate with others to provide services in French, while another respondent noted their concern about others in a collaborative model being sufficiently invested in working to improve access to justice.

TABLE XV: CONCERNS OF NON-LEGAL ORGANIZATIONS IN WORKING IN A MULTI-DISCIPLINARY TEAMS

TYPE OF CHALLENGE	PERCENTAGE OF RESPONDENTS
Funding challenges	71.4%
Competing professional standards/obligations	14.3%
Barriers to information sharing	42.9%
Location/office space limitations	28.6%
Time constraints	42.7%
We do not have any concerns	0.0%
Other (please specify)	42.9%

Respondents who do not provide legal assistance were also asked if they provide clients with information pertaining to any of several, specific types of services. The goal of this question was to gauge whether any of the organizations that indicated that they do not provide legal assistance might provide referrals to the types of services or organizations that are common within the multi-disciplinary legal problem space. Responses varied. While a majority of respondents (57.1%) indicated that they provide clients with information about community services organizations, responses were on the lower end for medical or healthcare organizations, mental health organizations and social service organizations at 14.3% of respondents each. A slightly higher percentage of respondents (28.6%) indicated that they provide clients with information pertaining to Aboriginal/Indigenous organizations.

TABLE XVI: NON-LEGAL SERVICES INFORMATION PROVIDED BY ORGANIZATIONS THAT DO NOT PROVIDE LEGAL ASSISTANCE

ORGANIZATION	PERCENTAGE OF RESPONDENTS
Medical or healthcare organizations	14.3%
Mental health organizations	14.3%
Social workers/Social service organizations	14.3%
Aboriginal/Indigenous organizations	28.6%
Community services organizations	57.1%
We do not provide clients with supplementary information/materials	14.3%
Other (please specify)	28.6%

Endnotes

Endnotes

- 1 For example, in the 2005 report on the National Survey of Civil Justice Problems, Ab Currie explains that “[t]he questions asked of respondents did not ask them to identify ‘legal’ problems. This was because it cannot be assumed that people will recognize in all cases that their problems have a legal aspect and a legal solution.” Ab Currie, *A National Survey of the Civil Justice Problems of Low and Moderate Income Canadians: Incidence and Patterns* (Ottawa: Department of Justice Canada Research and Statistics Division, April 2005). [Currie, *National Survey*]. Further, in the 2016 report on the Everyday Legal Problems survey conducted by the Canadian Forum on Civil Justice, researchers note that respondents were asked about “specific problem scenarios...each one carefully worded to ensure that the issue had legal content.” Trevor C.W. Farrow, Ab Currie, Nicole Aylwin, Les Jacobs, David Northrup and Lisa Moore, *Everyday Legal Problems and the Cost of Justice in Canada: Overview Report* (Toronto: Canadian Forum on Civil Justice, 2016) at 4, online: CFCJ <<https://www.cfcj-fcjc.org/sites/default/files/Everyday%20Legal%20Problems%20and%20the%20Cost%20of%20Justice%20in%20Canada%20-%20Overview%20Report.pdf>>. [CFCJ, *Overview Report*]
- 2 *Ibid* at 7-10.
- 3 See e.g. Ab Currie and Lisa Moore, *Social and Economic Adversity Experienced by Canadians and Everyday Legal Problems* (Toronto: Canadian Forum on Civil Justice, December 2018) online: CFCJ <<https://cfcj-fcjc.org/wp-content/uploads/Social-and-Economic-Adversity-Experienced-by-Canadians-and-Everyday-Legal-Problems-Ab-Currie-Lisa-Moore.pdf>>. [Currie & Moore, *Social Adversity*]
- 4 Task Force on Justice, *Justice for All – The Report of the Task Force on Justice* (New York: Center on International Cooperation, 2019) at 17, online: Pathfinders for Peaceful, Just and Inclusive Societies <<https://www.justice.sdg16.plus/report>>. [Task Force on Justice, *Justice for All*]
- 5 United Nations Sustainable Development Goal (SDG) 16.3 calls on all nations to improve equal access to justice by 2030 for the safety, well-being and advancement of people worldwide. For the complete list of UN Sustainable Development Goals, see United Nations, “Sustainable Development Goals”, online: United Nations <<https://sustainabledevelopment.un.org/?menu=1300>>.
- 6 See e.g. CFCJ, “Measuring the Impact of Legal Service Interventions”, online: CFCJ <<https://cfcj-fcjc.org/our-projects/measuring-legal-service-interventions/>>.
- 7 See e.g. CFCJ, “Community-Based Justice Research”, online: CFCJ <<https://cfcj-fcjc.org/our-projects/community-based-justice-research-cbjr/>>.
- 8 The Canadian Forum on Civil Justice carried out a national survey of everyday legal problems in 2014 which included 17 legal problem types, including criminal problems related to civil justice problems. Consumer, employment, and debt were the most commonly experienced types of problems among the Canadian public while social assistance, immigration and family (other) problems (along with criminal problems related to civil justice problems) ranked the lowest. See CFCJ, *Overview Report*, *supra* note 1 at 8.
- 9 In “Access to What?”, Professor Rebecca Sandefur explains the reason that people do not seek legal help for their problem(s) because “... they do not think of their problems as being ‘legal,’ even when the legal system could help solve them.” Rebecca L. Sandefur, “Access to What?” (Winter 2019) 148:1 *Dædalus* 49.
- 10 Philip Lewis, “Unmet Legal Needs,” in Pauline Morris, Richard White and Philip Lewis, eds., *Social Needs and Legal Action* (London: Martin Robertson, 1973) at 79 in Ab Currie, *A National Survey of Civil Justice Problems* (Ottawa: Department of Justice, April 2005) at 3.
- 11 See Currie, *National Survey*, *supra* note 1 at 10-12.

- 12 CFCJ, *Overview Report*, *supra* note 1 at 10.
- 13 CFCJ, *Overview Report*, *supra* note 1 at 14.
- 14 This finding is from a small study that was conducted in Toronto. The findings from that study cannot be generalized. See Trevor CW Farrow, “What is Access to Justice?” (2014) 51:3 Osgoode Hall LJ 957.
- 15 Gina Agarwal, et al “Legal Needs of Patients Attending an Urban Family Practice in Hamilton, Ontario, Canada: An Observational Study of a Legal Health Clinic” (2020) 21:1 BMC Family Practice 267 at 270. [Agarwal et al, *Legal Needs of Patients*]
- 16 Brenda Jacobs and Les Jacobs explain that this type of problem resolution process where matters are addressed by teams with less distinct roles might be seen, for example, in a shelter for survivors of domestic violence or a homeless shelter where multiple professionals work together to address immediate and sometimes longer-term needs. See Brenda Jacobs and Lesley Jacobs, *Multi-disciplinary Paths to Family Justice: Professional Challenges and Promising Practices* (Toronto: Law Commission of Ontario, June 2010) at 14. [Jacobs, *Multi-disciplinary Paths*]
- 17 Licensed lawyers in Canada follow the rules of professional conduct outlined by the law society in their jurisdiction. See Federation of Law Societies, “Law Society Codes of Conduct”, online: FLSC <<https://flsc.ca/national-initiatives/model-code-of-professional-conduct/law-society-codes-of-conduct/>>. Social workers in Canada are bound by the Canadian Association of Social Workers Code of Ethics. See Canadian Association of Social Workers, “Code of Ethics”, online: CASW-ACTS <https://www.casw-acts.ca/files/documents/casw_code_of_ethics.pdf>. Physicians in Canada follow the Canadian Medical Association’s Code of Ethics and Professionalism. See Canadian Medical Association, “Code of Ethics and Professionalism”, online: CMA <<https://policybase.cma.ca/en/permalink/policy13937>>.
- 18 This definition of the interdisciplinary model for legal problem resolution derives from the explanation provided by Mara Tencer Block and Andrya Soprych in their discussion on incorporating social work into the legal practice. Tencer and Soprych also underscore that non-legal professionals working in an interdisciplinary model do not provide services to clients independent of those being offered by the law office. See Mara Tencer Block and Andrya Soprych, “Beyond Advocacy Alone: Incorporating Social Work into Legal Aid Practice” (2011) 44:9-10 Clearinghouse Rev 465 at 466. [Block & Soprych, *Beyond Advocacy*]
- 19 *Ibid* at 467.
- 20 Jacobs, *Multi-disciplinary Paths*, *supra* note 16 at 72.
- 21 Joshua R. Vesta, et al “Using Structured and Unstructured Data to Identify Patients’ Need for Services that Address the Social Determinants of Health” (2017) 107 Int J Med Inform 101 at 102.
- 22 See Agarwal et al, *Legal Needs of Patients*, *supra* note 15 at 2.
- 23 BIPOC refers to Black people, Indigenous people and People of Colour. LGBTIQA refers to lesbian, gay, bisexual, transgender, intersex, queer or questioning and asexual.
- 24 This definition of social determinants of health derives from Public Health Canada. See Public Health Canada, “Determinants of Health: Social Determinants of Health and Health Inequalities”, online: <<https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html>> (page last accessed on 29 November 2021). As an additional note, Public Health Canada specifically references LGBTQ rather than LGBTIQA.
- 25 See e.g. Ellen Lawton, *The Medical-Legal Partnership* (Community Health Forum National Association of Community Health Centers, Fall/Winter 2014) at 12.
- 26 Medical-legal partnerships are sometimes referred to as health-justice partnerships.

- 27 This differs from many legal-social work partnerships, for example, that have the first point of contact for clients as a legal clinic or legal service provider.
- 28 Many MLPs provide advocacy training to medical residents and students. MLP trainings for medical providers have focused on improving the social histories taken by physicians to improve physicians' ability to detect legal issues affecting patient health. Jeffrey David Colvin, et al "Integrating Social Workers into Medical-Legal Partnerships: Comprehensive Problem Solving for Patients" (2012) 57:4 *Social Work* (New York) 333 at 335. [Colvin et al, *Integrating Social Workers into Medical-Legal Partnerships*]
- 29 A medical health professional participating in the health-justice partnership at the SickKids Hospital in Toronto explained that, "[p]robably nine times out of ten times [patients don't seek legal help] because they're so intimidated by authority and the whole system... having [legal help] here and me being able to walk them down to it is huge." See Suzanne F. Jackson, et al "Hospital-Legal Partnership at Toronto Hospital for Sick Children: The First Canadian Experience" (2012) 15:4 *Healthcare Q* (Toronto, Ont.) 55 at 59. [Jackson et al, *HJP First Canadian Experience*]
- 30 Gregory Drozdal, et al "Integrating Legal Services with Primary Care: The Health Justice Program" (2019) 65:4 *Can Fam Physician* 246. [Drozdal et al, *Integrating Legal Services with Primary Care*]
- 31 In the U.S., for example, a Medical-Legal Community Partnership program in Philadelphia is one of several initiatives providing support for the City of Philadelphia's Eviction Diversion Program. See Philadelphia Legal Assistance, "Housing Unit: Eviction Diversion Program", online: PLA <<https://philalegal.org/services/eviction-diversion-program>>.
- 32 Drozdal et al, *Integrating Legal Services with Primary Care*, *supra* note 30 at 246.
- 33 See e.g. McGill University Department of Epidemiology, Biostatistics and Occupational Health, "Social Epidemiology", online: <<https://www.mcgill.ca/epi-biostat-occh/research-0/social-epidemiology>>; University of Michigan School of Public Health, Certificate in Social Epidemiology: <https://sph.umich.edu/social-epidemiology/index.html>.
- 34 Outside of Ontario, "Community Health Centre" is used to describe several different types of health services organizations operating at the community level which may or may not incorporate multi-disciplinary problem resolution as part of their service model. In the United States, for example, community health centers are generally concerned with dispensing primary health care to low-income members of a community. In Australia, "community-health centres" more closely resemble Ontario's model and incorporate considerations of social and environmental problem resolution tools into the suite of offerings available to people seeking to address other health needs. See e.g. Better Health, "Community Health Centres", online: <<https://www.betterhealth.vic.gov.au/health/healthyliving/community-health-centres>>.
- 35 See e.g. Jason Rehel, "TAIBU and Rexdale CHCs partner with Legal Aid Ontario to support better education outcomes for Black youth" *Alliance for Healthier Communities* (29 June 2017), online: <<https://www.allianceon.org/blog/TAIBU-and-Rexdale-CHCs-partner-Legal-Aid-Ontario-support-better-education-outcomes-Black-youth>>.
- 36 Currie & Moore, *Social Adversity*, *supra* note 3 at 4.
- 37 Currie & Moore, *Social Adversity*, *supra* note 3 at 5.
- 38 Stephanie K. Boys, et al "Social Work and Law Interdisciplinary Service Learning: Increasing Future Lawyers' Interpersonal Skills" (2015) 35:4 *J Teach Soc Work* 410 at 413. [Boys et al, *Social Work and Law Interdisciplinary Service Learning*]
- 39 See East Bay Community Law Center, "EBCLC's Social Work Program Deepens Impact Through Wrap-Around Care" *EBCLC* (15 August 2019), online: <<https://ebclc.org/in-the-news/ebclcs-social-work-program-deepens-impact-through-wrap-around-care/>>.

- 40 This case study is based on the story of Mr. Z (name changed for confidentiality reasons) as explained in the report jointly produced by the lawyer and social worker team that managed Mr. Z's case. See Block & Soprych, *Beyond Advocacy*, *supra* note 18 at 465.
- 41 A study on a social worker-lawyer multi-disciplinary model in Illinois explains, for example, that "In Illinois both professionals are ethically required to compromise confidentiality when necessary to prevent serious harm." Block & Soprych, *Beyond Advocacy*, *supra* note 18 at 466.
- 42 For example, Boys et al argue that "[s]ocial workers themselves, along with social work values, also are becoming more embedded in sectors of the legal system as the concept of restorative justice, in which the needs of the community and victims are considered in judicial decisions, has grown in popularity in the United States." Boys et al, *Social Work and Law Interdisciplinary Service Learning*, *supra* note 38 at 413.
- 43 See e.g. University of Toronto Faculty of Law JD/MSW (Social Work), online: <<https://www.law.utoronto.ca/academic-programs/jd-program/combined-programs/jdmsw-social-work>>, McGill University Faculty of Law Bachelor of Law (BCL)/Juris Doctor (JD) and Master of Social Work (M.S.W.), online: <<https://www.mcgill.ca/law/bcl-jd/program-description/joint-degrees>> New York University Silver School of Social Work Social Work (MSW) and (JD), online: <<https://socialwork.nyu.edu/a-silver-education/degree-programs/msw/degree-pathways/dual-degrees/law.html>>, University of New South Wales (Sydney) Bachelor of Social Work (Honours)/Law, online: <<https://www.unsw.edu.au/study/undergraduate/bachelor-of-social-work-honours-law>>.
- 44 See e.g. Alicia Lam and Vanessa Emery, *Serving the Whole Person: Considerations for Social Work Student Programs in Legal Clinic Settings* (Ontario: Scarborough Community Legal Services, January 2021) at 5, online: <<https://www.scarboroughcommunitylegal.ca/news/2021-01/social-work-student-programs-legal-clinic-settings-report-and-toolkit>>.
- 45 Brigid Coleman, "Lawyers Who Are Also Social Workers: How to Effectively Combine Two Different Disciplines to Better Serve Clients" (2001) 7 Wash U J L & Pol'y 131 at 139. [Coleman, *Lawyers Who Are Also Social Workers*]
- 46 *Ibid* at 140.
- 47 *Ibid* at 143.
- 48 For example, a report that explores social work practices in more than ten legal aid organizations in California notes that, "some programs had problems with attorneys treating social workers as an assistant, when in reality they should be treated with the respect accorded to another professional." See OneJustice and The Legal Aid Association of California, *Social Work Practices in California Legal Aid Organizations* (California: Legal Aid Association of California, Spring 2021) at 22. As another example, a recent journal article references the relationship between lawyers and social workers as being "sharply polarised, hostile and resentful." See Tamara Walsh, "Lawyers and Social Workers Working Together: Ethic of Care and Feminist Legal Practice in Community Law" (2012) 21:3 Griffith Law Rev 752 at 753. [Walsh, *Lawyers and Social Workers Working Together*]
- 49 *Ibid* at 754.
- 50 Toby Golick and Janet Lessem, "A Law and Social Work Clinical Program for the Elderly and Disabled: Past and Future Challenges" (2004) 14 Wash U JL & Pol'y 183 at 191. [Golick and Lessem, *Clinical Program for the Elderly and Disabled*]
- 51 Thea Zajac, *Social Work and Legal Services - Integrating Disciplines: Lessons from the Field* (California: Legal Aid Association of California, 2011) at 7, online: <<https://www.laaonline.org/wp-content/uploads/Social-Work-and-Legal-Services-Integrating-Disciplines-Lessons-from-the-Field-1-1.pdf>>. [Zajac, *Social Work and Legal Services*]
- 52 Golick and Lessem, *Clinical Program for the Elderly and Disabled*, *supra* note 50 at 195-196.

- 53 For example, in the U.S., the Medical-Legal Partnership for Children in Kansas City, Missouri originally included a partnership between Legal Aid of Western Missouri and the Children's Mercy Hospital. The program then partnered with the Children's Mercy Hospital's and Clinic's network of over 100 social workers who were engaged to offer support for a range of matters. See Colvin et al, *Integrating Social Workers into Medical-Legal Partnerships*, *supra* note 28 at 338.
- 54 See e.g. Figure 1 in Jackson et al, *HJP First Canadian Experience*, *supra* note 29 at 58.
- 55 See Jacobs, *Multi-disciplinary Paths*, *supra* note 16 at 50.
- 56 See for example Golick and Lessem, *Clinical Program for the Elderly and Disabled*, *supra* note 50 at 187. For an example of a Community Guardian Program, see "New York Foundation for Senior Citizens Community Guardian Program", online: <<https://www.nyfsc.org/support-services/community-guardian-program/>>.
- 57 The social worker also suggests that legal services organizations that add social workers might offer better balance for lawyers and social workers working together than social services agencies that employ lawyers. *Ibid* at 188.
- 58 See generally Jacobs, *Multi-disciplinary Paths*, *supra* note 16.
- 59 Colvin et al, *Integrating Social Workers into Medical-Legal Partnerships*, *supra* note 28 at 335.
- 60 Colvin et al, *Integrating Social Workers into Medical-Legal Partnerships*, *ibid* at 336.
- 61 Colvin et al, *Integrating Social Workers into Medical-Legal Partnerships*, *ibid* at 337.
- 62 Among these challenges, questions related to client/patient confidentiality factor high among the list of concerns in this type of multi-disciplinary model. See further, Colvin et al, *Integrating Social Workers into Medical-Legal Partnerships*, *supra* note 28 at 337.
- 63 The 2013 "Roadmap for Change" report by the national Committee on Access to Justice in Civil and Family Matters outlines a series of changes that are needed for meaningful access to justice in Canada. See Action Committee on Access to Justice for Civil and Family Matters, *A Roadmap for Change* (Ontario: Canadian Forum on Civil Justice, October 2013) at 2-5, online: CFCJ <https://www.cfcj-fcj.org/sites/default/files/docs/2013/AC_Report_English_Final.pdf>.
- 64 See Ontario Trillium Foundation, *Our Grants: Grants Awarded*, "Scarborough Community Legal Services", online: <<https://www.otf.ca/grants-awarded/2440>>. See also Aidan Macnab, "Pilot explores how social work students can help fill funding gaps in community legal clinics", *Law Times* (30 November 2020), online: <<https://www.lawtimesnews.com/resources/practice-management/pilot-explores-how-social-work-students-can-help-fill-funding-gaps-in-community-legal-clinics/335757>>.
- 65 Jackson et al, *HJP First Canadian Experience*, *supra* note 29 at 59.
- 66 National Centre for Medical Legal Partnership, "The Partnerships", online: <<https://medical-legalpartnership.org/partnerships/#HRSA-HC>>
- 67 *Ibid*.
- 68 See e.g. Jackson et al, *HJP First Canadian Experience*, *supra* note 29.
- 69 See e.g. Drozdal et al, *Integrating Legal Services with Primary Care*, *supra* note 30.
- 70 According to a 2019 report that looks at financing medical-legal partnerships, an estimated 54 per cent of healthcare providers with a medical-legal partnership recorded operating expenses related to the medical-legal partnership in their budget. See Jennifer Trott, Alanna Peterson and Marsha Regenstein, "Financing Medical-Legal Partnerships: Views from the Field" (Washington DC: National Center for Medical Legal Partnership, April 2019) at 3, online: <<https://medical-legalpartnership.org/wp-content/uploads/2019/04/Financing-MLPs-View-from-the-Field.pdf>>.

- 71 *Ibid.*
- 72 *Ibid.*
- 73 *Ibid* at 4-5.
- 74 *Ibid* at 5.
- 75 See Jackson et al, *HJP First Canadian Experience*, *supra* note 29 at 60. See further Drozdal et al, *Integrating Legal Services with Primary Care*, *supra* note 30 at 248.
- 76 Beyond Social Work, Law, and Medicine as well as the work of trusted intermediaries discussed in this paper, multi-disciplinary models have contemplated integrating experts from other disciplines in their service delivery model. This includes, for example, finance professionals and mental health experts. See further Joshua Tepper, Jeremy Petch, Sidak Kaur, “Widening the circle of care: adding legal and financial expertise to the health care team”, *Healthy Debate* (2 October 2014), online: <<https://healthydebate.ca/2014/10/topic/health-promotion-disease-prevention/widening-circle-care-adding-legal-financial-expertise-health-care-team/>>. For a general discussion on the importance of integrating mental health—not just physical health—considerations into dispute resolution processes, see Legal Aid Ontario, *The Mental Health Strategy for Legal Aid Ontario* (Ontario: Legal Aid Ontario, 2016), online: <<https://www.legalaid.on.ca/wp-content/uploads/Mental-Health-Strategy-for-Legal-Aid-Ontario-EN.pdf>>.
- 77 ‘Trusted intermediaries’ here refers to organizations or individuals within a community that are considered to be trustworthy sources of help and information. This might include the following organizations and professionals who work within them: employment services organizations, religious organizations, family health centres, multicultural or community centres, and other organizations. For more on trusted intermediaries, see generally Karen Cohl et al, *Trusted Help: The Role of Community Workers as Trusted Intermediaries Who Help People With Legal Problems - Part I: Key Findings and Recommendations* (Toronto, Ontario: The Law Foundation of Ontario, February 2018), online: <<https://lawfoundation.on.ca/download/part-1-trusted-help-the-role-of-community-workers-as-trusted-intermediaries-who-help-people-with-legal-problems-2018/>>.
- 78 Research from the Canadian Forum on Civil Justice indicates that cost—or the perception of cost— influences the decision not to seek legal help in only one out of five cases. See CFCJ, *Overview Report*, *supra* note 1 at 10. For additional insights on reasons that people do not seek legal help, see Lisa Moore, *Everyday Legal Problems and the Cost of Justice in Canada: Survey Data* (Toronto, Canada: Canadian Forum on Civil Justice, 2018) at 152-159, online: CFCJ <<https://cfcj-fcjc.org/wp-content/uploads/Everyday-Legal-Problems-and-the-Cost-of-Justice-in-Canada-Cost-of-Justice-Survey-Data.pdf>>.
- 79 For more information on Legal Health Check-Ups, see Ab Currie, *Extending the Reach of Legal Aid: Report on the Pilot Phase of the Legal Health Check-Up Project* (Ontario: Halton Community Legal Service, May 2015), online: <<https://legalhealthcheckup.ca/bundles/legalcheck/pdf/precis-of-final-report.pdf>>.
- 80 Agarwal et al, *Legal Needs of Patients*, *supra* note 15 at 3.
- 81 Colleen Sym, “The Legal Health Check-Up project: An Intermediary’s Perspective” (Ontario: Law Foundation of Ontario, 16 October 2019), online: <<https://www.legalaid.on.ca/2019/10/16/the-legal-health-check-up-project-an-intermediarys-perspective/>>.
- 82 See Drozdal et al, *Integrating Legal Services with Primary Care*, *supra* note 30 at 247.

- 83 See Jacobs, *Multi-disciplinary Paths*, *supra* note 16 at 72.
- 84 For an example of a study that de-identified data from a multi-disciplinary model for research and analysis, see Jackson et al, *HJP First Canadian Experience*, *supra* note 29 at 55-57.
- 85 A copy of the Multi-disciplinary Legal Problem Resolution Survey is included in English in Appendix I.
- 86 'Organizations' refers broadly to respondents to the survey. 'Older organizations' refers to organizations established 20 or more years ago. 'Younger organizations' refers to organizations started less than 20 years ago.
- 87 For a general discussion, see Julie Mathews and David Wiseman, *Community Justice Help: Advancing Community-Based Access to Justice, A Discussion Paper* (Toronto: Community Legal Education Ontario, June 2020), online: <https://cleoconnect.ca/wp-content/uploads/2020/07/Community-Justice-Help-Advancing-Community-Based-Access-to-Justice_discussion-paper-July-2020.pdf>. See further CFCJ, "Community-Based Justice Research", online: CFCJ <<https://cfcj-fcjc.org/our-projects/community-based-justice-research-cbjr/>>.
- 88 The CFCJ's Measuring Impacts project for example seeks to offer empirical insights on the legal and non-legal impacts of access to legal help relative to people's personal circumstances, health, family and other factors. See CFCJ, "Measuring the Impact of Legal Service Interventions", online: CFCJ <<https://cfcj-fcjc.org/our-projects/measuring-legal-service-interventions/>>
- 89 For a discussion on return on investment on access to justice services, see Lisa Moore and Trevor C.W. Farrow, *Investing in Justice: A Literature Review in Support of the Case for Improved Access* (Toronto: Canadian Forum on Civil Justice, August 2019), online: CFCJ <<https://cfcj-fcjc.org/wp-content/uploads/Investing-in-Justice-A-Literature-Review-in-Support-of-the-Case-for-Improved-Access-by-Lisa-Moore-and-Trevor-C-W-Farrow.pdf>>.