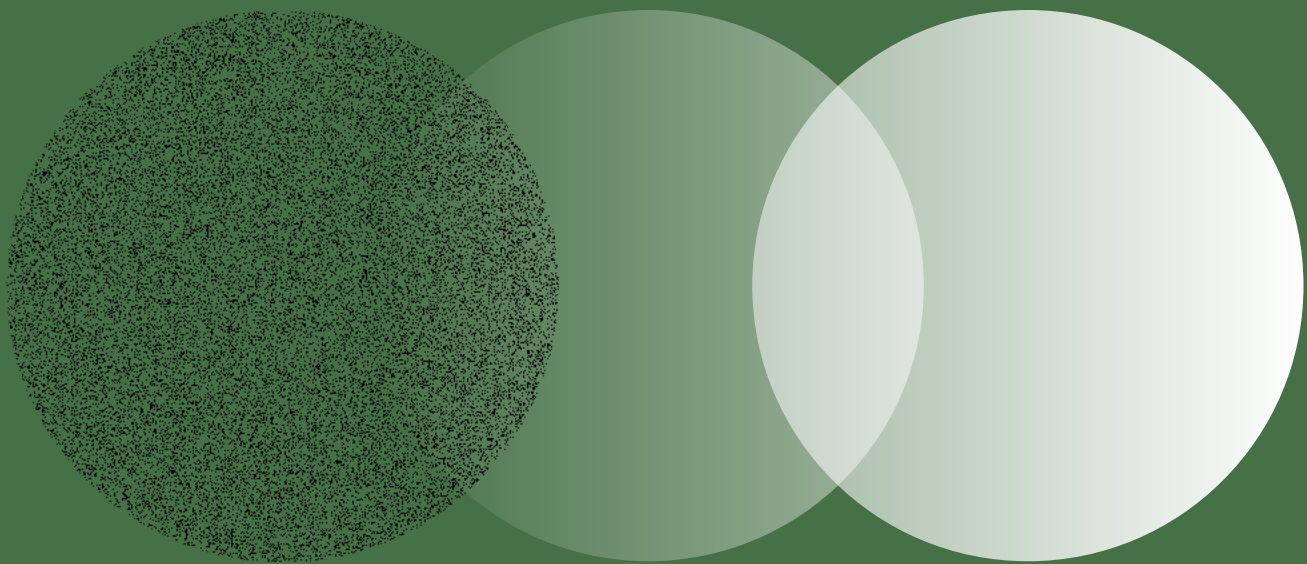


The Communities Being Served are the Resources that are Needed Innovations in Community-Based Justice in Ontario

An Anthology of Canadian Research



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The **Community-Based Justice Research (CBJR)** project (2018-2022) is a four-year study that seeks to compare the costs, benefits, challenges and opportunities of providing and scaling access to community-based justice services in Canada, Sierra Leone, Kenya and South Africa.

Learn more about the CBJR project at: <https://cfcj-fcjc.org/our-projects/community-based-justice-research-cbjr/>.

Foreword and Acknowledgements

THIS VOLUME deals with one aspect of community-based justice in which community legal clinics take the lead in building collaborative partnerships with community groups to bring greater access to justice to people. This is not the only model of community-based justice. There are large numbers of helping organizations in communities, some staffed by professional service providers and some by capable volunteers, assisting people to resolve problems involving fairness and social justice in everyday life. There may be other ways in which community organizations assisting people may receive help from legal professionals in the form of direct advice or public legal information other than the ways represented by the projects described here. This represents a vast area of alternative pathways to legal and social justice yet to be fully explored.

COMMUNITY LEGAL CLINICS are great incubators of innovation in access to justice. The volume is a tribute to the creativity and insights of leaders in community legal clinics and to the innovation inspired by the leaders and staff of legal professionals in community legal clinics. Among these innovative and creative leaders in community-based justice are Colleen Sym, now retired, who was Executive Director of the Halton Community Legal Clinic, Giulia Reinhardt who is presently the Executive Director at the Halton clinic, Anthea Millikin, Executive Director of the Legal Clinic of Guelph and Wellington County, Hugh Tye, Executive Director of the Hamilton Community Legal Clinic and Ian Aitken, the Co-Executive Director of the Legal Clinic of Brant, Haldimand and Norfolk. The list of people from whom I have learned much about community-based justice also includes the Executive Directors of the community legal clinics involved in the second stage of the legal health check-up project at the time the project was being carried out. These include Walter Van de Kleut, Chatham-Kent Legal Clinic, Shannon Down, Waterloo Region Community Legal Clinic, Jeff Schlemmer, Neighbourhood Legal Services of London and Middlesex, Ken Brooks, Elgin-Oxford Legal Clinic, Andrew Bolter, Community Legal Assistance Sarnia, Marion Overholt, University of Windsor Student Legal Assistance Society, Jamie Hildebrand, Huron-Perth Community Legal Clinic and Jim Sykes, Justice Niagara.

ALL ARTICLES AND REPORTS included in this volume have been previously published elsewhere. They are reprinted in their original form, allowing the original graphics to be preserved. This is desirable because for some of the reports the graphics are integral elements of the presentation and messaging. Original introductions have been written for each section, highlighting aspects of the projects. Each project represents a different aspect to the overall theme, that the community being served is the resource that is needed to expand access to justice to that community. This is one of the essential precepts that has emerged as experience has accumulated from the projects reviewed in this volume.

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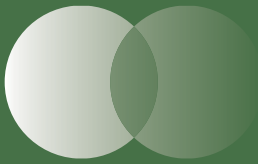
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Part 01

The Communities Being Served are the Resources That Are Needed to Expand Access to Justice to Communities in Need



The Communities Being Served are the Resources That Are Needed to Expand Access to Justice to Communities in Need

OVER THE PAST THREE DECADES, the bar has been set higher for providing access to justice to disadvantaged people and to the public more broadly. The origin of this change lies in the results of the contemporary body of legal needs research which has its beginnings with Hazel Genn's Paths to Justice research. The accumulating results from this body of research has led to an understanding of the ubiquitous nature of legal problems and that these problems are hidden in plain sight by barriers that prevent people from seeking help with problems they are experiencing, at least until the situation is dire. This has led to a recognition that outreach is an important part of meeting legal needs. Also, holistic and integrated services are required to meet the multiple problems that people experience, often occurring in clusters of inter-related legal and non-legal problems. Dealing with this new reality of access to justice requires more than the services traditionally available from lawyers. The skill sets, the infrastructure and the resources required to meet the new demands are greater than what has previously existed. However, the resources available from conventional sources of funding will not likely be sufficient nor of the kind to meet the new demands of people-centered justice. This thinking has informed the innovations in service delivery that are highlighted in this anthology, innovations that have led to the realization that in large measure the resources required to do the job exist within the community being helped.

IT IS NOT THAT THE FORMAL JUSTICE SYSTEM HAS NOT MET THE NEW AGENDA OF JUSTICE FOR ALL IN MATTERS OF CIVIL JUSTICE. IT CAN NOT.

IT IS NOT that the formal justice system has not met the new agenda of justice for *all* in matters of civil justice. It *can* not. This is not meant to diminish the importance of the formal justice system, which is in dire need of reform from top to bottom, from high courts to small claims and certainly in family matters. However, the landscape of civil justice

has changed fundamentally since Hazel Genn's Paths to Justice research extended the field from providing justice in the courts to the legal needs of the public. Her research introduced the idea that people experiencing justiciable problems might attempt to resolve problems through many different paths to justice. Professor Genn famously framed the scope of her inquiry to encompass "the widest possible range of justiciable problems, not merely the more obvious events that people would recognize as being potentially legal problems".¹ A justiciable event was defined as a matter that raised potential legal issues whether it was recognized by the person experiencing the problem as being "legal" and whether or not any action taken to resolve the issue involved any part of the civil justice system.²

COMMUNITY SERVICES AND VOLUNTARY ASSOCIATIONS ARE THE RESOURCES THAT ARE NEEDED, WORKING IN COLLABORATIVE PARTNERSHIPS WITH LEGAL CLINICS, FOR EXPANDING ACCESS TO JUSTICE WITHIN THIS MUCH EXPANDED FRAMEWORK FOR ACCESS TO JUSTICE.

COMMUNITY SERVICES AND VOLUNTARY ASSOCIATIONS are the resources that are needed, working in collaborative partnerships with legal clinics, for expanding access to justice within this much expanded framework for access to justice. Importantly, this is because many of these organizations are already assisting people resolve problems. Many of these problems involve legal aspects about which neither the people experiencing the problems nor the professional service providers or volunteers in community associations are aware. Second, the importance of community resources is in large measure because the financial resources available from conventional sources are not likely to be sufficient to meet the much larger access to justice agenda that is now recognized. Further, the skill sets of legal professionals are not adequate to meet the

new challenges of going out into the community where people live or spend much of their time to learn about the extant problems, identifying people with unmet need, working with the community to develop ways to resolve their problems, dealing with people experiencing multiple and complex inter-related clusters of legal and non-legal problems according to principles of trauma-informed service. This is all done within a conceptual framework of providing resolutions to problems of fairness and justice not only meeting legal needs, in terms that people will understand and in ways that make sense to them.

HOWEVER, potentially making this daunting task possible is a social organization of helping in virtually all communities, although the structures may vary considerably from one place to another. The community justice research in Canada, Kenya, South Africa, and Sierra Leone demonstrates this broad universality.³ These organizations are already helping people with the problems of everyday life. They are ready and willing to partner with community clinics to address the everyday legal problems experienced by the public.

COMMUNITY-BASED JUSTICE IS THE PRACTICAL “ON-THE-GROUND” EXPRESSION OF HOLISTIC AND INTEGRATED SERVICE INVOLVING COLLABORATIVE PARTNERSHIPS BETWEEN COMMUNITY LEGAL CLINICS AND COMMUNITY ORGANIZATIONS.

THE NEW PEOPLE-CENTERED AGENDA for access to justice is not understood as meeting only the “legal” needs of the public. The legal needs rubric is too restrictive, a reflection of a narrow legal framework. The access agenda is better understood as seeking resolutions to problems involving peoples’ perceptions of fairness and justice, rather than the resolution of legal issues *per se*.⁴ It has long been understood within the body of contemporary legal problems research and scholarship that legal problems are frequently aspects of the normal problems of everyday life. People seek normal solutions to everyday problems. And, although in a “law thick” world, many problems will have potential legal solutions, there are often more sensible ways to resolve them than taking legal action.

THIS COMMUNITY-BASED APPROACH to access to justice extends ownership of the access agenda to the community.

Experiencing legal problems is a human process and, therefore, dealing with them should also reflect the realities of emotional and personal difficulty. Community-based justice is the practical “on-the-ground” expression of holistic and integrated service involving collaborative partnerships between community legal clinics and community organizations. Although the domain of access to justice is expanding to encompass community groups, it is at this point in time legal professionals must take the lead in developing community outreach to expand access to justice. This is perhaps a reflection of non-lawyers’ perceptions of legal problems, lawyers, law and justice extant within the popular culture that leads them to define anything legal as beyond their domain. Also, traditionally, access to justice is the domain of lawyers and other legal professionals. Through the efforts of progressive lawyers, however, community-based justice is changing this one-directional focus. Based on the projects presented in this anthology community-based justice moves outward from community legal clinics to the community. However, as community-based justice evolves this may not always be the case. There are many community groups in which non-lawyers assist people with problems that have legal aspects and implications.⁵

COMMUNITY LEGAL CLINICS AND PARTNER ORGANIZATIONS in the community working together magnify the power of innovation. Clinics are powerful incubators for innovation in access to justice, working alongside community partners. The collaboration between community legal clinics and community organizations is an important way in which the creativity and power of innovation is enhanced, as clinics and community organizations learn from one another. Collaboration among several clinics on the same project also enhances the creativity of the innovation process. Clinics learn from one another by doing the same project slightly differently, each one with its own ideas, each with its own capacity due to size and staff composition and organization introducing the same innovation into a different service delivery environment. Community legal clinics introducing the same innovation probably should not necessarily be rigidly constrained into identical innovations for comparative or research design purposes. The payoff in creativity as clinics respond to different conditions will also yield comparative value, although not the controlled manner of conventional research methodology.

OCCASIONALLY, A GOOD INNOVATION can have a transformative effect on the way clinics provide service generally. The legal health check-up (LHC) is an example

of this. The LHC was the basis of developing a broader holistic and integrated approach to service delivery. Also, by connecting with trusted intermediaries through the LHC, the clinic was sometimes able to achieve early intervention, preventing a problem from becoming a full-blown crisis. The LHC became part of subsequent projects. The Legal Secondary Consultation project that was developed to provide advice to the non-legal service providers in trusted intermediary groups enabling them to better serve their own clients, developed directly from the LHC. The Newcomers project discussed in Part 5 and the Rural Mobile Van introduced in Part 4 incorporated the legal health check-up. Innovation can lead to other innovations, the second one being part of the same evolution in service delivery.

EACH OF THE FOLLOWING SECTIONS presents one or several reports or articles related to a particular service delivery innovation carried out in the Southwestern area of the province of Ontario, Canada. Section headings provide succinct highlights of the contribution the project has made to the evolution of community-based justice. These projects have been carried out and studied since about 2014, beginning with the legal health check-up. The research is not always evaluative in the strictest sense. The researcher was in some cases a part of the development of the project, blurring the conventional role of research somewhat between evaluation and project development.

BY AND LARGE the projects—legal health check-up, secondary consultation, the rural law van and newcomers conversations—have been linked, applying lessons learned as the earlier projects sparked the idea for another, or basic ideas adopted from another were developed in sequence. In different ways each project supports the thesis that the communities being served are the resources that are needed to expand access to justice to those communities. The work has been an exciting and rewarding journey. It has been a learning process in which I have been fortunate to learn from clinic lawyers and legal professionals who are far more knowledgeable than I, and for this I am grateful. One exemplary project with which the writer has not been directly connected is included.

Reports

1. Ab Currie, *The Community Being Helped is the Resource That Is Needed to Extend Access to Justice to the Community* (2020)

Part 01 REPORT 01

Ab Currie, **The Community Being Helped is the Resource That Is Needed to Extend Access to Justice to the Community** (2020)

The Community Being Helped is the Resource that is Needed to Extend Access to Justice to the Community

August 2020

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1. INTRODUCTION

There is a widespread recognition of the importance of not-for-profit organizations for meeting the access to justice needs of disadvantaged people.¹ Centered within that growing body of literature, this paper points to the importance of community service agencies and voluntary organizations as resources that enable community legal clinics to identify and meet the legal needs and to provide social justice outcomes that would otherwise be beyond their capacity if limited to resources from conventional sources. The resources available from the community are not monetary. They include entrée into hard-to-reach and -serve populations, special knowledge of about the problems experienced by disadvantaged groups and collaborative partnering between trusted intermediaries and community legal clinics to achieve resolutions to problems that make sense to the people experiencing them. Collaborative partnering extends the reach of legal services, building the capacity of community groups and making them part of the ecosystem of access to justice. Illustrations supporting the “community as a resource” hypothesis are drawn from recently documented service delivery innovations developed in several Ontario community legal clinics.

2. RAISING THE BAR FOR MEETING ACCESS TO JUSTICE NEEDS

The bar has been raised for meeting the legal needs of the public, in particular, with respect to publicly funded legal aid for disadvantaged people. The access to justice gap is wider than had previously been understood. This widening of the gap has occurred as the discourse in access to justice has shifted from a focus on access to the courts to the legal and justice problems experienced by the public and to what is required to address legal and justice needs on that much broader landscape of everyday legal problems. Any modest increases in resources from conventional sources will not likely be sufficient to meet the needs as they are now understood. Focusing on the community legal clinic sector², this paper argues that research carried out over the past several years on innovative service delivery projects in Ontario supports the argument that the community itself can be engaged in partnerships that become a critical resource for narrowing the justice gap. Establishing collaborative partnerships between legal clinics and community agencies engages the considerable resources extant in the community extending the

¹ Julie Mathews and David Wiseman, *Community Justice Help: Advancing Community-Based Access to Justice*, Community Legal Education Ontario, Toronto, 2020 and K. Chol, J. Lassonde, C.L. Smith and G. Thomson, *Trusted Help: The Role of Community Workers as Trusted Intermediaries Who Help People With Legal Problems*, Law Foundation of Ontario, Toronto, 2018.

² The 73 community legal clinics throughout Ontario receive core funding from Legal Aid Ontario but are self-governing with local boards of directors and are separate from the criminal and family legal aid services provided by LAO.

capacity of community legal clinics beyond what would otherwise be possible with available resources.

3. THE PERENNIAL PROBLEM OF UNDERFUNDING

Adequate funding for legal services has long been recognized as a problem. In the early 1980's Cooper pointed to periodic funding cuts he called the "Cinderella effect". In the early period of legal aid among early adopting countries, the pattern he observed was that legal aid programs went through periods of steady growth in expenditures until eventually coming under the scrutiny of politicians who saw expenditures rising too quickly for their ideological comfort. Then, like Cinderella, after a brief time in the limelight of the ball, legal aid is sent down to the cellar.³ Cuts to legal services often occur in the wake of periodic recessions as governments struggle to control expenditures and balance budgets. Recession-driven cuts to legal aid, occurred spectacularly in Ontario during the recession that occurred in the mid-1990's and in British Columbia during the dot.com recession in the early 2000's. More recently, in 2018 the newly elected Conservative Government in Ontario reduced the legal aid budget by 30% in an effort to gain control over what was viewed as excessive government spending by previous governments. Similarly, the UK government made substantial cuts to legal aid during the late 2000's, as part of a government-wide program of expenditure control.⁴ As David Luban observed decades ago about legal aid funding in the U.S., "while equality before the law holds a privileged place in our system, and to deny equality before the law delegitimizes that system, access to equal legal services would, however, take more money than our society can be expected to provide for its poor."⁵

4. PARADIGM SHIFT AND THE WIDENING ACCESS TO JUSTICE GAP

Over the past two decades a paradigm shift has occurred in access to justice that has shifted the focus from access to the courts to the legal problems experienced by the public. During the 1990's when discussions of civil justice reform dominated the professional discourse, researchers in the U.K. observed that the discussion that was taking place centered around problems in the courts without much knowledge about the legal problems experienced by the public overall. This seemed to be a narrow

³ J. Cooper, "Legal Aid Policy: A Time for Reflection", *Environment and Planning C: Government and Policy*, Volume 2, 1984 p. 432 or more recently John Kilwein, *The Decline of the Legal Services Corporation: It's Ideological, stupid!*, in Francis Regan, Alan Paterson, Tamara Goriely and Don Fleming (eds.) *The Transformation of Legal Aid: Comparative and Historical Studies*, Oxford University Press, 1999, pp. 41 -64.

⁴ Graham Cookson, *Unintended Consequences: The Cost of the Government's Legal Aid Reforms*, A Report for the Law Society of England and Wales, King's College London, 2011

⁵ David Luban, "The Right to Legal Services" in A.A. Paterson and T. Goriely (eds.), *Resourcing Civil Justice*, Oxford University Press, 1996, p. 61

view of civil justice reform. The barriers known to limit access to the courts made it obvious that the legal problems experienced by the public could not be understood by focusing on what happens, or fails to happen, in the courts. The answer to that problem was to conduct representative surveys of the public asking about the occurrence of everyday problems with legal aspects. Surveys of self-reported everyday legal problems or legal needs ask respondents about problem scenarios carefully constructed to contain a legal aspect. The seminal work in this field was Professor Genn's *Paths to Justice: What People Say and Do about Going to Law*.⁶ Genn's research focused on justiciable events, problems experienced by members of the public that raised legal issues, whether or not they were recognized by the respondent as being legal or whether or not any action taken to deal with the event involved the use of any part of the civil justice system.⁷ Professor Genn's groundbreaking research laid the foundation for a considerable body of socio-legal research now numbering over 55 large-scale national or regional legal problems surveys.⁸

This body of research, carried out at different times and in different countries, has produced remarkably consistent results about the nature and extent of everyday legal problems experienced by the public. First, legal problems are ubiquitous. Four legal problems surveys carried out in Canada estimate that about 50% of adult Canadians will experience one or more legal problems within a three-year period that they consider serious and difficult to resolve.⁹ According to the most recent survey (in 2015-2016), this amounts to an estimated 11.4 million people in the Canadian population overall, representing a greater number of problems since many people experience multiple problems. These problems often occur in clusters of interconnected legal and non-legal issues which sometimes make the resolution of one problem difficult because of the complexity resulting from the intersection of problems. The vast majority of people take some action to resolve the problem. Most people do not obtain legal assistance. In fact, the majority of people experiencing a problem say they did not recognize the legal aspects of the problem and did not recognize the seriousness of it. About 55% of respondents in the most recent survey said that the problem had been resolved at the time of the survey. However, things do not always turn out well. Among people who reported that the problem they experienced had been resolved about half say the outcome was unfair and that they achieved less than initially expected in the outcome.

⁶ Hazel Genn, *Paths to Justice: What People Say and Do About Going to Law*, Oxford University Press, Oxford, 1999. See also the earlier but less influential work in the U.S. that adopted essentially the same approach. Consortium on Legal Services and the Public, *Legal Needs and Civil Justice: Major Findings of the Comprehensive Legal Needs Study*, American Bar Association, 1994.

⁷ Genn, p. 12

⁸ OECD and Open Society Foundations, *Legal Needs Surveys and Access to Justice*, OECD Publishing, Paris, 2019, p. 25

⁹ 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*, Canadian Forum on Civil Justice, Toronto, 2016 and Ab Currie, *Nudging the Paradigm Shift: Everyday Legal Problems in Canada*, Canadian Forum on Civil Justice, Toronto, 2016

The scope of the equal access to civil justice issue framed in terms of problems experienced by the public is vast. It is not sufficient to provide help only to those people who can be counted as expressed demand,¹⁰ or those who show up at a community legal clinic requesting assistance. It is now widely accepted that legal assistance must be constructed on the basis of forms of outreach in order to identify people with hidden problems, understand the problems they are experiencing in the broader context of their lives and provide service that is holistic and interdependent.¹¹ This is a tall order for legal clinics with resources limited by funding constraints. Further, in many cases, the nature of funding may have long roots in a time before the ubiquitous nature of legal problems was understood and the need for outreach informed the discourse of access to justice.

5. ENGAGING THE RESOURCES OF THE COMMUNITY

The perspective advanced in this paper is that the resources that are required to meet the far greater level of need that derives from the everyday problems paradigm of access to justice exist within the communities being served. Communities have socially organized ways of helping people. This social organization of helping exists in virtually all communities although in very different forms from one place and time to another. Engaging the resources of the community in the delivery of community legal services is a way in which legal clinics have expanded legal services and access to justice. This is increasingly being recognized, and new unique innovations are evidence of how seriously this work is being undertaken by clinics. Collaborative partnerships between community legal clinics and community organizations can lay the foundation for holistic and integrated approaches to service delivery to clients and to strengthening communities.

The ideas about engaging community resources expressed in this paper are drawn from the experience of five community legal clinics in Southwestern and Eastern Ontario. These clinics are part of a network of 73 community legal clinics throughout Ontario. All community legal clinics (CLC's) are by virtue of their purpose and history strongly connected with the communities they serve. This discussion in no way presumes that other CLC's are not already engaged in creative collaboration with communities. There is much to learn about engaging the resources of communities from the experiences in other CLC's, although so little of it has been documented.

¹⁰ Jonathan Bradshaw, *The Concept of Social Need*, *New Society*, 30, March 1972 p. 642.

¹¹ Pascoe Pleasence, Christine Coumarelos, Suzie Forell and Hugh M. McDonald, *Reshaping Legal Assistance: Building on the Evidence*, Sydney, 2014, pp. 36 – 44.

6. INNOVATIVE PROJECTS IN ONTARIO, CANADA THAT HAVE ENGAGED THE RESOURCES OF THE COMMUNITIES BEING SERVED

Five innovative service delivery projects described in this section have led to the development of the “community as resource” hypothesis. All five projects are based on the principles of outreach; going out to the community to learn about the problems experienced by people, partnering with the community to develop ways to deal with them, going out to where people live or spend much of their time and helping people who would not otherwise receive assistance.

6.1 *The Legal Health Check-Up*

The Legal Health Check-up project (LHC) has enabled clinics to partner with community groups to identify people with unmet needs who would otherwise not come to the attention of community clinics.¹² The essential idea of the legal health check-up is that there are many organizations in the community to which people go for assistance with the everyday problems they experience. These include food banks, churches and government services that assist people with housing and other social services. The people experiencing these problems perhaps do not recognize the legal aspects of their problems, or are unaware of possible legal solutions and, as a consequence, do not take appropriate action to deal with them before the situation becomes worse. Similarly, service providers within the community organizations assisting people lack the legal capability to identify the legal aspects of the problems with which they are assisting people. However, intermediary groups can carry out the gateway roles of problem spotting and making good referrals, aided by using a simple questionnaire-like tool called a legal health check-up. The check-up is modelled after legal problems surveys, asking people in plain language and without reference to the term ‘legal’ if they are experiencing a series of everyday problems that commonly have legal aspects.

During the two pilot projects, the LHC identified large numbers of people experiencing everyday problems with probable legal aspects. An assessment of the LHC in 3 community legal clinics 5 years after the pilot studies showed that this continues, although with smaller numbers than during the intensive pilot project phase during 2013 to 2015. As well, the review revealed that the experience of implementing the check-up project had a multiplier effect. The LHC had become the basis for the development of other types of holistic and integrated service delivery

¹² A. Currie, *Extending the Reach of Legal Aid: Report on the Pilot Phase of the Legal Health Check-Up*, Canadian Forum on Civil Justice, York University, Toronto, 2015 and A. Currie, *Engaging the Power of Community to Expand Legal Services for Low-Income Ontarians*, Canadian Forum on Civil Justice, Toronto, 2017

that transformed the way in which the clinics provide service to clients and to the community.¹³

*6.2 Legal Secondary Consultation*¹⁴

The Legal Secondary Consultation project (LSC) was one of the projects that grew out of the LHC experience.¹⁵ LSC provides advice to service providers in community agencies and voluntary associations, assisting them to better serve their own clients. The LSC is based on the proposition that the problems with which service agencies and voluntary associations assist their own clients or members of their constituencies have legal aspects about which the service providers, whether professionally trained or experienced volunteers, may not be aware. Legal professionals in the clinics provide advice upon request, primarily by telephone or email, to service providers in community agencies and voluntary associations. During the 7-month pilot project the three clinics involved in the pilot received requests for consultations from a wide variety of government agencies, government-funded services and small voluntary associations. Service providers in all community groups indicated that the advice from the legal clinic improves their ability to serve their own clients. The legal clinic is able to assist more people indirectly than would be the case if people came to the clinic rather than to the trusted intermediaries. A review conducted two years after the LSC pilot study indicated that the clinics were receiving the same level of requests for secondary consultations as in the pilot phase.¹⁶

6.3 Hamilton Legal Outreach

The Hamilton Legal Outreach Project conducts half-day satellite clinics at 8 locations in the Hamilton area on a weekly, bi-weekly, three times per month or monthly basis depending on demand. Hamilton is a large industrial city and the Hamilton Community Legal Clinic (HCLC) is one of the largest clinics in Ontario. The Hamilton outreach project was developed following HCLC's early involvement with the LHC, because the outreach project better suited the nature of community and the capacity and resources of the clinic. The outreach clinics are provided by a lawyer and a

¹³ A. Currie and Brandon Stewart, *Unintended Consequences of Innovation; The Legal Health Check-Up Revisited*, Canadian Forum on Civil Justice, Toronto, 2020

¹⁴ The term legal secondary consultation was initially coined by Liz Curran, Liz. (2016, October). *A Research and Evaluation Report from the Bendigo Health-Justice Partnership: A collaboration between Loddon Campaspe Community Legal Centre and Bendigo Community Legal Health Service*, 2016.

¹⁵ A. Currie, *Legal Secondary Consultation: How Legal Aid Can Support Communities and Expand Access to Justice*, Canadian Forum on Civil Justice, Toronto, 2018

¹⁶ Stewart, Brandon and A. Currie, *Legal Secondary Consultation: Expanding the Reach of Ontario's Community Legal Clinics Through Community Partnerships*, *Access to Justice in the Americas*, forthcoming 2020.

systems navigator. The project has been a successful attempt to bridge legal and social services by collaborating with community services to provide a holistic, integrated and client-centered approach to legal issues. The project is a highly successful example of outreach by going out to the places where people spend much of their time and partnering with community services to which people go for assistance in the normal course of dealing with everyday problems.¹⁷

6.4 Mobile Service in Rural Wellington County

The WellComS mobile legal services van was a successful pilot project carried out by the Legal Clinic of Guelph and Wellington County. The purpose of the project was to increase the level of legal service to people in rural Wellington County. During the 6-month pilot the van visited 12 communities in the county on a regular basis, parking in central places in each community and putting out signage announcing the availability of assistance with legal problems to maximize visibility. The WellComS project connected with people in the community in several other ways, as well. Posters about the presence of the van were placed in various places where people go in their normal daily activities, such as gas stations or garages, grocery stores, coffee shops, libraries and churches. Notices about the van were posted on community Facebook pages on the day the van was present in the particular community. Tweets were sent out to community organizations, politicians' constituency offices, churches and town halls. Occasionally, Instagram messages were posted highlighting the activities of the van. Over the course of the project, social media became an increasingly important source of information about the project. At the end of the project about 30% of people visiting the van said they had learned about it through social media, compared with only about 3% of visitors at the beginning of the project.

Social media is a major aspect of normal communication among people in many communities. Information about the WellComS van was well on the way to becoming a common topic through several social media platforms and community pages. It was not uncommon for visitors to the van to remark about how information about the availability of legal services that was shared through social media had become part of the conversation among friends and family; for example, *my mother saw your post on Facebook and told me I should come in to see you*. As well as becoming part a regular topic of conversation among community members, the project became part of the social organization that offers help in the communities. By the end of the project the brief pilot phase the project had established a substantial network of referrals, making referrals to community organizations, as well as receiving referrals.¹⁸

¹⁷ Meeting People Where They're At: Final Evaluation of the Hamilton Legal Outreach Project, Hamilton Community Legal Clinic, March 2019.

¹⁸ Currie, Ab, Someone Out There helping: Final Report of the WellComS Mobile Van Project, Canadian Forum on Civil Justice, Toronto, 2019

6.5 Justice and Health Partnerships in Eastern Ontario

Since 2015 the Community Advocacy & Legal Clinic (CALC) located in Belleville, Ontario has developed 8 stable partnerships with health care providers in Hastings County.¹⁹ This project is based on a set of concepts that are well-established in the research literature and supported by clinical experience. First, legal issues are health harming. People find legal systems alienating, difficult to navigate, they often do not trust lawyers and do not know where to go for help. People often go to trusted sources in the community for advice and assistance. These community organizations can become trusted intermediaries, providing pathways to justice by connecting with a legal clinic. Health care professionals make good intermediaries. People go to health care providers to deal with medical issues. These are often directly linked to social issues related to poor housing conditions, for example. The medical issue is often the symptom of an underlying or precipitating problem that can be addressed by legal action. Physicians can uncover non-medical issues in discussions with patients and make referrals to an appropriate source of help to address a legal problem or a complex set of legal and non-legal issues.

7. A SOCIAL ORGANIZATION OF HELPING

The main premise underlying the “community as a resource” hypothesis is that there exists in all communities, organized ways of assisting people in need. People ordinarily go to these organizations for help with a variety of problems. This structure of helping in the community can form the basis for expanding access to justice by developing collaborative partnerships between community legal clinics and community organizations. Community legal clinics are, or can become, part of this ecosystem of helping organizations, taking a lead in shaping the ecosystem into a network of expanded access to justice services. Each of the innovative projects discussed in this paper established effective collaborative relations with community groups, illustrating the extent of community services with which partnerships can be formed to achieve access to justice objectives.

In the phase 1 pilot of the LHC, HCLS formed partnerships with 6 community organizations. The use of the LHC by these intermediary organizations established an effective way of identifying unmet need and creating a pathway to justice bringing people with justice problems to the community legal clinic. The case load at the clinic increased by a third during the pilot phase.²⁰ In phase 2 of the LHC pilot project the 12 community clinics formed partnerships with a total of 125 community organizations. Although problems with establishing effective working relationships

¹⁹ This section is written with information kindly provided by Michele Leering and Lisa Turik. A final report is forthcoming: Lisa Turik, (with Michele Leering), Justice and Health Pilot Project, Final Report, Community Advocacy and Legal Clinic, Belleville, Ontario, 2020

²⁰ Currie, 2015, P. 18

between the clinics and the intermediary groups emerged as the project proceeded, at the point at which they agreed to participate in the project nearly all of the intermediaries indicated that they embraced the basic objectives of the LHC, felt that it aligned with their overall mandates and objectives and felt that participating in the LHC project would benefit their own clients.²¹

Each of the 3 clinics that developed the LSC project announced the project by circulating information to community contacts by e-mail, in community presentations about legal aid and in public legal education (PLE) sessions. As well, a poster circulated by e-mail and also made available in paper form conveyed the message that the problems with which community organizations assisted people may involve legal issues and that the clinic could help. Organizations were invited to request consultations with the community legal clinic about problems with which they were assisting people if they felt there was a possible legal issue. In total, for all three clinics, service providers from 103 community organizations, representing a variety of government services and voluntary organizations, requested consultations. Service providers who made requests for LSC unanimously indicated that the consultations helped better serve their clients. Moreover, the connection with the legal clinic through the LSC program increased their legal capability, enabling them to better serve their own clients.²²

The Hamilton outreach project established partnerships with 8 organizations in the urban area that assisted a relatively large number of people. All of the organizations indicated that the outreach service had improved the quality of service for hard to service/reach clients, contributed positively to client outcomes introducing greater stability in their lives, and had provided a service tailored to the individual needs of clients.²³ According to the intermediary groups, all of these outcomes contributed to better levels of service to their clients.

The WellComS mobile legal services project in rural Wellington County established a referral network with a large number of community organizations. Over the course of the pilot project, the project referred 60 people to 28 different community organizations. Forty-five people were referred to the van by 21 community organizations and services.²⁴

The CALC Health and Justice Partnerships projects has established stable relationships with 8 primary health care providers throughout three counties in close proximity to Belleville where the community clinic is located. These relationships have evolved and remained in place for 5 years, since the beginning of the pilot phase of the project in 2015.

²¹ Currie, 2017, pp. 28 - 29

²² Currie, 2018, pp. 18 - 19

²³ Hamilton, pp. 24 - 25

²⁴ Currie, 2019, p. 15

8. SERVING MORE PEOPLE

All five projects have produced measurable increases in levels of service. During the phase 1 pilot study of the Legal Health Check-Up at Halton Community Legal Services the number of intakes increased by one third.²⁵ During the 6-month phase 2 LHC pilot study involving 12 community clinics, a total of 125 community partnerships were established and 1700 people with legal problems were identified by the 12 clinics.²⁶

During the 7-month Legal Secondary Consultation pilot project, the three clinics provided 235 consultations to 103 different community organizations²⁷, each consultation representing one individual. Two years later, the number of people served through secondary consultations with community organizations has remained stable in all three clinics at which the pilot project was carried out.²⁸

Over a 24-month period between October 2016 and November 2018, 697 people were referred to staff lawyers for legal assistance in the Hamilton legal outreach project and 1,163 clients were served by the systems navigator.²⁹ Housing, family law and domestic violence were the most frequent types of legal problems. Referrals to other agencies, attending family and criminal court and public legal information were the most frequent services provided by the systems navigator. There was a possible 15% overlap between the services provided by lawyers and the system navigator.

During the 6-month pilot study, the WellComS rural mobile service project two community legal workers provided advice from the van. Over 6 months, the legal workers provided service to 464 individuals, including PLE, referrals, and communicating with a lawyer at the clinic via Skype.³⁰ Most of the people using the van appeared to be first-time users of legal aid. Matching clinic intake information with information collected at the van revealed that only about 12.5% of visitors to the van had previously been clients of the Guelph clinic.³¹

The Justice and Health Partnership has made about 600 referrals to CALC and has trained 150 health care providers to spot legal issues since the beginning of the project.

²⁵ Currie, 2015, p. 15

²⁶ Currie, 2017, p. 13

²⁷ Currie, 2018, p. 10

²⁸ Stewart and Currie, 2020, p. 1

²⁹ Hamilton, pp. 12 and 15

³⁰ Currie, 2019, p. 6

³¹ *Ibid.*, p. 7

9. COMMUNITY ORGANIZATIONS ARE WILLING PARTNERS WITH LEGAL CLINCS

Community organizations understand the value of partnering with legal clinics. In the two phases of the LHC project, partner organizations felt that the check-up would benefit their clients and the capacity of the organization to better serve their clients.³² Similarly, the service providers receiving advice through secondary legal consultation felt that it increased their ability to better serve their own clients.³³ The partner organizations in the Hamilton legal outreach project said that the project enabled them to provide better support and service to their clients.³⁴ The local health care providers that developed partnerships with CALC in the justice and health partnership project were enthusiastic about the value of the collaboration for their patients.

10. BREAKING DOWN BARRIERS

Collaborative partnerships between community organizations and legal clinics can break down barriers between legal clinics and individuals and between clinics and communities. The legal profession can be viewed with a sense of mistrust by people who have been subject to perceived unfairness and arbitrary decisions of government bureaucracies for most of their lives. This stereotype may lead disadvantaged people to mistrust lawyers, viewing them as part of the establishment that has routinely oppressed them. However, barriers begin to crumble and the shared interests and goals between clinic and community can become clear as community service organizations develop an understanding of how legal problems are aspects of the everyday problems experienced by their own clients.

Successful partnering may not come entirely automatically. At the outset of a partnership arrangement clinics will likely have to develop a basic level of legal capability among community organizations in order to understand the logic underlying clinic-community partnerships. Legal clinics have to approach the community with a proactive offer of assistance and a message emphasizing: *We come to you. We help you in a way that makes sense to you.* This idea can run counter to the previous experience of disadvantaged people and to the predominant image of the legal profession in the popular culture. After having been given an explanation about the holistic and integrated approach to legal service to which the Halton clinic was committed, a volunteer service provider in a community

³² Currie 2017, p.

³³ Currie, 2019, pp. 18 and 19

³⁴ Hamilton, p. 18

organization taking part in the phase 1 LHC pilot replied with what seemed to be a measure of disbelief: *well, you must be a different kind of lawyer.*³⁵

11. LEADERSHIP FROM LEGAL PROFESSIONALS

The leadership of lawyers and legal clinics is crucial in this community development approach to expanding access to justice. However, access to justice must involve more than access to legal remedies.³⁶ In the projects discussed in this paper, lawyers are leading the way in developing holistic approaches that involve legal and non-legal remedies. Social development approaches to expanding access to justice and strengthening communities begins with the premise that everyday problems have legal aspects and that developing effective and durable solutions must involve collaborative efforts between the legal clinic and community expertise. However, this approach to understanding legal problems comes from a shift in thinking occurring within the field of access to justice. It does not come from the domain of social services and the larger concern with social justice. Lawyers and other legal professionals with progressive ideas about justice and access to justice have to take the lead in bringing this to the community.

Nonetheless, protection of legal rights and guarantees of entitlements may remain central even though resolutions may aim at broader objectives of empowerment and stabilizing or improving people's lives. Entitlements to benefits are expressed in complex legislation about which members of the lay public are not aware and that can be very difficult to understand except by people with legal training. In the LSC project, the advice provided by the legal clinic provides guidance to service providers in navigating the aspects of problems and the procedures that are defined by regulation and legislation.

As noted elsewhere, lawyers may sometimes be mistrusted and people may avoid contacting a lawyer for assistance unless a situation is dire. However, paradoxically, lawyers enjoy high status in the community and can be viewed as powerful advocates or allies by other service providers. One respondent in the LSC evaluation said she always copies the community legal clinic in correspondence with agencies with which she is dealing on behalf of a client because it always resulted in a more timely response.

³⁵ Currie, 2015, p. 25

³⁶ Rebecca L. Sandefur, Access to What? Daedalus: The Journal of the American Academy of Arts and Sciences, 148 (1) Winter 2019

12. HOW MIGHT THE COMMUNITY AS A RESOURCE HYPOTHESIS APPLY IN OTHER PLACES?

What will work best in a particular area depends on the characteristics of the community, the capacity of the legal clinic based on its size and the resources available to it. The transferability of an innovation remains important. However, the most important aspects of what is transferable may be the basic access to justice objectives of an innovative project. An innovation that would work well in industrial Hamilton with a large community legal clinic may not work so well in the more socially diverse Halton Region which has a much smaller clinic and a different population. More broadly, on a global scale, Southwestern and Eastern Ontario in which most of the projects described in the paper are located, are relatively wealthy places with an abundance of government services and voluntary associations that are funded from charitable or government sources. An interesting question is whether the success of community – clinic partnership innovations depends on the wealth of the communities in which they are developed.

The “community as resource” hypothesis that appears to be supported by the innovative projects discussed in this paper is most fundamentally dependent on the existence of a social organization of helping with which a legal clinic or some other lead organization can engage in collaborative partnerships. It would be interesting to see if the same approaches for expanding access to justice would work elsewhere or, indeed, whether approaches that exist elsewhere would contain valuable core ideas that could be adopted in Canada. The Canadian Forum on Civil Justice is involved in a three-year community-based justice project in three countries – Sierra Leone, South Africa and Kenya.³⁷ The main objective of the project is to examine the cost-benefit of providing access to justice services. Interim reports from the countries indicate that each country has a large number of groups providing community-based dispute resolution. Some are rooted in traditional cultures, some are court-based and some are independent organizations funded by donor agencies. Many have organizational weaknesses related to funding and staff training. However, they have the important connections with their respective communities that constitute the resources that are essential for identifying legal need and developing approaches to meeting them. In South Africa, the Centre for Community Justice and Development is, itself, a funded agency that is connected with a number of community advice organizations. In Kenya, the KATIBA Institute, a non-governmental organization, has identified a large number of civil society, traditional community-based, court-based and community-based (often religious) organizations operating throughout the country. Similarly, in Sierra Leone, the organization conducting the research, the Centre for Alternative Policy Research and Innovation, has identified a number of organizations that provide assistance to people in need in that country.

³⁷ See the Canadian Forum on Civil Justice web site at <https://cfcj-fcj.org/our-projects/community-based-justice-research-cbjr/> for additional information. The project is being funded by the International Development Research Centre in Ottawa.

Whether the lead organization around which a network of access to justice services is organized is a legal aid office, a community-based justice organization or some other hub, organization would vary depending on local and regional realities. The resources of community organizations that are most important in the outreach/partnering innovations center on community knowledge, access to difficult-to-reach and -serve populations, and a shared interest with legal aid in social justice.

13. WHAT DOES THIS MEAN FOR COST AND COST-BENEFIT?

The cost of a community development approach that engages the resources of the community to expand legal and justice services is not only, or even primarily money. It is the cost of carrying out the outreach activities that are part of a community development approach. The cost of outreach, of which there are two basic forms, is the time and level of effort required to develop and maintain relationships with the many helping organizations working to assist people in a complex community. One resource intensive form of outreach is strategic outreach. This involves constantly maintaining contact with what might be a highly diverse and changing community, continuously taking the pulse of the community, and learning about extant and emerging needs. Project specific outreach more directly involves building individual collaborative projects. Developing successful projects requires a considerable investment of time by the legal clinic. At the outset of a project, this involves developing the understanding by potential partner organizations that there is a shared interest between the legal clinic and community groups based on the fact that every problem with which they try to help clients or members of their constituency may have legal aspects. This is part of building the legal awareness and capability of staff who work for community organizations. Importantly, this involves taking a considerable amount of time to learn in detail what potential partner organizations do and how they go about it, so efforts and building partnerships do not fail due to misalignments of project design and the protocols and procedures, both formal and informal, of community organizations to which people go for help.

There are also on-going financial and operational costs of specific services provided by the clinic, such as providing secondary consultations. There is a cost to developing and maintaining an LHC instrument, on paper and on-line. There is a cost to the intake function of a clinic as numbers of applications and inquiries grow, and there is a service delivery cost as the number of clients increases. Other costs might include PLE sessions to community groups which might simultaneously help to promote programs like LHC and LSC.

The increased number of people served is one of the key benefits of client-centered and community-focused legal aid. This occurred with each of the projects discussed in this paper. Durable and effective solutions to problems are also important.

However, none of the research included a longitudinal component to examine longer term outcomes.

Strengthening the community and building community capacity to accomplish in partnership with community clinics what they could not do on their own are outcomes that have been achieved by all of the innovative projects discussed here. The Legal Health Check-up Project involved partnering with community organizations to identify unmet needs. The Justice and Health Partnerships Project did the same and also involved health care providers in resolving problems. “Health care providers played a critical role, investing time, space and resources”³⁸ in building the partnerships. Legal secondary consultation increased the capacity of community organizations to assist their own clients. The WellCoMs Mobile Van Project in rural Wellington County built a referral network around the service provided by the van. Finally, the Hamilton outreach project developed partnerships with community groups that increased overall community response to legal need.

14. DISCUSSION

This paper examines the idea that engaging the resources of the community being served is the way forward to meet access to justice needs of those same communities. Moreover, the resources of the community are needed to meet a level and complexity of legal need that is greater than what was realized when access to the courts was the predominant narrative of access to justice. Each of the projects reviewed in this paper shows how legal services can be extended by engaging the resources of organizations in the community to which people go for help with problems they experience in their everyday lives. The importance of engaging the resources of the community that is being served is part of growing body of literature on the importance of the community in increasing access to justice. Cohl and her colleagues state in the *Trusted Help* report that people will not receive the help they need without the intervention of a trusted intermediary in a community organization.³⁹ Similarly, Mathews and Wiseman recognize that people experiencing life-affecting problems with a legal aspect [frequently] access help from a trusted intermediary in a not-for-profit community organization.⁴⁰ This paper extends these ideas by showing specifically how clinics have developed projects that engage community resources and extend the reach of legal aid. Engaging the resources of the community is not a one-way street. It involves partnering with community organizations and strengthening the communities being served. This not only extends the reach of legal aid funded organizations, it extends the boundaries of what legal aid can offer.. According to Mathews and Wiseman, “community

³⁸ CALC, p. 21

³⁹ K. Cohl, et. al., p. 16

⁴⁰ Julie Mathews and David Wiseman, p. 49

organizations are a valid component of the broader ecosystem of access to justice services.”⁴¹

This perspective entreats funding organizations that provide both on-going and discretionary funding to community legal services to view collaborative partnering between legal clinics and the communities they serve as a solution of the access to justice gap.⁴² Community agencies and voluntary associations are natural partners for community legal clinics. They share broad social justice mandates with community-based legal aid. Viewed through the lens of the everyday legal problems perspective, legal clinics and community organizations have shared mandates to assist people with the same problems. All the normal transactions and transitions of life, finding and being released from employment, decent housing, forming and dissolving relationships, purchasing goods and services, entering into contracts, and so on frequently have both legal and non-legal aspects that are sometimes interconnected in ways that resist solutions unless tackled by holistic and integrated approaches.

As access to justice discourse has moved from a predominant focus on matters resolved in the courts to the broader canvas of the life-affecting problems with legal aspects experienced by the disadvantaged public, the access gap is now understood to be so much wider than previously realized. Innovation is not cost free. However, relatively small investments in good innovations can yield large gains in greater access to justice and narrow the access gap.

⁴¹ Ibid, p. 6

⁴² A. Currie and Brandon Stewart, *The Unintended Benefits of Innovation; The Legal Health Check-Up Revisited*, Canadian Forum on Civil Justice, York University, forthcoming 2020

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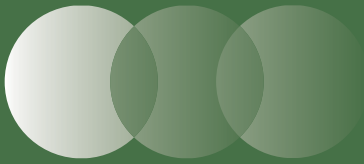
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Part 02

The Legal Health Check-Up



The Legal Health Check-Up

THE ORIGINAL LEGAL HEALTH CHECK-UP carried out by Halton Community Legal Services (HCLS) began with the objective of recruiting community organizations to carry out the two gateway roles of trusted intermediaries: problem spotting and making good referrals. The project was a response to the realization that “service delivery fails dramatically if clients must find their own way to legal aid offices” (The Legal Health Check-Up Project: Where we started, where we went and what’s next). This reflects one of the legacy results of legal problems research, well-known to service providers from practical experience, that many people experiencing everyday legal problems do not take action to resolve their problems, or at least do not take appropriate action. Community organizations are places where people often go for help. Community services and voluntary associations become trusted intermediaries that can bridge the gap between legal clinics and people experiencing justiciable problems. The legal health check-up tool is a questionnaire about a range of possible problems being experienced, for example debt or housing, framed without reference to legal aspects. This functioned as a short-cut to legal capability, enabling trusted intermediary groups to explore potential legal problems with clients or members of their constituency.

THE LEGAL HEALTH CHECK-UP TOOL IS A QUESTIONNAIRE ABOUT A RANGE OF POSSIBLE PROBLEMS BEING EXPERIENCED, FOR EXAMPLE DEBT OR HOUSING, FRAMED WITHOUT REFERENCE TO LEGAL ASPECTS.

THE LEGAL HEALTH CHECK-UP WAS TRANSFORMATIONAL for both legal clinics and trusted intermediaries in the community. Early on during the initial pilot project carried out by HCLS in 2014, as the project team talked with community partners it became clear that the check-up has the potential to overcome widespread suspicion among disadvantaged people of involvement with legal help, which is a significant barrier to access to justice. As one person from a trusted intermediary said: “you are a different

kind of lawyer.” Second, the legal health check-up had a transformative effect on the clinics that used it. At intake or the first assessment with a service provider the check-up tool was not used as a questionnaire but rather as the basis around which a conversation about a problem, multiple interconnected problems, and complex issues relating to disability or health could occur. This allowed service providers to begin thinking like the people they were trying to assist, understanding how people experience problems and providing help in a way they understand.

THIS FUNCTIONED AS A SHORT-CUT TO LEGAL CAPABILITY.

THE SECOND STAGE legal health check-up pilot project revealed that almost 250 check-up forms were submitted by individuals and community organizations other than the partner organizations (Engaging the Power of Community). The legal health check-up was thus proving to be an idea that had appeal and was perceived as useful in the community. In a follow-up assessment among three clinics that actively promoted the check-up as part of their service delivery model, legal health check-up forms continued to be submitted from communities, years after the pilot projects had ended, indicating that the legal health check-up can become a durable aspect of legal aid service (The Unintended Benefits of Innovation: The Legal Health Check-up Revisited).

WITHOUT TRUSTED INTERMEDIARY GROUPS in the community, it would not have been possible for the LHC to develop the capacity to identify undiscovered need and have people referred to the community clinic. Once “jump-started” by the intensive work of the two pilot projects, the LHC developed a momentum of its own within the community. The LHC requires little on-going tending except promotion on the web site, at public legal education (PLE) and public information sessions and at meetings of community organizations attended by clinic staff.

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Extending the Reach of Legal Aid:

Report on the Pilot Phase of the
Legal Health Check-Up Project.

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Highlights

The intermediary partnerships that are the foundation of the Legal Health Check-Up (LHC) project are a solid platform for developing a legal service delivery model targeted at people who are the most disadvantaged that includes the pillars of outreach, integrated and holistic service.

During the pilot phase of the project the clients intake at Halton Community Legal Service increased by about one third as a result of the Legal Health Check-Up.

An active offer of service and the capacity to provide immediate, concrete assistance building on the LHC process that is both unqualified and non-judgemental is the foundation of the “trusted” character of the trusted intermediaries and the people they assist. It is the key to the effective use of the LHC tool.

The LHC checklist for everyday legal problem is an effective tool to achieve outreach. It is described by the intermediaries as effective for uncovering specific problems and, importantly, for opening a conversation to bring unacknowledged problems to the surface.

The LHC process is especially effective in overcoming a cynicism toward all service bureaucracies and, in particular, an aversion toward involvement with legal services. Even though a number of intermediaries describe this among their contacts and clients, the vast

majority of LHC forms request follow-up service from the legal aid clinic (Halton Community Legal Services).

All of the everyday legal problems identified by people completing the LHC forms translate into clinically assessed legal problems at intake. In some cases a greater

number of clinically assessed legal problems are identified at intake than are identified on the LHC form.

About 40% of the LHC forms were completed by people who may not have had any contact with the

7 partner intermediaries. Clearly the LHC form may reach a wider audience than the highly disadvantaged population coming into contact with the legal aid clinic through the trusted intermediaries. Nothing is known about the socio-demographic characteristics of these. However, it is probable that they represent a segment of the population above the very disadvantaged making up the current legal aid clientele. This suggests the potential benefit of developing a web-based approach supported self-help for this group.

Similarly, expanded representation could be provided under higher financial eligibility guidelines.

“Intake at Halton Community Legal Services increased by about one third.”

Highlights

Comments from the intermediaries indicate there is a propensity among the disadvantaged to make use of supported self-help strategies in resolving their problems. An important aspect of this development would be an examination of the degree to which these clients and the intermediaries can benefit from a web based approach and how that will have to be combined with more hands-on assistance.

The trusted intermediaries are capable of going well beyond the gateway roles of problem spotting and making legal referrals to assisting with problem solving within their own mandates and capacities and resource capabilities, in a mutually supporting partnership with the legal clinic.

“The vast majority of LHC forms request follow-up service from the legal aid clinic.”

Introduction

Research makes it abundantly clear that legal service delivery, especially to the poor, will fail dramatically if it relies only on clients finding their own way to the ‘front door’ of the legal aid office.

The Legal Health Check-Up project is an attempt to address this issue by extending the reach of legal

aid by developing partnerships with intermediary groups that are part of the everyday world of disadvantaged groups with unmet legal needs. This is a form of outreach in which an active offer of service is made by trusted intermediaries who are part of the normal networks of contact of the people in need of legal services. It is hoped that within this partnership intermediaries will extend their

activities beyond the gateway roles of problem spotting and making legal referrals to working with the legal aid clinic to provide holistic and integrated legal services that would not be possible in the

“Legal service delivery, especially to the poor, will fail dramatically if it relies only on clients.”

The Legal Health Check-Up project is being developed by Halton Community Legal Services (HCLS), a small clinic that is part of the Legal Aid Ontario community clinic system.¹ The project was conceived and developed during 2013 and 2014 by the Executive Director of HCLS, Colleen Sym and Mike Balkwill, a consulting community organizer who has worked on a variety of social justice

absence of the trusted intermediary – legal aid partnership.

initiatives and has a long-standing connection with legal aid.² The project is funded primarily by the Legal Aid Ontario “Fund to Strengthen Capacity of Community and Legal Clinics”. HCLS is located in Georgetown, Ontario, about 60 kilometers northwest of Toronto.

The Legal Health Check-Up project involves partnerships between HCLS and seven intermediary groups within the clinic’s service delivery area Halton region, including Halton Hills, Oakville, Burlington and Milton. The basic objective of the project is to increase the number of clients served through the development of partnerships with health care providers, peer groups with lived experience of poverty and other organizations within the community.³

¹ The core staff of the clinic includes an executive director/lawyer, a staff lawyer, an intake worker and two community legal workers

² Balkwill and Associates, Toronto, Canada

³ Funding Agreement, Schedule A.2, Project Description and Details

The Legal Health Check-up Form



The Legal Health Check-Up tool (LHC) is a major foundation of the project. The LHC was developed and tested with each of the intermediaries who agreed to participate in the project. The LHC form expresses the everyday legal problems approach to understanding legal problems.⁴ The LHC form was organized around common legal problems organized

under, income, housing, education, employment and family, social and health supports. The LHC form was designed to be administered either in paper form or electronically by intermediaries.⁵ The form was also posted on the project web site and accessible to anyone via the web. The web form included a note that the clinic would respond only to requests for service from the Halton area. People residing outside that area were referred to the Legal Aid Ontario web site.

The Waterfall Metaphor

The basic idea for the project was fleshed out in a series of meetings first with the project team, clinic staff and board members of the clinic Board of Directors and with the intermediary groups as part of their orientation and training. The meetings were facilitated by Mike Balkwill and were assisted by a graphic facilitator⁶ who translated the discussion into large wall poster images as it developed. This allowed the discussion facilitator and the participants to understand precisely what speakers meant by various concepts expressed verbally translating them into shared meanings among all participants through the graphic illustrations that emerged as the conversation evolved. This technique avoided the common problem in which the meaning intended by one speaker is assumed to be something

different by the listener, more likely than not informed by the unspoken underlying assumptions of both speaker and listener.

The very basic starting point for the facilitated discussions was the results of the contemporary body of legal problems research. This included the high prevalence of everyday legal problems experienced by the public; the extent to which people fail to recognize and take action to address legal problems until the matter has become more complex and difficult than it might otherwise have been, possibly until the situation is desperate; the very few people experiencing legal

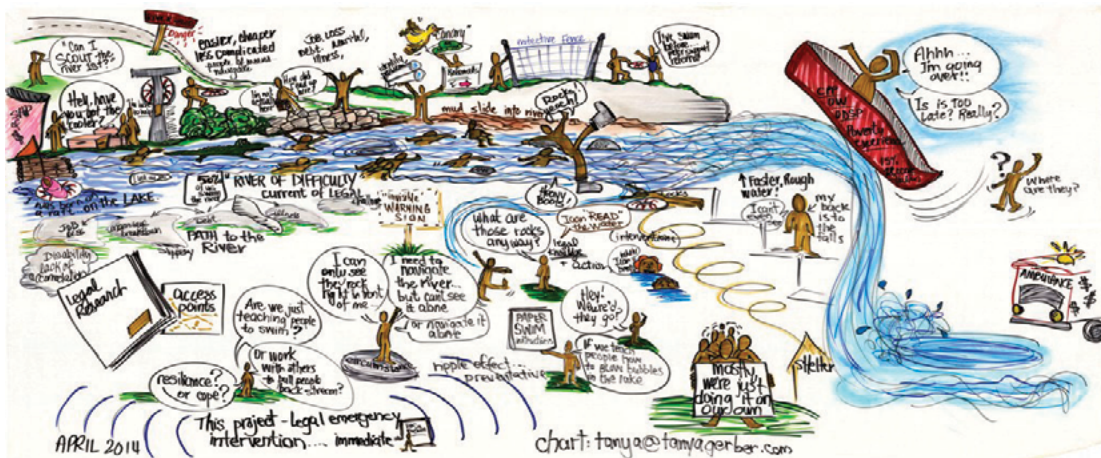
“Some people may be a little further upstream but surrounded by dangers.”

problems who make use of the formal justice system to resolve legal problems and, finally, the considerable harm that occurs in both intangible (for example, in ill-health and high levels of stress) and monetary costs as a consequence of everyday legal problems. Participants in the meetings merged this research-based knowledge with their personal and professional experience into a shared understanding of the reality of the lives of people experiencing everyday legal problems and how the Legal Health Check-Up project could address those legal needs in a holistic and integrated manner.

⁴ A Currie, The Legal Problems of Everyday Life in Rebecca L Sandefur (e.d.), The Sociology of Crime, Law and Deviance, Vol. 12, Access to Justice, Emerald, 2009, pp. 1 - 42

⁵ Intermediaries were provided with tablets with the LHC form installed.

⁶ Tanya Gerber and Associates, Toronto



The image in Figure I is typical of the interpretations that emerged in the meetings. This technique proved invaluable for clear project planning based on shared understandings of the problem and for intermediary training to allow intermediaries and the clinic a good foundation for a partnership based on a shared understanding of the problem, the project and its objectives.

the planning phase is one of disadvantaged people near the edge of a waterfall about to plunge over the precipice. Some people may be a little further upstream but surrounded by dangers. “Are you, as service providers or intermediaries, standing on the shore about to throw a flotation device or are you a stronger swimmer in the water with them guiding them to shore?” was among the many engaging parts of these discussions.

The metaphor describing the client population for the LHC project that emerged in discussions throughout

Development of Intermediary Partners

By the start of the pilot phase of the project HCLS had developed partnership relationships with seven intermediaries. These are:

- **Voices for Change Halton, Burlington** - a poverty support and advocacy group made up of people with lived experience of poverty
- **Society of Saint Vincent de Paul at Mary Mother of God Parish, Oakville** - a charitable organization providing services to people of all faiths within parish boundaries
- **Anglican Church of the Incarnation, Oakville** – providing pastoral assistance to all people in Oakville
- **Links2Care, Halton Region** - a multi-service community support organization
- **Halton Hills Family Health Team** - A family health service consisting of doctors, nurses, nurse practitioners, dietitian, mental health workers, psychometrists, health educator and speech language pathologist
- **Halton Multicultural Council** – a multi service immigrant services organization providing settlement services to newcomers
- **Employment Halton** - an organization providing services to unemployed and underemployed people to prepare for, obtain and maintain employment.

HCLS had maintained a holistic orientation to service delivery for some time prior to the development of the LHC project. In varying degrees the clinic had long standing relationships with all of the groups that eventually agreed to administer the LHC form to their clients and participate in the project. These relationships were mainly through making referrals for non-legal assistance to their organizations.

Each of the seven organizations who agreed to become partner intermediaries was given a training session with the LHC form along with a general orientation about the project objectives. Some intermediaries were provided with tablets with the LHC forms loaded. Forms could be completed on-line or on paper with the assistance of the intermediary or using either option by clients at home.

Trusted Intermediaries & Access to Justice in Canada

The use of intermediaries has long been a mainstay of the delivery of public legal information in Canada. Intermediaries have been used to extend the reach of public legal education (PLE) services, especially to hard-to reach populations. More recently, PLE has been integrated to a greater degree into the overall provision of legal services and has become a vehicle for problem resolution moving well beyond the traditional focus on information about the law and how the legal system works. Since those early years a number of studies had proposed increasing the use of “trusted intermediaries” to help reach low income and vulnerable communities who are unaware of their legal rights and obligations or face other barriers

“Intermediaries have been used to extend the reach of public legal education services, especially to hard-to reach populations.”

to accessing justice.⁷ Two reports in 2008 recommended using intermediaries to connect legal services to remote and rural areas and to groups in which English or French are not the common languages spoken, including the Connecting across Language and Distance Report (Connecting Report).⁸ A 2008 review of legal aid services in Ontario recommended “a referral system based on

strong partnerships with the social services sector.”⁹ A 2011 report from British Columbia examined the role of immigrant services groups as an intermediary between the legal services sector and immigrants.¹⁰ In 2013 the Law Commission of Ontario recommended the use of intermediaries in family law.¹¹ The work of the National Action Committee on Access to Justice in Civil and Family matters (NAC)¹², and in particular, its work on prevention, triage and referral¹³, which stress the importance of these early resolution strategies to efforts to increase access to justice have also played a role in advancing the use of intermediaries in the delivery of legal services.

⁷ Trebilcock, Michael, Review of Legal Aid Ontario, Toronto, 2010

⁸ Reid, Gayla and John Malcolmson, Voices from the Field: Needs Mapping Self-Help Services in Rural and Remote Communities, Supreme Court Self-Help Information Centre, Vancouver, British Columbia, 2008 and Khol, Karen and George Thompson, Connecting Across Language and Distance: Linguistic and Rural Access to Legal Information and Services, Law Foundation of Ontario, Toronto, 2008

⁹ Trebilcock, Michael, Review of Legal Aid Ontario, Toronto, 2010

¹⁰ Focus Consultants, An Evaluation of the Immigrant PLEI Consortium Project, Ministry of the Attorney General, British Columbia, 2011

¹¹ Law Commission of Ontario, Increasing Access to Family Justice Through Comprehensive Entry Points and Inclusivity, Toronto, 2013

¹² Access to Civil and Family Justice: A Roadmap for Change, Final Report of the National Action Committee on Access to Justice in Civil and Family Matters, Ottawa, 2013

¹³ Responding Early, Responding Well: Access to Justice Through the Early Resolution Services Sector, Final Report of the National Action Committee on Access to Justice in Civil and Family Matters, Ottawa, 2013

Data Sources

This review relies on five data sources.

1 Legal Health Check-Up Forms. A data base of all LHC forms was created by a consulting IT firm, The Dunham Group. Data from all forms completed by the seven partner intermediaries were captured electronically or entered manually where paper forms were completed. In addition, forms completed by people accessing the project web site independent of the intermediaries were also captured.

2 Intake data. People completing the LHC forms were given the opportunity to request a follow-up call from the intake worker at HCLS. Information from these contacts were captured on an Excel data base and, in a second stage, integrated into the regular case management system. Primarily, these data recorded a) the correspondence between the everyday legal problems identified on the LHC forms and clinically assessed legal problems at intake and b) some information on follow-up.

3 Follow-up interviews with some LHC project clients were carried out. It was not easy to contact clients mainly for two reasons. First, the process of engaging with clients between first contact with the LHC form and intake was often lengthy and uncertain. Second, it was often difficult to contact clients after an initial intake interview because of instability in residence and other aspects of their lives.

4 Interviews with partner intermediaries. At the end of the pilot phase group (5 intermediaries) or individual (2 intermediary groups) interviews were carried out with the seven partner intermediaries. These were open end interviews using an interview guide but conducted in a manner to allow the intermediaries to express their views and experience about their involvement in the LHC project. Respondents in the group interviews shared opinions and experiences, playing off one another in a way not dissimilar to focus group interviewing.

5 Case notes. Clients in the LHC stream received the same three levels of service as regular clients; brief service, summary advice and representation. Case workers or lawyers routinely made case notes on the client management system.

“Respondents in the group interviews shared opinions and experiences, playing off one another in a way not dissimilar to focus group interviewing.”

The Pilot Phase of the LHC Project

The project was implemented in October 2014. The intermediaries came on stream at different times so it is more accurate to refer to a start-up period than a start date. It was decided, somewhat arbitrarily, to allow the pilot phase to run for three months or until three hundred LHC forms had been submitted by the intermediaries. The three hundred mark occurred in the third week of January 2015, the same week as interviews with the partner intermediaries were conducted.

“Outreach, early intervention, holistic service and integrated service.”

to be an effective tool for identifying everyday legal problems, the extent to which the everyday legal problems identified by people on the LHC forms corresponded with clinically assessed legal issues.

As the project moved through the pilot phase, monitored closely and discussed frequently by the project team, it was realized that the original research questions remained but began to re-organize around themes representing the fundamental character of

The following review of the pilot phase is based on this three month period in which three hundred LHC forms were completed. At the outset, a number of research questions were developed reflecting the performance of the LHC form, for example: whether it would prove

the LHC project; outreach, early intervention, holistic service and integrated service. The results of the pilot phase of the project are presented in terms of those four themes.

A Client Profile at Intake

Men and women are about equally balanced at intake, 52.3% female and 47.7% male (n= 86).

The LHC clients have a very high level of multiple problems. The Canadian data indicate that about 15% of the overall population experience three or more everyday legal problems.¹⁴ Based on the intake data, more than 60% of the LHC clients report three or more problems. Multiple problems are associated with a range of indicators of social disadvantage.¹⁵

Table I: Percent of Clients at Intake Experiencing Multiple Problem Types

Number of Problem Types					
1	2	3	4	5 or more	
10.7%	25.1%	33.3%	19.0%	11.9%	100.0% (n=84)

Table I shows the percentage of intake clients experiencing problems by problem type (e.g. Income, employment, housing, education and family/social/health). Adding the

“This is about four times the national average based on legal problems surveys and suggests a very high level of disadvantage among the Legal Health Check-Up client population.”

percentages for three or more, 64.2% of intake clients experience three or more problem types. This is about 4 times the national average based on legal problems surveys and suggests a very high level of disadvantage among the Legal Health Check-Up client population.

¹⁴ A. Currie, The Legal Problems of Everyday Life

¹⁵ Ibid, p. 22

The same profile of multiple problems emerges from the distribution of specific legal problems reported within the five categories.

Table II: Percent of Clients at Intake Experiencing Multiple Specific Problems

Number of Problem Types							
1	2	3	4	5	6	7 or more	
7.2%	14.5%	15.7%	21.6%	20.5%	13.3%	7.2%	100.0% (n=83)

The data presented in Table II shows that 62.6% of intake clients experienced at least three everyday legal problems. Again, this is approximately four times higher than would be expected based on national data representing the Canadian population 18 years of age and older.

There are five problem types on the LHC form: income, housing, education, employment and family, health and social supports. People typically reported multiple problems types, therefore, the following table is based on problems reported rather than individuals reporting them. The most commonly reported problem type was income representing about 45% of all problems. Housing problems were second in terms of frequency with 27.1% of all problem types reported at intake, followed by family social and health, 13.3%, employment, 12.0% and education, 2.7% (n = 225).

“The most commonly reported problem type was income representing about 45% of all problems.”

Table III: Number of Everyday Legal Problems by Problem Type

Number of Problem by Problem Type					
Income	Housing	Family, Social and Health	Employment	Education	
44.9%	27.1%	13.3%	12.0%	2.7%	100.0% (n=225)

Table IV: Correspondence between Everyday Legal Problems reported on the LCH Forms and Clinically Assessed legal problems at Intake

The Legal Health Check-Up form and process is a very accurate tool for detecting legal problems. Clinically assessed legal problems at intake closely match the everyday legal problems reported on the LHC forms. For 66.2% of clients the number of clinically assessed legal problems was the same as the number of problems they had experienced. About 30 percent were determined to have fewer legal problems and about 5 percent had more.

	Percent of Intake Clients
Same Number of Problems	66.2%
Fewer Problems	29.4%
More Problems	4.4%
	100.0% (68)

“For 66.2% of clients the number of clinically assessed legal problems was the same as the number of problems they had experienced.”

The actual number of clinically assessed problems is consistent with the data on multiple problems based on the everyday problems reported by people on the LHC forms.

Table V: Percent of Intake Clients by Number of Legal Problems

Number of Problem Types						
1	2	3	4	5	6	
18.5	30.9	32.1%	9.9%	4.9%	3.7%	100.0% (n=84)

“50.6% of intake clients experienced more than three legal problems. This is more than three times the national figure for everyday legal problems.”

In total, adding the percentages for three or more problems, 50.6% of intake clients experienced more than three legal problems. This is more than three times the national figure for everyday legal problems.

It was hoped that the LHC process would be able to identify problems early before the situation had become critical. As will be discussed in greater detail in subsequent sections, the concept of a crisis is problematic for this particular disadvantaged population. However, an assessment of the extent to which problems had reached crisis at the intake stage suggests the absence of problems being presented at the crisis stage. Intake workers applied a three level rating of no crisis, impending crisis or present crisis based on their judgement of the unique circumstances of each case.¹⁶

Table VI: Percent of Intake Clients at Different Stages of Crisis

No Crisis	Impending Crisis	Problem at a Crisis Stage	
88.6%	9.1%	2.3%	100.0% (n=44)

Based on 44 intake clients, almost 90% of clients presented problems at intake that were not at a critical stage. In about 9% of cases a crisis was impending but not

present and slightly more than 2% of clients had a problem the intake worker considered critical.

“In about 9% of cases a crisis was impending but not present and slightly more than 2% of clients had a problem the intake worker considered critical.”

Income problems on the LHC form generally translated into legal problems in the following areas: income tax, Canada Pension Plan, Ontario Works, Ontario Disability Support Program and Guaranteed Income Supplement. Housing problems included arrears in rent and landlords failing to make repairs. The family, social and health category of everyday legal problems is a mixed grouping that included as clinically assessed legal problems gaining access to government medication support, family issues and Powers of Attorney.

¹⁶ Length of time since the onset of the problem were also collected for a small number of intake clients but the number is not sufficient to support any conclusions.

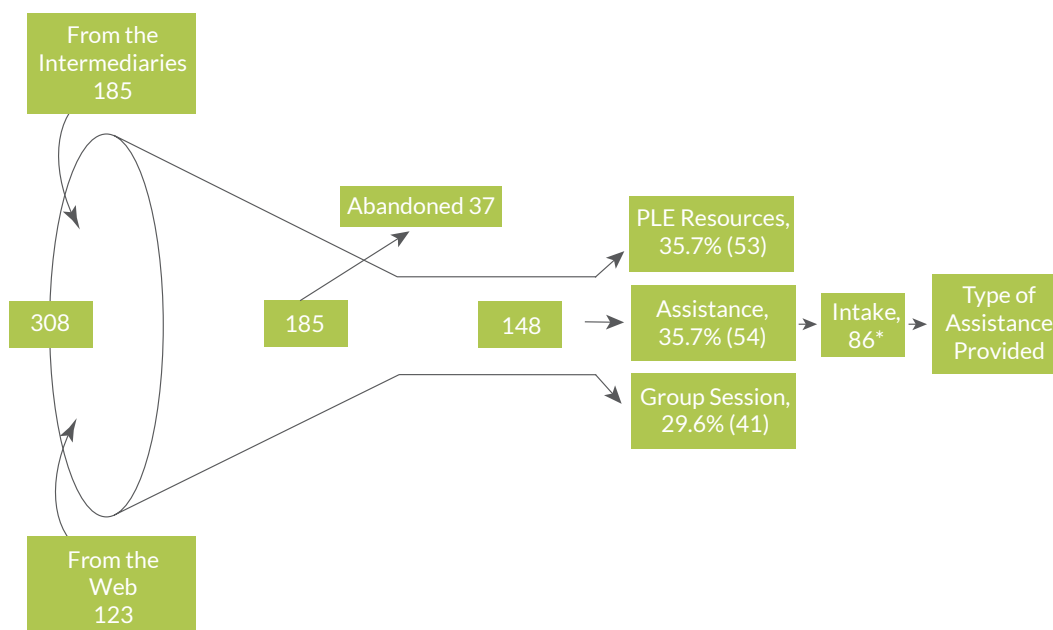
Outreach

Outreach is generally recognized as an essential feature of an effective approach to providing legal aid. There is a growing acceptance that legal services need to be more proactive in efforts to reach those most in need of help, and that this is likely to involve a

range of actions, including harnessing wider networks of human services workers in order to facilitate the direction of those facing legal problems to appropriate legal advice.¹⁷

Effectiveness of the LHC Tool

The Legal Health Check-up form provided an effective tool or foundation for the outreach activities of the intermediaries. Over the three-month period the number of requests for contact by the clinic made by people completing the form represented a one third increase in the normal case load of the clinic.



Forty percent (123) of all LHC forms came from the net, outside of the 7 partner intermediaries. This was an unanticipated outcome. No information was gathered about these forms. A few indicated first contact with web sites, such as the Canadian Forum on Civil Justice and Community Legal Education Ontario, that led to the Legal Health Check-Up site.

Of the 185 forms from the seven partner intermediaries only 20% (37) were abandoned, that is, not completed. Roughly equally percentages of the remaining 157 LHC forms requested PLE resources and assistance, meaning a call from an intake worker. About one third requested information about a group support session related to the problem they were experiencing.

¹⁷ Pascoe Pleasence, Christine Coumarelos, Suzie Forell and Hugh M. McDonald, Reshaping Legal Services: building on the evidence base, Law Foundation of New South Wales, 2014, p. 27

Table VII: Status of LHC Forms Submitted Through Partner Intermediaries

	Completed		Abandoned	Total	Request for Service	
	No.	%			No.	% of Completed
Anglican Church of the Incarnation	6	3.3%	4	10	4	66.7%
Employment Halton	44	23.7%	11	55	39	88.6%
Halton Hills Family Health Team	14	7.6%	4	18	11	78.6%
Halton Multicultural Council	36	19.5%	2	38	32	88.9%
Links2Care	10	5.4%	6	16	8	80.0%
Society of Saint Vincent de Paul at Mary Mother of God Parish	13	7.0%	4	17	11	84.6%
Voices for Change	62	33.5%	6	68	52	83.9%
	185	100.0%	37	222	157	

Three of the seven intermediaries, Voices for Change, Employment Halton and the Halton Multicultural Council account for most of the completed LHC forms. The number of requests for service as a percentage of complete LHC forms is relatively high to very high for all of the intermediaries.

Table VIII provides a summary of the LHC activity of the seven partner intermediaries. It shows the number of problem types and specific problems identified on the LHC forms by each partner intermediary. Row one of each section of the table shows the number of problems types identified; the number of times at least one problem was identified within a problem type. The second row shows the number of specific problems identified within each problem type. These are problems that were identified specifically on the LHC form within each problem category. The third row indicates the number of specific “other” problems identified within each problem type. These problems were not anticipated within the category specific problems on the LHC form.

Table VIII: Number of Problems Identified by Problem Type and Number of Specific Problems within Problem Types for the Seven Partner Intermediaries

	Income	Housing	Education	Employment	Family/ Social	Total
Employment Halton						
Number of Problem Types	38	21	27	20	30	136
Number of Specific Problems within each Type	134	59	56	42	71	362
Number of Other Problems Identified within Problem Types not specified on the LHC Form	17	10	5	5	4	41
Halton Hills Family Health Team						
Number of Problem Types	13	8	4	9	10	44
Number of Specific Problems within each Type	57	22	6	33	26	144
Number of Other Problems Identified within Problem Types not specified on the LHC Form	10	5	1	7	6	29
Halton Multicultural Council						
Number of Problem Types	30	18	22	23	31	124
Number of Specific Problems within each Type	105	37	43	57	84	326
Number of Other Problems Identified within Problem Types not specified on the LHC Form	7	2	3	7	4	23
Links2Care						
Number of Problem Types	7	7	5	7	6	32
Number of Specific Problems within each Type	34	21	9	18	22	104
Number of Other Problems Identified within Problem Types not specified on the LHC Form	5	4	3	1	2	15
Anglican Church of the Incarnation						
Number of Problem Types	5	4	4	3	3	19
Number of Specific Problems within each Type	15	7	4	12	8	46
Number of Other Problems Identified within Problem Types not specified on the LHC Form	2	1	1	2	1	7
Society of Saint Vincent de Paul at Mary Mother of God Parish						
Number of Problem Types	13	13	11	11	12	60
Number of Specific Problems within each Type	70	47	35	33	47	232
Number of Other Problems Identified within Problem Types not specified on the LHC Form	8	7	5	7	7	35
Voices for Change						
Number of Problem Types	53	44	31	44	46	218
Number of Specific Problems within each Type	221	157	57	130	125	690
Number of Other Problems Identified within Problem Types not specified on the LHC Form	22	22	12	17	18	91

All seven intermediaries indicated in the interviews that they found the LHC form useful. One qualifier for that otherwise unanimous feeling came from the Halton Multicultural Council. Because the HMC deals with people whose first language is not English the settlement workers generally found that the process of working through the LHC form was lengthy because of the need to translate much of the English form into the language in which the client was most comfortable.¹⁸ The form itself is a tool. The LHC tool does identify particular problems.

Overall the intermediaries said the LHC facilitated a conversation between the intermediary and the individual. According to a respondent from the Halton Hills Family Health Team (HHFHT):

“often it was the conversation around the LHC rather than directly responding to the questions that uncovered the problem,” and

“the conversation validated the clients problems and gave them an outlet”

Similarly, respondents from both The Anglican Church of the Incarnation (INCA) and Voices for Change (Voices) remarked that

frequently the LHC form “opened up the flood gates.” Elaborating on this theme, respondents from the HHFHT said:

“it often takes a long time because the person will typically not answer yes or no, they want to tell their story.” A respondent from HHFHT

“The process showed that someone out there cares; it was stress release, I could see it in their faces..”

remarked further: *“The process showed that someone out there cares; it was stress release, I could see it in their faces.”*

According to a respondent at Saint Vincent de Paul, Mary Mother of God Parish (MMOG): *“people internalize problems and put them aside. The process of filling out the LHC form helps getting things out.”*

A somewhat different perspective came from respondents at HMC. According to one respondent: *“problems uncovered by the LHC are often not priorities at the time; the client may want to come back*

to it later.” This comment by a settlement worker at HMC may illustrate the manner in which the intermediary carries out their work. HMC assists refugees and immigrants becoming established in Canadian society. HMC represents structured environment offering specific programs supported by government funding. The assistance provided by INCA and by MMOG are forms of pastoral care that are largely unstructured. The basis for the relationship between people from Voices and their clients is a lived experience with poverty. They no doubt bring to the process perspectives and approaches that reflect their own experience as well as that of the individuals they contact.

Some intermediaries also bring resources into the encounter with individuals and this may make a difference in the nature of the relationship and in how the LHC process develops. Both INCA and MMOG have financial resources to access funds for such things as emergency food purchases or rent payments. MMOG operates a monthly food bank and provides support for dental and eye care. MMOG also assists individuals in accessing various government support programs.

¹⁸ Arrangements are being made to have the LHC form translated into several of the most common languages among the HMC clientele.

Overcoming an Aversion to All Things Legal

Four of the seven intermediaries identified as an issue the level of hostility among their constituencies toward anything legal. In fact, this extends to hostility toward involvement with bureaucratic service agencies generally. The intermediaries identified repeated refusals of service as the reason for the aversion to bureaucracy. However, the aversion to involvement with anything legal is distinguishable from that wider issue.

Acknowledging that many immigrants and refugees come from countries where the rule of law is minimal and corruption may be endemic, the settlement workers from the Halton Multicultural Council noted their clients see involvement with the legal system as risk – the feeling they may lose everything.

A nurse at the Halton Hills Family Health Team noted that the aversion to legal matters is based on the idea that a legal problem is one that by definition is very serious. Reaction to the word legal in Legal Health Check-Up one of her clients said: *“I don’t know if I am in bad enough shape to fill this out.”*

The rector at the Anglican Church of the Incarnation noted that *“legal is a red flag”. “The people I am talking to are so diminished by the system and legal aid is perceived as part of the structure.”*

Respondents from Voices for Change also noted that in general terms their clients associate high cost, complex and inaccessible with the term legal. More

specifically, in their experience the aversion to legal often arises from fear of disclosure. The legal world is seen as part of the wider – and hostile – world of bureaucratic control over their lives. People are afraid of disclosing aspects of their complex and troubled lives to anything with legal in the title. *“What if they find out I lied on my application for [ODSP] disability support?”*

On the other hand, respondents from MMOG felt that their relationship with the legal clinic was positive. According to one respondent, when in the course of connecting with a client it was emphasized that *“we have a good relationship with the legal clinic, clients became interested.”*

“It seems as if the Legal Health Check-Up has the potential to overcome widespread suspicion of involvement with legal help which is a significant barrier to access to justice.”

However, regardless of the apparent suspicion of involvement with anything legal between about 65% and 90% of completed forms resulted in a request for a referral to the legal clinic for assistance. It seems as if the Legal Health Check-Up has

the potential to overcome widespread suspicion of involvement with legal help which is a significant barrier to access to justice.

Refining our Understanding of Early Intervention: Dealing with Lives on Simmer

Early intervention is an appealing concept in the delivery of legal services, implying a proactive approach to problem identification, prevention and resolution. Early intervention gained prominence in public policy discussions about legal assistance.¹⁹ It is widely felt that by tackling a problem close to when it first appears in the life of the individual early intervention will avoid monetary and intangible (stress related ill-health, family relationship problems) costs, it will avoid the additional cost of dealing with a more complex problem later on and will avoid the “knock-on” costs to the state to the extent that experiencing the problem results in increased reliance on publicly funded social services.

However, the concept of early intervention is a somewhat linear notion that may be consistent with relatively stable lives in which a problem occurs and there is sufficient time to identify and deal with it in a way that forestalls a crisis. The lives of the poor are not like that. They are lives of disadvantage, constantly dealing with the consequences of scarcity, constantly on simmer. And, very low income people don't have money to spend resolving legal problems.

According to the respondents from Voices for Change, the intermediary group with members having lived

experience in poverty, the definition of a crisis for desperate people is different. The level of tolerance is higher. Not being able to pay the rent, or even eviction, for example, is nothing new. Similarly, the respondent from INCA suggested that “people are already desperate” when they overcome the reluctance to ask for help. They need the basics, such as money for food or rent.

These interviews suggest that crisis intervention rather than early intervention might be a more realistic expectation when dealing with the very poor, the typical legal aid clientele. The need for early intervention is an idea that is based

“However, extending the reach of legal aid by partnering with intermediary groups may increase the capacity of legal aid to prevent problems on a constant simmer from ‘boiling over’.”

on the trigger and cascade effect that has emerged from the legal problems research. Legal problems trigger other legal problems. Legal problems trigger, and are triggered by, a range of non-legal problems. This presents a linear idea of problems occurring over time, suggesting that problems might be prevented or at least managed if they are identified and help provided early enough in the process. This concept is based on large-scale surveys of the public

and may adequately characterize the way in which problem sequences emerge for members of the public generally. However, a linear trigger and cascade concept of experiencing legal problems may not be the best way to characterize the way the marginalized groups making up the population served by legal aid experience multiple problems. Rather than a linear concept, it may be that the lives of the poor are on a constant simmer of multiple inter-connected problems that occasionally erupt into crisis situations.

The interview data presented so far from the pilot phase of the LHC project suggest that extending the reach of legal aid may not prevent legal problems among the marginalized people making up the legal aid client base. Lives kept in a constant state of simmer by scarcity may not allow that to occur. However, extending the reach of legal aid by partnering with intermediary groups may increase the capacity of legal aid to prevent problems on a constant simmer from ‘boiling over’. Borrowing the metaphor made famous by Richard Susskind in *The End of Lawyers* depicting the choice between the fence at the top of the cliff or the ambulance at the bottom, the poor are crowded close to the fence and relocating them very far up the path away from the fence requires other strategies.

¹⁹ Strategic Framework for Access to Justice in the Federal Civil Justice System: Commonwealth Attorney-General's Access to Justice Taskforce 2009, Recommendation 11.3, p. 144); Responding Early, Responding Well

Legal aid may, however, be able to catch them before they tumble over the cliff. That is a refinement of early intervention tailored more realistically to the lives of people living on the margins. Early indications are that the partnership between the Halton legal aid clinic and trusted intermediaries who are closer to the lives of the poor can accomplish this objective. The Legal Health Check-Up is proving to be an effective tool in a proactive process of reaching out to identify legal need that allows the intermediaries to identify people with everyday legal problems and refer them to legal aid for the help they need.

However, inquiry is kept alive by differing views. Respondents from the Halton Multicultural Council expressed partly differing views. The respondents from HMC were consistent in the view that for their clients that “people have a lot in their plate.... problems are often identified when a crisis occurs.” However, the settlement workers at HMC also said that a second way in which problems are identified is when the worker and the client have a long relationship of trust. The settlement workers emphasized the level of suspicion that immigrants and refugees have toward government bureaucracy and the legal system. What is inferred from these interviews is that the trusted aspect of trusted intermediaries might eventually be

the key to early intervention.

The respondents from MMOG also suggest the possibility that association with intermediaries can over time increase the potential for early intervention. MMOG’s clientele is split between one housing development where they visit residents regularly and, more generally, all people within the parish boundaries. Home visits are made as needed, a “food box” pickup occurs monthly and connected with that there is a regular monthly church hall function focusing on matters related to assistance and access to government benefits in many areas such as disability support, eye care and dental care. Speaking primarily about the housing development clients, the respondents from MMOG agreed that based on this on-going relationship the LHC tool employed during the home visits and at the monthly programs enabled the MMOG people to detect problems which had certainly progressed to the serious stage, were detected earlier than would otherwise have been the case. Otherwise, in the absence of the LHC tool, people “just find a way to survive.” According to the MMOG respondents the ongoing and unqualified active offers of assistance across a wide area of services, with the understanding of complete confidentiality for recipients, is the basis of trust between MMOG and their clients. The LHC tool is clearly, for MMOG, the instrument for uncovering problems that might otherwise not come to light until

finding a way to survive gives way to a full blown, immediate crisis. The resources available, both the financial resources of the Church and the knowledge and capabilities of the largely middle class and well-educated, dedicated church workers may be important elements.²⁰

There is clearly resistance among the very poor to revealing problems. This is based on an anticipation of rejection, personal humiliation and a sense of unfairness, having experienced rejection by service agencies throughout their lives. In addition, the disadvantaged lives “on simmer”, constantly juggling problems that are about to boil over as they live lives constrained by constant scarcity of resources, thus often developing a sort of tunnel vision in which short term expediency in dealing with one problem takes precedence over longer term advantage for the immediate or other problems.²¹ The trusted aspect of trusted intermediary role may be a key to breaking down the barriers and circumstances that prevent early intervention. The intermediary

“The trusted intermediary role may be a key to breaking down the barriers and circumstances that prevent early intervention.”

strategy being developed in the partnership arrangements between the seven partner intermediaries and Halton Community Legal Service is a key to bringing legal assistance into the mix.

²⁰ This is not the only avenue. The shared experience of poverty of the people from Voices for Change is another foundation for the trusted quality of the relationship between the intermediary and people needing help.

²¹ Sendhil Mullainathan and Eldar Shafir, *Scarcity: Why Having Too Little Means So Much*, Princeton University Press, 2013

A Propensity Toward Self-Help

The respondents from Voices for Change expressed the view particularly strongly that the people to whom they offered help through the LHC were especially cynical, feeling at the outset that it was just one more form. They had filled out many at the insistence of social services agencies and nothing had changed. Against that background they were not convinced that the legal clinic could help. The group was asked by the interviewer: if not the clinic what would help? One respondent replied; They want to do it on their own. A second said: People don't mind doing the work if they have the guidance and tools. [They want to know] how to advocate for themselves. These responses suggest that the people approached by Voices for Change may be different from those contacted by other intermediaries. It is also possible that the differences somehow lie in the orientation of Voices for Change. This intermediary organization is also being supported to develop a peer mentoring program, which may account for the responses about supported self-help.

The legal problems literature reveals a strong predisposition for self-help among the general population experiencing everyday legal problems. The recent Canadian Forum on Civil Justice national survey of everyday legal problems estimated that about 62% of people experiencing one or more legal problems were self-helpers. Self-helpers did not obtain any legal advice or assistance from any authoritative non-legal

sources, relying only on internet searches, advice from friends and relatives and attempts to negotiate with the other party. A further 19% received advice from an organization such as a union, government office or advocacy group but did not obtain any form of legal advice. When asked if, in retrospect, they thought the outcome might have been better if they had received some assistance 72% said yes. When asked what form of assistance would have helped the majority replied better information, someone to explain the legal aspects, help with filling out forms and an advocate to intervene on my behalf. Only 30% said they would have preferred a lawyer to deal with the matter by legal means.

“It is quite possible that the brief and summary services provided by HCLS, aided by the mentoring and advocacy capacity of intermediaries who chose to carry out those roles, could have the potential for considerable impact in assisting even the disadvantaged to deal with everyday legal problems.”

It is quite possible that the peer mentoring orientation of Voices for Change has tapped into a predisposition for assisted self-help among the disadvantaged that also exists in the general population. Further exploration might find a similar

tendency among some of the clients of other intermediaries. Recall that the majority of people requesting follow-up on the LHC form requested PLE or information about support group sessions. It is quite possible that the brief and summary services provided by HCLS, aided by the mentoring and advocacy capacity of intermediaries who chose to carry out those roles, could have the potential for considerable impact in assisting even the disadvantaged to deal with everyday legal problems.

Building an Integrated and Holistic Service through Intermediary Partnerships

Effective outreach is the first step in expanding access to justice and legal services. It seems clear based on the evidence that partnering with intermediaries is an effective way for the legal clinic to overcome the expressed demand barrier, to reach out with a proactive offer of service to the people who would not otherwise ask. The next step in expanding access to justice is providing integrated and holistic services. This is fundamental to the everyday legal problems paradigm of access to justice that views legal problems as aspects of the normal activities of everyday life and, therefore, experiencing legal problems as a human process. As well, it is well established that legal problems trigger other legal problems and legal problems trigger, and are triggered by, a range of non-legal problems. Thus many people, particularly the disadvantaged, experience clusters of interconnected legal and non-legal problems that, like Gordian knots, cannot be disentangled. The partner intermediaries are the building blocks of an integrated and holistic approach to access to justice, just as they are the foundation of effective outreach.

In the Legal Health Check-Up project building an integrated and holistic approach to access to justice is an incipient process

that is taking shape as the project develops and changes as a natural experiment. The legal needs of people in the community served by the clinic are gleaned from legal needs studies, environmental

“The partner intermediaries are the building blocks of an integrated and holistic approach to access to justice, just as they are the foundation of effective outreach.”

scans, reports of community development agencies containing changing demographic profiles and economic changes, legal aid case load data and service delivery experience.

The recruitment of partner intermediaries reflects this immensely complex mix of legal needs and groups within the population where the needs are concentrated. Some intermediaries provide specific services or a range of services to a specific population. Employment Halton, the Halton Hills Family Health Team, the Halton Multicultural Council and Links2Care are examples of this type of intermediary, The Anglican Church of the Incarnation, Saint Vincent de Paul Mary Mother of God Parish and Voices for Change are

rooted in the community in different ways than the more bureaucratic service organizations but they are all, in their various ways, part of the community. By engaging in partnerships with the intermediary groups, Halton Community Legal Services has undertaken a community development strategy for expanding access to justice and has moved the legal clinic toward becoming a more integral part of the community it serves.

An integrated legal service emerges as the clinic and the partner intermediaries develop relationships. A case worker from HCLS is present at Halton Multicultural Council one afternoon a week at an outreach clinic. Arrangements are made for a legal case worker to be present to hold a similar clinic on a monthly basis with Voices for Change. The interviews with intermediaries identified the emerging connection between the legal aid clinic and the intermediaries.

Respondents at MMOG spoke about how they emphasized the good relationship with the legal clinic when dealing with problems being experienced by their clients. One example of how this worked in a practical way involved an individual with a cluster of family law and domestic violence problems. The domestic violence problem

came to the attention of one of the people at MMOG with the use of the LHC tool. The people at MMOG contacted the legal aid clinic. The legal aid clinic does not deal with family law or criminal matters. However, the Executive Director of the Halton clinic contacted the Director General at Legal Aid Ontario (LAO) responsible for their district in the Southwest Region of Ontario and arranged a protocol to refer family law matters to LAO. This was followed by the development of a protocol between the legal aid clinic and MMOG to deal with family law and domestic violence issues. The people at MMOG accompanied the individual to family court. This situation that developed during January and February 2015 illustrates how integrated service emerges organically from the developing relationship between the legal service provider and the intermediary.

One other case illustrates how the referral process can flow from the

legal clinic to the intermediary, rather than in the opposite direction. Mr. H first came into contact with the legal clinic via the weekly satellite intake office at the Halton Multicultural Council (HMC). Having been injured in an automobile accident Mr. H wished to file an application for Ontario Disability Support (ODSP). Mr. H was disabled, as is his wife and one of his three sons. Appointments at the HMC allow for a full interview doing a comprehensive review of the client's circumstances in addition to completing the usual legal documents. It became clear that Mr. H was in need of, but was unaware of the range of community services available such as health care, the local food bank and a specialized pain clinic. This information was made available to him. In a second interview to prepare for the ODSP hearing the lawyer became aware of the level of desperation of Mr. H and his family. Even if the ODSP hearing were to be successful, Mr. H and his family were facing

a number of overwhelming issues and would almost certainly, in the imagery of the LHC project, go over the falls. At that point the clinic lawyer contacted INCA, one of the intermediary groups, to do for the family what the lawyer could not do. The church was able to provide transportation to various services, assisted Mr. H in dealing with arrears on his mortgage payments and assisted in making alternative arrangements to deal with arrears with the one son's university tuition.

These examples from the case notes show how the intermediary clinic partnership is a foundation of integrated service. It represents the dynamic aspect of integrated service. The linkages between the legal clinic and the partner intermediaries are in place. Linkages between the intermediaries and the clinic and second order services and resources are there. The partnership between the partner intermediaries and the clinic make it work.

Holistic Service

Integrated and holistic services and aspects are two sides of the same coin. In the intermediary interviews

“Typically the person will not want to answer simply yes or no. They want to tell their story.”

the respondent from INCA, the organization involved in the second of the two cases described above, described his involvement. *It is not just filling out forms. It is jumping through the hoops with them. At another point the respondent said: you have to walk through the process with them.*

A respondent from MMOG said of the holistic nature of the process: *when you are completely down and*

have no grocery money, there is a place you can go to get help and there is no judgement. Further, similar to walking people through the process described by the respondent from INCA, another respondent from MMOG remarked about what makes the process work: “it only works because people know the intermediary – non-judgemental, unqualified help.”

Consistent with the respondents from both MMOG and INCA, the respondents from Voices for Change emphasized the key role of an active offer of concrete assistance. One of the Voices respondents said: *“once I got the person a Handi Van [local transportation for disabled people] application and then the flood gates opened.”*

Similarly, speaking about the length of time often required to go through the LHC form with a client a respondent from the Halton Hills Family Health Team remarked: *“typically the person will not want to answer simply yes or no. They want to tell their story.”* The respondent continued: *“it showed that someone is out there who cares, there was stress release, I could see it in their faces.”*

It is useful to distinguish integrated and holistic service. Both relate to the clusters of legal and non-legal problems people experience and to the fact that experiencing legal problems is a human process.

“Holism is how you do what you do.”

Typically for people who are desperate and afraid, dealing with legal problems has to be approached on that level of empathy. Holism is *how* you do *what* you

do. Lawyers do that as illustrated in the case of Mr. H as well as professional intermediaries such as the health professionals at the Halton Hills FHT and the quite different “grass roots” people in intermediary groups such as MMOG, INCA and Voices. The impression

“It showed that someone is out there who cares, there was stress release, I could see it in their faces.”

conveyed through the intermediary interviews is that a holistic approach involves a complex blend of various elements of human interaction; overcoming people’s cynicism and resistance to asking for help, drawing people out so they will tell their manifold stories, building trust and, especially, making an active offer of concrete service that is, in the words of one MMOG respondent unqualified and non-judgemental.

A Different Kind of Lawyer

Much emphasis has been placed so far on the crucial role of the partner intermediaries in the LHC process. They are the animators that make it work on the ground. The way in which the legal service functions is no less critical to the extension and transformation of legal services made possible

through the LHC project. An exchange among several respondents in the group interview with Voices for Change ‘connected the dots’ between several key elements: outreach, integrated, services, holistic services and the aversion to legal services. Describing how he connects with people one respondent said: *“the great advantage is that I give free assistance; then I say “a lawyer will be at Voices on [particular day]. I am going over. Come with*

me.” A second respondent said: *“people develop tunnel view dealing with their problems; the*

“The way in which the legal service functions is no less critical to the extension and transformation of legal services made possible through the LHC project.”

particular problem becomes the focus.” A third respondent in the group interview followed with the comment: *“yes but people normally deal with services that provide a defined, limited service.”* Then a fourth respondent captured the discussion with a decisive comment: *“This is a different kind of lawyer.”* In the context of the discussion these are not partial non sequiturs. They come together to capture the nature of the legal service that is as crucial as the

nature of the intermediary contacts.

An open-ended, holistic and integrated legal service is outside the range of experience and the culturally-based expectations of disadvantaged people seeking help. When the first respondent reported saying to people: a lawyer will be there, I am going over, come with me, he meant that the person could talk to the lawyer²² about the problem or other problems - about the everyday problems people experience for which legal assistance combined with the assistance and advocacy work of the intermediaries might be able to help. People are not accustomed to this, either from lawyers or from the service agencies with which they typically deal.

The intermediaries understood that the form of legal service provided by HCLS is different from the normal

²² Often a legally trained case worker.

legal or social service model. They also understood that people need to be drawn to it through direct experience, because it has been through direct experience of the opposite type that has throughout their lives erected the barriers of cynicism, suspicion and aversion

to both legal and non-legal services. The new kind of lawyer is a necessary part of the overall new kind of legal service or it will fail to integrate effectively with the expansion of service so effectively accomplished by the partner intermediaries. This is what is being

done in the Legal Health Check-Up project. It will be more effective as the legal service becomes “trusted” as are the intermediaries.

Conclusion

The intermediary partnerships that are a foundation of the Legal Health Check-Up are an effective approach to outreach for a highly disadvantaged, multiple

“Experiencing legal problems is a human process and, therefore, dealing with them should also reflect the realities of emotional and personal difficulty”

problem population. During the pilot phase of the project the LHC process increased the intake of the Halton Community Legal Services clinic by one third on an annualized basis. The LHC process is effective at overcoming the cynicism and mistrust of bureaucratic government services typical of disadvantaged people who have experienced refusals of service in the face of desperate circumstances over much of their lives.

In particular, the LHC process seems effective at overcoming the aversion to involvement with anything legal that was reported of their clients by a number of intermediaries. Despite this widely reported aversion to and mistrust of anything legal the vast majority of LHC forms included a request for service by the legal aid clinic.

The preliminary research on the pilot phase of the project unearthed an interesting perspective on early

intervention and crisis prevention. Early intervention is frequently proposed as an approach to detect problems early, avoid problems becoming critical and making resolutions easier before the problems become increasingly complicated and difficult to resolve. The qualitative data from the intermediary interviews suggests that crisis is normal in the lives of highly disadvantaged people. If crisis is boiling over, their lives are constantly on simmer. Early intervention means detecting a crisis as early as possible and providing help that may bring it under control. This is not to say that stability cannot be brought to people’s lives, but it did not become evident in the short term of the pilot phase of the LHC project.

Intermediary partnerships are not only the foundation for outreach to a hard-to-reach population, building on outreach the partnerships are the foundation for the next building blocks of effective service delivery; integrated and holistic service. In this approach the

“There is a considerable basis for expansion of intermediary activities beyond the gateway roles of problem spotting and making legal referrals to a wider range of advocacy and supported self-help.”

intermediary – clinic partnerships make up the first level of integrated service providing mutual support in resolving the interrelated clusters of legal

and non-legal problems experienced by clients. The second layer of integrated service is the network of contacts brought into the service delivery process by the intermediaries themselves.

There is much overlap between the concepts of integrated and holistic service. Both ideas reflect the idea that the whole person has to be considered in dealing with the clusters of inter-related multiple problems experienced by disadvantaged people. The dimension that is more characteristic of holistic service, although not uniquely so, arises from the recognition that experiencing legal problems is a human process and, therefore, dealing with them should also reflect the realities of emotional and personal difficulty. This is the real meaning of “trusted” in trusted intermediaries. It is an active offer of service, concrete assistance and, sometimes, advocacy, provided without judgement. It is, in the words of several intermediaries, giving people the opportunity to reveal problems when the revelation is deeply personal, and walking the path to resolving the problem with the person. Intermediaries and legal service providers working on partnership animate the three elements of service delivery: outreach, integrated and holistic service.

There is a considerable basis for expansion of intermediary activities beyond the gateway roles of problem spotting and making legal referrals to a wider

range of advocacy and supported self-help. The intermediaries come to the partnership between the intermediary and the legal clinic with an established set of service activities and substantial commitment. Providing the legal clinic with the resources for mentoring, training and otherwise resourcing intermediaries might be a worthwhile investment in service delivery.

About 40% of the LCH forms came from sources other than the seven partner intermediaries. This suggests the potential value of an expansion of the LHC project to a more web-based guided information and supported self-help approach. Little is known about

“Providing the legal clinic with the resources for mentoring, training, and otherwise resourcing intermediaries might be a worthwhile investment in service delivery.”

the characteristics of this group. To the extent that it encompasses a socio-economic level above the highly disadvantaged people coming through the partner intermediaries, a web-based expansion might represent an opportunity to provide service to that layer of need represented by people living precarious lives of low income, unstable employment and housing who are just outside of the current client base and eligibility guidelines for legal aid.

Appendix One: Legal Health Check-Up Results, 2014-07-01 to 2015-01-31

Count of all surveys: 300

INCOME

Do you ever have trouble making ends meet?

- Yes: 171 (57%)
- No: 44 (14.6%)
- No answer: 85 (28.3%)

Do you rely on food banks and community dinners?

- Yes: 103 (34.3%)
- No: 111 (37%)
- No answer: 86 (28.6%)

Do you need help getting or keeping any of these benefits?

- Ontario Works: 37 (12.3%)
- Ontario Disability: 43 (14.3%)
- Canada Pension Plan: 8 (2.6%)
- Employment Insurance: 24 (8%)
- Guaranteed Income Supplement: 17 (5.6%)
- Child Benefits: 20 (6.6%)
- No answer: 184 (61.3%)

Do you need help when you do your taxes?

- No: 65 (21.6%)
- N/a: 10 (3.3%)
- No answer: 86 (28.6%)

Can you afford to buy prescription medicine if you need it?

- Yes: 71 (23.6%)
- No: 131 (43.6%)
- N/a: 14 (4.6%)
- No answer: 84 (28%)

Is anyone contacting you to pay outstanding bills?

- Yes: 96 (32%)
- No: 108 (36%)
- N/a: 9 (3%)
- No answer: 87 (29%)

Is there anything else you'd like to tell us about income issues? If yes, please describe below.

- Yes: 78 (26%)
- No: 104 (34.6%)
- No answer: 118 (39.3%)

HOUSING

Where do you sleep?

- Home I own: 46 (15.3%)
- Home I rent: 112 (37.3%)
- With family or friends: 26 (8.6%)
- Assisted living home: 4 (1.3%)
- Group home: 3 (1%)
- Retirement home: 1 (0.3%)
- Longterm care home: 0 (0%)
- Other (please specify): 17 (5.6%)
- No answer: 94 (31.3%)

Are you behind in your rent right now?

- Yes: 30 (10%)
- No: 149 (49.6%)
- N/a: 32 (10.6%)
- No answer: 89 (29.6%)

Are you on the waiting list for subsidized housing?

- Yes: 52 (17.3%)
- No: 154 (51.3%)
- No answer: 94 (31.3%)

Are you at risk of having your rent subsidy cancelled?

- Yes: 15 (5%)
- No: 111 (37%)
- N/a: 83 (27.6%)
- No answer: 91 (30.3%)

Have you been late paying rent in the past year?

- Yes, 1 to 3 times: 55 (18.3%)
- Yes, 4 to 6 times: 10 (3.3%)
- Yes, more than 6 times: 10 (3.3%)
- No: 109 (36.3%)
- N/a: 25 (8.3%)
- No answer: 91 (30.3%)

Are you behind with your utility bills (for example, electricity, gas, or water)?

- Yes: 75 (25%)
- No: 104 (34.6%)
- N/a: 33 (11%)
- No answer: 88 (29.3%)

Do you have any of the following problems?

- Landlord doesn't make repairs: 33 (11%)
- Heat or air conditioning doesn't work: 18 (6%)
- Mold, bugs, or rodents: 41 (13.6%)
- Other unsafe conditions in my apartment or house (describe): 21 (7%)
- No answer: 225 (75%)

Do you have any problems with your neighbours?

- Yes: 32 (10.6%)
- No: 175 (58.3%)
- No answer: 93 (31%)

Have you been given any eviction papers by your landlord or the Landlord and Tenant Board?

- Yes: 28 (9.3%)
- No: 177 (59%)
- No answer: 95 (31.6%)

Have you been harassed, discriminated against, or treated unfairly by your landlord?

- Yes: 32 (10.6%)
- No: 177 (59%)
- No answer: 91 (30.3%)

Do you have anything else you would like to tell us about housing issues?

- Yes: 57 (19%)
- No: 111 (37%)
- No answer: 132 (44%)

EDUCATION

Do you get a Canada Learning Bond for your children?

- Yes: 20 (6.6%)
- No: 93 (31%)
- N/a: 88 (29.3%)
- No answer: 99 (33%)

Are you worried about your children's education, attendance or performance in school?

- Yes: 55 (18.3%)
- No: 67 (22.3%)
- N/a: 90 (30%)
- No answer: 88 (29.3%)

Are your children able to participate in activities offered at school?

- Yes: 64 (21.3%)
- No: 41 (13.6%)
- N/a: 103 (34.3%)
- No answer: 92 (30.6%)

Do you need subsidized day care so you can go to school?

- Yes: 39 (13%)
- No: 64 (21.3%)
- N/a: 106 (35.3%)
- No answer: 91 (30.3%)

Do you need help to access adult education classes or a job training program?

- Yes: 86 (28.6%)
- No: 113 (37.6%)
- No answer: 101 (33.6%)

Are you overdue on any student loans?

- Yes: 31 (10.3%)
- No: 169 (56.3%)
- No answer: 100 (33.3%)

Is there anything else you'd like to tell us about education issues?

- Yes: 34 (11.3%)
- No: 126 (42%)
- No answer: 140 (46.6%)

EMPLOYMENT

Do you have a disability that affects your ability to work?

- Yes: 86 (28.6%)
- No: 117 (39%)
- No answer: 97 (32.3%)

Are you concerned about telling an employer about any health problems that you have?

- Yes: 63 (21%)
- No: 83 (27.6%)
- N/a: 53 (17.6%)
- No answer: 101 (33.6%)

Have you ever been hurt at work?

- Yes: 45 (15%)
- No: 157 (52.3%)
- No answer: 98 (32.6%)

Is your workplace safe?

- Yes: 71 (23.6%)
- No: 16 (5.3%)
- N/a: 113 (37.6%)
- No answer: 100 (33.3%)

Are you being harassed or discriminated against or being treated unfairly by your employer or a co-worker?

- Yes: 25 (8.3%)
- No: 80 (26.6%)
- N/a: 99 (33%)
- No answer: 96 (32%)

Do you worry about getting fired, laid off, or having your hours cut?

- Yes: 61 (20.3%)
- No: 35 (11.6%)
- N/a: 104 (34.6%)
- No answer: 100 (33.3%)

Do you have trouble getting time off when you need it?

- Yes: 31 (10.3%)
- No: 64 (21.3%)
- N/a: 104 (34.6%)
- No answer: 101 (33.6%)

Does your employer or past employer owe you money?

- Yes: 19 (6.3%)
- No: 111 (37%)
- N/a: 66 (22%)
- No answer: 104 (34.6%)

Are you having trouble finding a job because you have a criminal record?

- Yes: 19 (6.3%)
- No: 97 (32.3%)
- N/a: 80 (26.6%)
- No answer: 104 (34.6%)

Are you having trouble finding a job because you do not have enough Canadian experience or training?

- Yes: 45 (15%)
- No: 77 (25.6%)
- N/a: 72 (24%)
- No answer: 106 (35.3%)

Is there anything else you'd like to tell us about work issues?

- Yes: 48 (16%)
- No: 112 (37.3%)
- No answer: 140 (46.6%)

FAMILY, SOCIAL & HEALTH SUPPORTS

Are you going through a divorce or separation?

- Yes: 29 (9.6%)
- No: 158 (52.6%)
- No answer: 113 (37.6%)

Are you worried about your safety or for your children's safety in your home situation?

- Yes: 21 (7%)
- No: 175 (58.3%)
- No answer: 104 (34.6%)

Do you have any problems with child support, access, or custody?

- Yes: 36 (12%)
- No: 162 (54%)
- No answer: 102 (34%)

Do you have someone to make healthcare decisions for you if you become unable to do so?

- Yes: 89 (29.6%)
- No: 110 (36.6%)
- No answer: 101 (33.6%)

Do you want someone to make financial decisions or to manage your money and pay your bills for you if you become unable to do so?

- Yes: 102 (34%)
- No: 92 (30.6%)
- No answer: 106 (35.3%)

Are you having trouble getting the help you need, including healthcare, because you are new to Canada?

- Yes: 25 (8.3%)
- No: 173 (57.6%)
- No answer: 102 (34%)

Are you able to get the health services and supports that you or your family need?

- Yes: 98 (32.6%)
- No: 96 (32%)
- No answer: 106 (35.3%)

Do you or your children need financial help to get involved in social, fitness, or recreation programs?

- Yes: 93 (31%)
- No: 104 (34.6%)
- No answer: 103 (34.3%)

Is there anything else you would like to tell us about family, social, and health supports?

- Yes: 50 (16.6%)
- No: 108 (36%)
- No answer: 142 (47.3%)

Part 02 REPORT 02

Ab Currie, **Engaging the Power of Community to Expand Legal Services for Low-Income Ontarians** (2017)

Engaging the Power of Community to Expand Legal Services for Low-Income Ontarians

Ab Currie, Ph.D.

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April 2017

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Engaging the Power of Community to Expand Legal Services for Low-Income Ontarians

Executive Summary

The clinic–intermediary partnerships/legal health check-up is an approach to service delivery that recognizes the need to create a strong mechanism to achieve outreach and to provide holistic and integrated services to disadvantaged people. This is a response to a solid body of research, consistent with much clinical experience by practitioners, that there is a high prevalence of unmet legal need among the population, that people often do not recognize the legal issues embedded in the everyday problems they experience, that for this and other reasons they typically do not seek appropriate assistance with legal problems in a timely manner, and that people frequently experience clusters of inter-related legal and non-legal problems that are often difficult to deal with in isolation. These problems are part of the complex matrix of poverty; providing legal services in a way that responds to these aspects of legal problems can play a role in alleviating the conditions of disadvantaged people.

During the initial six-month implementation period of the Legal Health Check-up Project in Southwestern Ontario, 1700 individuals identified themselves as having everyday problems with probable legal aspects through the legal health check-up (LHC) process by 12 community legal clinics

combined. This represents a substantial body of unmet need. About 45% of the 1700 individuals asked to be contacted by the clinic. Asking for help can be an acknowledgement of the seriousness of the problem they are facing. With respect to the 55% who did not ask for immediate help, we know that people are often not ready to ask about problems they are experiencing when first asked. Some people commented that they did not know they could get help of this sort from legal aid. Forty-six percent indicated they would like to receive public legal education (PLE) related to a problem they had identified on the LHC questionnaire, and 23% expressed an interest in attending group information sessions. The LHC clearly succeeded in identifying a substantial body of unmet need.

Overall, the clinics developed 125 partnerships with community organizations and service agencies in the Southwestern Ontario region. Ninety of these were active partnerships in which trusted intermediaries identified unmet need using the LHC questionnaire and referred people to the clinic. These partnerships represent 90 new pathways to legal help in the region through which people with unmet needs can find help from a community legal clinic. The 12 clinics developed partnerships with

a further 35 community groups that did not complete any legal health check-ups. These organizations cited a variety of reasons for not completing any LHC forms, though some said they had referred some clients to legal aid clinics without using the LHC form. More than 200 people submitted LHC forms through a source other than one of the 125 groups with which the clinics had formal partnerships. This is a good indication of a considerable amount of diffusion of the LHC concept throughout the community beyond the formal clinic–intermediary partnerships within a relatively short period of time.

Most intermediary groups, both those that had produced LHC forms and those that did not, embraced the basic objectives of the legal health check-up. They felt that the LHC was a good idea, that it was aligned with the overall goals of the intermediary organization, that it was important to identify the needs of their clients, and that the LHC would benefit their clients. The majority of intermediaries that produced at least some LHC forms said they wanted to continue the relationship with the community legal clinic after the pilot period.

Clients who had completed a LHC questionnaire, were referred by one of the partner intermediaries, and had an intake appointment were generally positive about the LHC process. Based on a small sample of 23 clients, 65% said the LHC form was very easy to fill out, 60% said it was very helpful identifying problems, 48% said it had helped a great deal toward resolving the problem, 35% said they would probably

have not gone to the clinic if they had not completed the LHC form, and 87% said they would go to the legal clinic with a future problem.

In view of the fact that the approximately six months covered by the research represents the early implementation phase of the project, the clinics substantially achieved the project objectives. Clinics were asked to indicate the level of priority they assigned to eight project objectives. The ranking of objectives by the clinics from greatest to least priority were 1) avoiding crises for clients, 2) identifying unmet need, 3) providing more holistic and integrated service, 4) achieving early intervention, 5) increasing service to underserved groups, 6) serving more people, 7) Increasing contact points in the community and 8) improving planning and co-ordination with community partners. Clinics were asked to assess the degree to which they had achieved the objectives, and these were ranked by level of achievement.

Avoiding crises for clients was the highest priority objective but, ranked fourth in terms of achievement, was relatively difficult to achieve. Identifying unmet need was the objective ranked overall as the second priority by the clinics but it was the priority for which the level of achievement was considered highest. The level of achievement was, overall, greater than its relative priority. This is no doubt attributable to the effectiveness of the legal health check-up tool as an instrument to identify unmet need. Providing holistic and integrated

service to a greater extent was ranked third both as a priority and in terms of level of achievement. Clinics were already doing this to a degree, and the partnerships with community groups may have further enabled them to do so. Early intervention was ranked fourth in terms of priorities but sixth in level of achievement. Extending service to underserved groups was ranked fifth in level of priority and seventh in terms of achievement. Therefore, similar to avoiding crises for clients, clinics found both of these objectives difficult to achieve.

It is interesting that providing service to more people was not ranked high by clinics: sixth overall. In terms of level of achievement this objective was even lower, ranked eighth. Most clinics seemed to have formed the impression early on that the level of effort involved in developing partnerships, on the part of intermediaries as well as the clinics, ought to have been reflected in greater numbers of referrals. The relatively low number of intakes compared with the number of LHC forms completed or the number of requests for service was, for some, disappointing. However, building effective relationships with intermediaries takes time in order to determine what works well. The six-month period of the 12-clinic pilot was a period for relationship-building. Larger numbers of clients could be expected to follow a period of intensive relationship-building, determining what did not work well and what might work better. This has been the experience elsewhere.

The two objectives that were ranked lowest in priority were providing more points of contact in the community, ranked seventh, and providing data for community-level planning, ranked eighth. In terms of achievement, both were ranked relative to their priority, fifth and second respectively.

Within the short implementation period, it is fair to conclude that the clinics made substantial progress in achieving objectives. Clearly there is work to be done on some objectives for which the priority did not match the level of achievement. However, the early phase of any innovation is characterized by learning, feedback and course correction.

The 12 clinics were asked if they felt the clinic–intermediary partnerships/legal health check-up was a better way to provide legal aid services. Nine responded; among them two said yes, five said partly and two said no. Clinics were evenly split when asked if they intended to continue with the LHC. Again, with nine clinics responding, two said they intended to continue in substantially the same manner as in the implementation period, three said they planned to continue with some aspects of the initial model and four said they did not plan to continue.

It can be fairly concluded that within the initial implementation period, the clinics have so far succeeded in achieving everything that could reasonably be expected.

The basis of a strong community-based referral network has been established. Intermediaries identify with the global project objectives and, for the most part, wish to continue the partnerships. There has been some success by the clinics in achieving objectives and identifying what ones require more work. Part of the work with community partners will involve figuring out how to build collaborative relationships that will increase early intervention and avoid crises for people with legal problems. Clients that have gone through the intake process appear, on the whole, to be quite favourable toward the LHC form and the process they have experienced.

The 12 participating clinics have identified as community legal clinics for many years

and have, in different ways, developed their own approaches to connect with community partners and meet the needs of the poor. They have accomplished this according to their resources, their concepts of legal aid, and their understandings of nature of legal services. The legal health check-up offers a good approach to service delivery. However, it also presents challenges to conventional ways of doing things on the local level, and to some orthodoxies in legal aid. Meeting some objectives like early intervention will be very challenging. Progress will require time. However, the clinics that are committed to taking up the challenge should be supported. The preliminary evidence presented in this report suggests that the legal health check-up is a promising approach that responds to important problems.

Introduction

This report examines the experience of 12 community legal clinics adapting an approach to service delivery, the legal health check-up (LHC), that was pioneered at Halton Community Legal Services (HCLS).¹ HCLS and the 12 clinics are all part of the province-wide Legal Aid Ontario community legal clinic system. The clinics are in the Southwestern Region of the province, generally west of Toronto.

Professor Louis Brown first proposed what he called legal health checks in 1974 by Brown, who had written extensively about preventative law, saw that unrecognized legal problems among the public were an important rationale for legal health checks. “There is value in legal health checks whether or not legal problems have surfaced.”²

The use of legal health checks has recently become popular. The American Bar Association has recommended using them.³ In 2015 the Canadian Bar Association issued 14 legal health checks in connection with its equal justice initiative.⁴ Both the ABA and the CBA initiatives are focused on lawyer use of legal health checks, without reference to poverty or disadvantaged populations.

In Australia, the Australian Productivity Commission recommended using legal health checks to identify and assist the complex needs of disadvantaged populations.⁵ The recommendation endorsed a 2009 project by the Queensland Public Interest Law Clearing House (QPILCH) that had developed a legal health check-up for homeless people.⁶ The development of legal health checks has continued since then in Australia. With the support of the federal government, QPILCH developed an on-line guide for community legal workers adopting a legal health check-up approach.⁷ One evaluation in Australia documented partial success by five legal clinics in New South Wales using legal health check-ups for homeless populations.⁸ The Australian literature refers to legal health check-ups as tools in developing pathways to legal health for

¹ A. Currie, *Extending the Reach of Legal Aid: Report on the Pilot Phase of the Legal Health Check-up Project*, Halton Community Legal Services, 2016. Accessed at <https://www.legalhealthcheckup.ca/legalcheck/pdf/legal-health-check-up-pilot-evaluation>

² Louis M. Brown, *Manual for Periodic Legal Check-ups*, Prentice-Hall, New York: 1974.

³ American Bar Association, Commission on the Future of Legal Services, “Issues Paper Concerning Legal Checks”, 2016

⁴ [http://www.CBA.org/CBA/Equal justice/Resources/Legal Health Checks](http://www.CBA.org/CBA/Equal%20justice/Resources/Legal%20Health%20Checks)

⁵ Productivity Commission, *Access to Justice Arrangements*, Commonwealth of Australia, 2014, pp. 171-180, Section 5.4.

⁶ Queensland Public Interest Law Clearing House (QPILCH), <http://naclc.org.au/cbpages/legal-health-check.php>

⁷ “Legal health check on-line portal for community legal workers”, Project Report, June 2015.

⁸ P. Novotra and B. Dougal, *Legal Health Check-up Evaluation Report, Pilot of law check-up tools in five homeless outreach clinics*, Legal Aid New South Wales, 2014.

disadvantaged people. A legal health pathway, an understanding between a community organization and a legal clinic, can build a sustainable collaborative delivery model to identify legal needs and get people the help they need.⁹ The pathways concept is a central element in the legal health check-up concept being developed by community legal clinics in Ontario.

In the most familiar form of a legal clinic's community partnership, a local legal clinic develops a problem-spotting and referral arrangement with a community health care provider. There are approximately 300 medical-legal partnerships in the United States.¹⁰ These are generally considered effective at identifying legal problems related to medical issues.¹¹ Medical-legal partnerships have also been proven effective in Canada¹² and in Australia.¹³ They have a strong theoretical and empirical basis. Research has shown that people frequently experience stress-related illness and other physical illness as a direct consequence of having a range of legal problems.¹⁴ A clear and frequently used example is a landlord's failure to properly maintain an apartment, causing mould that adversely affects a tenant's health. The tenant may go to a doctor to deal with ill health related to exposure to mould. The doctor can treat the medical problem, but when the tenant goes back to the mould-producing environment the medical problem continues. The underlying problem is the proper maintenance of the building; the durable solution to the individual's health problem is legal, requiring the landlord to properly maintain the dwelling. The value of the medical-legal partnership is clear. However, community health clinics are only one among many possible community contacts.

The legal health check-up approach undertaken by the community legal clinics in Southwestern Ontario forms clinic-intermediary partnerships with a variety of community organizations and service providers, including health care providers. Community health services are only one of many kinds of community organizations to which people go for help with difficulties in their lives and through which hidden legal problems may be discovered. This multiple partnership approach places legal aid at the centre of a network of community legal services that can expand the reach of legal aid beyond the boundaries of its own limited resources and capacities.

⁹ See "Tips to create a legal health check pathway" at [Legalhealthcheck.org.au/legalhealthcheck/resources.html](http://legalhealthcheck.org.au/legalhealthcheck/resources.html)

¹⁰ <http://medical-legalpartnership.org>

¹¹ Tishra Beeson, Brittany Dawn McAllister and Marsha Reganstein, *Making the case for medical-legal partnerships: A Review of the Evidence*, School of Public Health and Health Services, George Washington University, 2013.

¹² Lisa Turik and Michele Leering, *Justice and Health Partnerships Project Evaluation Report, Phase II*, Community Advocacy and Law Centre, 2016.

¹³ Susan Ball and Cindy Wong with Dr. Liz Curran, *Health-Justice Partnership Development Report*, Victorian Legal Services Board, 2016.

¹⁴ Ab Currie, "The Legal Problems of Everyday Life" in Rebecca L. Sandefur (ed.), *Sociology of Law, Crime and Deviance*, Volume 12, Access to Justice, Emerald, 2009 pp. 1 – 42.

Similar to the work being carried out in Australia, the legal health check-up (LHC) approach developed by Halton Community Legal Services and being adapted by the 12 community legal clinics is focused on extending service to the disadvantaged. The approach involves developing partnerships between the legal aid clinic and multiple community organizations and services. Partnering with community agencies with broadly similar objectives of helping people in poverty uses the resources extant in the community to extend the reach of legal aid. These collaborative partnerships are intended to magnify the limited resources of legal aid clinics that are small, or small relative to the task with which they are charged, to reach people in need of assistance whom the clinics could not reach on their own.

The problem this approach to service delivery is intended to address has long been familiar to service providers¹⁵ and has, more recently, been described empirically in substantial detail by the contemporary body of legal problems research.¹⁶ Research has systematically documented the very high prevalence of legal problems experienced by the public, especially among the poor. While people do indeed recognize they have a problem, they may lack the basic legal capability recognize the legal aspects of the problems they experience in everyday life and also lack the capacity to deal with them.¹⁷ In qualitative research carried out in Ontario, service providers have said in their experience, people do not recognize they have a legal problem and often do not seek help until the situation is desperate.¹⁸ There is general agreement in the legal problems research that the disadvantaged are more likely than the general population to experience inter-related clusters of multiple problems, both legal and non-legal.¹⁹

There is a point of view that the poor are not just like wealthier people with legal problems, except with less money. Constantly juggling problems and requirements in an environment of scarcity is at the root of the problem. Living a life defined by scarcity can lead to making trade-offs and short-term fixes for one problem that create longer-term disadvantages for others, thus perpetuating social disadvantage. A recent book relevant to the dynamics sustaining poverty by Mullainathan and Shafir argues that the stress involved in coping with money problems has a significant debilitating effect, reducing people's ability to cope with other issues

¹⁵ David Wexler, has famously written: "the poor are always bumping into sharp legal things" in "Practising Law for Poor People", 79 *Yale Law Journal* 1049 (1970).

¹⁶ By this I mean the body of research that began with the American Bar Association study, *The Legal Needs of the American Public* (1994) and the more influential *Paths of Justice: What People Do and Say about Going to Law* (1999) Followed by 25 major international studies and dozens of state-level studies in the U.S. In Canada see A. Currie, "The Legal Problems of Everyday Life".

¹⁷ Recent Canadian research indicates that 64.9% of people who experienced an everyday legal problem did not recognize the legal implications, and 43.0% said they did not appreciate the seriousness of the problem. A. Currie; "Nudging the Paradigm Shift", *Canadian Forum on Civil Justice*, 2017.

¹⁸ Michele Leering, *Paths to Justice: Navigating With the Wandering Lost*, Community Advocacy and Law Centre, 2011.

¹⁹ Currie, "The Legal Problems of Everyday Life", op. cit.

and requirements in all areas of life.²⁰ Using their metaphor, stress reduces the “bandwidth” available to deal with other issues. Alleviating poverty has been a central goal of civil legal aid since the early days of the legal aid movement and the War on Poverty in the United States, and it remains a central objective. To effectively reduce poverty in peoples’ lives, legal aid must develop delivery mechanisms that address these basic elements that affect the lives of the poor and how they respond to legal problems.

The high prevalence and the hidden nature of legal problems requires that legal service providers develop the capacity for outreach in order to identify the high prevalence of unmet legal need among people living in poverty.²¹ Many activities such as the distribution of pamphlets or advertising in community newspapers may be considered forms of outreach. However, a main proposition underlying the LHC is that effective outreach aimed at disadvantaged people has to be a proactive process designed specifically to take account of the way in which disadvantaged people experience legal problems and the impediments in their lives that make seeking help less likely. This is not a process characterized by that iconic line from the movies: *build it and they will come*. Rather, it may be more aptly characterized: *go seek them out and they may come back with you*.

Legal service providers must also develop holistic and integrated services to deal with the multiple, interrelated legal and non-legal problems that appear in interconnected clusters. This is analogous to dealing with complex problems in many areas. The Canadian urban geographer Harvey Lithwick wrote that “*the problem of cities is the interdependence of problems in cities.*”²² It may be no less true of legal services that the problem of providing effective and durable solutions to the problems of the poor may be the Gordian knots of interdependent legal and non-legal problems that make them stubbornly resistant to effective and durable resolution.

There is a gap between identifying hidden legal problems and providing holistic and integrated service. Filling the gap requires building pathways to legal help. This is the core of the legal health check-up idea. The pathways are partnerships between the legal clinic and community groups along which people travel to obtain legal help. The community groups are trusted intermediaries between people needing legal help and the legal workers who can provide it. The intermediaries are voluntary associations and service agencies in the community to which people go to obtain assistance in a variety of areas. These can be employment services

²⁰ Sendhil Mullainathan and Eldar Shafir, *Scarcity: Why Having Too Little Means So Much*, Princeton University Press, 2013.

²¹ Pascoe Pleasence and Nigel Balmer, *How People Resolve Legal Problems*, Legal Services Board, United Kingdom, May 2014.

²² N. Harvey Lithwick, *Urban Canada: Problems and Prospects*, Research Monographs, Central Mortgage and Housing Corporation, Ottawa, 1971

agencies, multicultural services agencies, agencies providing assistance with housing problems, health care providers, church groups or a variety of government and voluntary associations providing service to people. They are places in the community where people will go to obtain assistance with everyday problems in their lives. The understanding central to the everyday legal problems approach is that legal problems are embedded in the everyday activities of life. These nodes in the community are therefore ideal places to identify the legal needs of their users or clients, people who would not otherwise recognize the legal aspects of those problems or seek help with them. The term “trusted” intermediaries is often used. To a greater or lesser extent, these are organizations or the people in them that disadvantaged people trust because they have a track record of trying to help. When a trusted intermediary says, “I think you may have a problem and you should go to see so-and-so at the legal clinic,” the process of transferring that trust begins. If the assistance provided by the legal clinic is recognized as helpful by the client — if it meets the needs of the person as they see them — some of the barriers to access to justice are lowered.

The legal capability of the staff of intermediary community organizations to identify clients who may have legal problems is probably limited. Therefore, some form of legal health check tool is an essential part of the clinic–intermediary partnership approach, providing the staff with education about legal problems occurring in connection with everyday activities and a tool to identify problems. The LHC tool, which may take a variety of forms, provides an easy way to identify problems that occur in everyday life that require legal skills to make a clinical or legal assessment of the person’s situation.

The legal health check-up tool is one important element creating the pathway to legal help. Taken together, the check-up tool and the legal clinic–intermediary partnership make up the legal health check-up (LHC) process. The original LHC tool used in the HCLS pilot project was a questionnaire that was written in plain language without reference to legal need and administered by intermediaries. It was then passed on as a referral to the legal clinic. It contained 62 questions covering six problem areas. This LHC tool is shown in Appendix One. An LHC tool can take a number of forms, including a truncated format that asks people about only broad problem areas.²³ As well, the LHC tool can serve purposes other than identification of individuals’ legal needs. It can be used as a training tool for service providers in intermediary organizations, who might then make referrals without completing an LHC form. The important function of the LHC questionnaire of identifying hidden legal need is preserved so long as a questionnaire or assessment is completed for individuals at the clinic intake. An LHC questionnaire in any form is not a comprehensive assessment of legal and non-legal problems and legal need. It is the basis of a conversation with the individual client that occurs within a

²³ “Legal Health Check-up Resource”, Legal Services Commission of South Australia, n.d. Accessed at http://www.lsc.sa.gov.au/ch_pages/new_release_lsc_legal_health_check.php

holistic intake process at the legal clinic in which clinic staff attempt to understand the complex life of the client, her problems and the assistance that can introduce greater stability into the person's life.

Building a pathway to legal help based on a clinic–intermediary partnership is a relationship-building exercise. The specific form of the relationship depends on the capacity and aspects of the service provided by the particular intermediary, and perhaps on idiosyncratic elements such as the commitment of individual staff. There is no template. The process of adapting the LHC initially developed, and that is still evolving, at HLSC is adaptive innovation. It was well understood at the outset of the expansion to the 12 clinics that each of the community legal clinics would adapt the Halton model, not adopt it as a template. The initial period of activity covered by this report is highly experimental. The adaptation process will have elements that are both common to all the clinics and unique to particular locations. There will be time for lessons learned about building pathways to legal help using the clinic–intermediary service delivery model. Conclusive judgements about successful outcomes will be premature.

Brief History and Context

The pilot phase of the Legal Health Check-up Project at Halton Community Legal Services (HCLS) and the subsequent expansion of the project to the 12 other clinics occurred as part of a Legal Aid Ontario Transformation Initiative that began in 2014. Under this program, clinics were challenged to develop service delivery approaches that were responsive to the needs of low-income Ontarians. The Transformation Agreement provided stable funding for a three-year period beginning in 2014 for clinics developing an innovative service delivery model. HCLS was able to draw upon some earlier work to put in place the legal health check-up very quickly at the beginning of the Transformation Initiative. The early success of the LHC at the Halton clinic encouraged other community legal clinics in the Southwestern Region to adopt the LHC Project. Twelve of the 16 clinics in the region adopted the legal health check-up. An organizational meeting involving all clinics was held in November 2015. Implementation began in most clinics in about February of 2016 with activities such as obtaining approval from boards of directors and recruiting community groups as trusted intermediaries. The adopting clinics began the operational phase of the projects in May or June of 2016, lasting approximately six months in the 12 clinics.

Six months allows little time for a new project to work out the unexpected problems that typically occur with a new program and to make adjustments to the unanticipated issues. This left no time for the projects to stabilize over a sufficient period of time for an outcome evaluation. Therefore, this assessment of the expansion of the LHC takes the form of a process evaluation or implementation study, but not a formal outcome evaluation.

The 12 participating clinics are located in cities between about 80 (Hamilton) and 370 kilometres (Windsor) west of Toronto. The clinics vary considerably in size, and serve areas that are quite different in terms of urban and demographic characteristics. Each clinic is autonomous, and while all are community clinics they may be organized quite differently with respect to service delivery. They provide services in different areas of civil law.

Table 1: Participating Clinics

Clinic and web site	Location	Number of staff
Community Legal Clinic of Brant, Haldimand and Norfolk www.bhnlegalclinic.ca/	Brantford, Ontario	8
Chatham-Kent Legal Clinic www.cklc.ca/	Chatham, Ontario	4
Legal Clinic of Guelph and Wellington County www.gwlegalclinic.ca/	Guelph, Ontario	6
Hamilton Community Legal Clinic www.hamiltonjustice.ca/	Hamilton, Ontario	32
Waterloo Region Community Legal Services www.wrcls.ca/	Kitchener, Ontario	13
Neighbourhood Legal Services Inc. (London and Middlesex) http://www.facebook.com/neighbourhoodlegalservices/	London, Ontario	16
Elgin-Oxford Legal Clinic www.eloc.ca/	St. Thomas, Ontario	7
Community Legal Assistance Sarnia	Sarnia, Ontario	7
Justice Niagara	Welland, Ontario	11
Community Legal Aid Clinic	Windsor, Ontario	8
Huron-Perth Community Legal Clinic www.huronperthlegalclinic.ca/	Stratford, Ontario	5
Windsor-Essex Bilingual Legal Clinic www.blc-cjb.ca/	Windsor, Ontario	8

Methodology

This study draws upon several data sources. The research instruments are included in the appendices of this report. Between late August and mid-October 2016, telephone interviews were conducted with the executive director and staff responsible for the check-up project in each of the 12 adopting clinics. The purpose of the interviews was to familiarize the researcher with how the project was being implemented in each clinic. Interviews were very open-ended, allowing the clinic staff to describe aspects of the implementation, early successes, lessons learned and other information that could not have been anticipated, and asked in the form of structured questions. The interviews followed the same overall pattern but were not identical

in content. However, these exploratory interviews provided a rich body of contextual information for understanding the implementation of the LHC occurring somewhat differently in each clinic.

The LHC forms (questionnaires) completed by intermediaries were recorded electronically by each clinic, and transmitted to a consultant who compiled a database of all the information for each LHC form by clinic and separate intermediary group. These data include whether or not the form was abandoned before completion or contact was requested by the legal clinic. The LHC form also includes a small amount of biographical data on the individuals.

For each individual requesting contact from the clinic and for whom the clinic was able to contact and complete an intake, the clinic completed a caseworker form. The information on this form includes the problems identified at intake based on the everyday legal problems recorded on the LHC form, the service provided for each problem, whether a referral was made and to what organization, the involvement of the intermediary referring the client and an assessment of the presence of crisis. Seven of the 12 clinics provided caseworker data for 137 individual clients.

A questionnaire was administered to clinic staff covering various aspects of implementation, including how the LHC form was used in the intake process, an overall description of the clientele, difficulty contacting and following up with LHC clients, assessment of clients' experience, and an assessment of the extent to which the project was meeting expectations and objectives. The data were discussed at a learning lab held in late November 2016. This allowed additional comments from each clinic to be recorded. Nine of the 12 clinics submitted clinic questionnaires.

A questionnaire was administered to intermediaries through each of the clinics. One questionnaire was developed for intermediaries that did not produce any check-up questionnaires. A second questionnaire was developed for intermediaries that had produced at least some LHC forms. Because of limited research resources, the clinics agreed to administer the questionnaires to three intermediary groups, one that had produced no LHC forms, one that had produced a few forms and one that had produced most of the forms for that clinic. Interviews were carried out by telephone by the same member of the clinic staff. Six clinics responded to this request, providing a total of 15 completed questionnaires.

A questionnaire was administered by each clinic to clients who had received an intake interview and some service. The interviews were carried out by clinic staff. Six clinics provided a total of 23 client interviews.

The absence of data, in some cases from the majority of clinics, presents a potential bias from a methodological perspective. It is possible that only the clinics that are most committed to and favourable toward the LHC Project provided data.²⁴ In research bias is a matter of reverse onus. If there is a reasonable apprehension of bias it is the responsibility of the researcher to make a good case to the contrary. This cannot be done in this study. It is, nonetheless, instructive to report and analyze the data that are available. However, in addition to the argument made earlier that the project is at too early a stage for an evaluation to be appropriate, it must be concluded that the data are probably too limited to support an evaluation. The data are sufficient to explore issues related to implementation but too weak to support conclusions.

Creating Clinic–Intermediary Partnerships and Identifying Legal Need

Building clinic–intermediary relationships with the legal health check-up tool as the mechanism to identify legal need creates the capacity for outreach by the clinics. In this way clinics are able to engage the resources of the community to identify people with unmet legal needs that, because of finite resources, they could not do themselves. The partnerships are pathways to legal help for individuals who are first identified by intermediaries and referred to partnering legal clinics.

The 12 clinics developed partnerships with a total of 125 intermediaries. These are 125 community organizations and service agencies, well known and actively serving disadvantaged people in their communities. These became points of contact in Southwestern Ontario for identifying unmet need. Each partnership forms the basis of a pathway to legal help.

During the six months from May to October 2016,²⁵ the intermediaries submitted 1700 LHC forms to the 12 clinics. This means that intermediaries identified a minimum of 1700 individuals experiencing problems that presented the possibility of unmet legal need. This is an underestimate. Some clinics referred people to the legal clinic without completing an LHC form. Also, as the Legal Health Check-up Projects became well known in the communities served by the Southwestern legal clinics, knowledge about them diffused to other organizations. A number of organizations other than the partner intermediaries began referring people to the legal health check-up web site and referring people to the legal clinic.

²⁴ Three clinics did not make time available for the in-depth interviews. Three did not complete the clinic questionnaire. Only seven of 12 clinics provided caseworker intake data. Seven clinics provided conducted interviews with intermediaries, and only five carried out interviews with clients.

²⁵ The length of the trial periods varied from one clinic to the next. Within clinics, not all intermediaries came on board at the same time. For purposes of presenting data in this section describing the activities of intermediaries, data cover the point at which each intermediary began until October 31, 2016. The performance of clinics and intermediaries are not being compared, so the variations underlying the data should make no difference for descriptive purposes.

A Profile of Everyday Problems

During the six-month period of the project, the 12 community legal clinics received a total of 1700 LHC forms. This represents 1700 individuals who identified one or more problems on the LHC form. Unlike the problem scenarios typically found in legal problems surveys, the problems on the legal health check-up form are not scenarios that have specific legal problems embedded in the wording. Rather, the specific items are of issues of a more general nature that are of concern to the individual. “Are you having trouble making ends meet?”, the lead question in the income section of the LHC form, is an example. The LHC form primarily provides information about life problems that provide a basis for a conversation between the intake worker and the client that will establish specific legal and non-legal problems for which service can be provided. Therefore, it is not possible with any precision to identify the number problems from the LHC forms.²⁶ However, the data provide a wealth of information about the problems facing the people who submitted LHC forms,²⁷ and represent a virtual storehouse of incipient legal problems.

About 74% of individuals reported needing help either obtaining or maintaining various forms of social assistance. 60% said, in general, they were having trouble “making ends meet.” The responses highlighted the struggle experienced by people meeting their basic needs.

- 36% reported that they relied on food banks.
- 40% said they were unable to meet their dietary needs.
- 33% said they had someone contacting them to pay outstanding bills.
- 43% said they could not afford transportation.

Almost half (47%) of all people completing an LHC form were living in rental accommodation. About 9% were living with family or friends, and a small number reported they were couch surfing, or living in their car or in a shelter. The following percentages characterize the housing experience of respondents.

- 24% of respondents said they had been late paying their rent during the last year and 13% were currently behind in their rent.
- 8% said they were at risk of being evicted and most (7.7%) had been served with eviction papers.
- 20% were behind in paying utility bills.

²⁶ In the Halton pilot study it was determined that the everyday problems and concerns identified on the LHC form corresponded well with clinically assessed legal problems. However, that empirical work was not carried out in this study.

²⁷ All percentages in the following section are based on a denominator of 1700.

- 14% had experienced an infestation of some kind.
- 14% reported outstanding repairs. Narrative comments included basement flooding involving sewage, electrical fires, ceiling leaks and missing carbon monoxide detectors.
- 12% said they had experienced discrimination by their landlord.

About 4% said that at some time in the past they had been denied a rental unit due to a disability, and 7% said they had been denied rental accommodation because they were on social assistance.

Access to education and educational programs presented as a problem for respondents. Nearly 26% of respondents reported needing help to access adult education classes or job training programs. And although only 14.5% of respondents reported worrying about their children's education, a mere 21.8% of respondents said that their children could participate in school activities.

The intersection of disability and employment was a prominent theme emerging from the data.

- About 39% of respondents reported having a disability that affected their ability to work.
- About 22% of respondents also expressed concern about telling their employer about any health problems.
- 13% of respondents indicated that their disability made it difficult to find work.

Nearly 23% of respondents reported being hurt at work. Almost 15% of respondents reported a fear of being fired, laid off or having their hours cut.

Almost 54% of respondents indicated that they had a family doctor. However, respondents reported issues with accessing the following health services and supports. This is significant because of the connection between ill health and legal problems.

- dental care (17%)
- mental health (11%)
- counselling (10%)
- glasses (10%)
- special diet (7%)

Nearly 41% of respondents also reported an inability to afford prescription medicines.

The narratives from the LHC form reveal that respondents and their families are experiencing financial difficulty when trying to access the above services. One respondent insightfully observed that all problems begin with health problems and that a lack of proper health care has a “knock-on effect” that influences financial stability, financial independence and housing and food security.

Family law issues were not strongly reflected in the LHC data. However, social issues related to family life figured more prominently.

- About 12% of respondents reported going through a divorce or separation.
- 16% of respondents reported problems with child support, custody or access.

However, 20% of respondents reported at one time being in a relationship where they worried about their or their children’s safety; 28% worried about being in a controlling relationship.

Responses to the questions concerning family and community support speak to the gap in affordable recreational activities for low- income individuals.

- About 33% of respondents reported not being able to afford to participate in community life.
- 30% of respondents reported that they or their children needed financial help to get involved in social, fitness or recreational programs.

The narratives reveal that respondents want to be more involved in community activities, such as recreational programs, but cannot afford to do so, or cannot access programs due to transportation issues.

Almost half, 45% of the 1700 individuals completing an LHC form indicated they wished to receive a follow-up call from a clinic. While the 1700 individuals represent a broad level of unmet need, the 45% (765 individuals) represents a more stringent indication of unmet need uncovered in the 6-month period.

A virtually equal proportion, 46%, indicated they would (or would also) like to receive public legal education (PLE) resources from the clinic. A smaller percentage, but still substantial at 23%, expressed an interest in attending a group PLE session. The most requested topics were:

- family law
- housing and landlord-tenant rights
- employment law and wrongful dismissal
- Ontario Disability Support Program, and, more generally
- financial resources, supports to meet dental and dietary needs

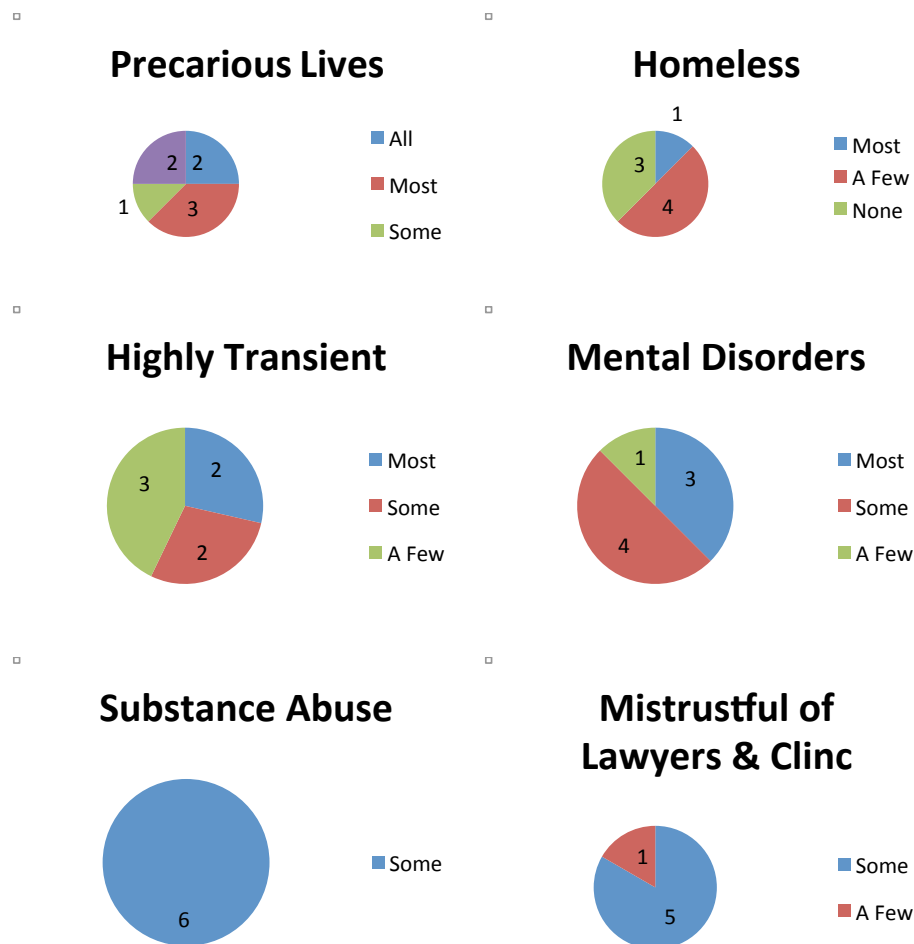
Related Non-Legal Problems

The research did not attempt to identify non-legal problems directly. The legal health check-up process is intended to identify hidden legal problems. It is well established in the literature that problems often co-exist in clusters of inter-related legal and non-legal problems. Clinics were asked to indicate the degree to which the LHC clientele corresponded to a series of characteristics that would predict multiple problems and barriers to accessing services. Five of nine clinics described the LHC clients as leading precarious lives. However, they did not tend to be homeless. Seven of the nine clinics said only a few or almost none of their clients were homeless or near homeless. Mental disorders were fairly common among this clientele. Three of the nine clinics said most of the clients experienced mental disorders, three said some and one clinic said a few. Six out of nine clinics said some of the LHC clientele experienced substance abuse. There were two “don’t know” responses. Five of the nine clinics said some of the LHC clients appeared to be mistrustful of lawyers, one said a few and there were two responses of “don’t know”.

Clinics were given the opportunity to add other relevant characteristics of the LHC clientele. The following client characteristics that were volunteered responses by some clinics might also be considered as non-legal problems:

- low literacy (two clinics)
- low income
- mobility problems
- lack of transportation
- cultural differences

Figure 1: Some Non-Legal Problems Experienced by LHC Clients



Clinics were asked about the level of difficulty in contacting LHC clients. Among eight clinics, one said it was fairly easy to contact clients, three said it was somewhat difficult, two said quite difficult and one said it was almost impossible. Four of the eight clinics said most clients provided cell or landline telephone numbers, two said some, and one did not know. Similarly, four clinics said most clients provided e-mail addresses, one said some, one said a few, and there were two “don’t know” responses.

Demographic Characteristics

People completing the LHC forms were fairly evenly distributed by age.

Table II: Individuals Completing LHC Forms by Age

Age Group	Number	Percent
Under 18	40	4.9%
18 to 24	104	12.8%
25 to 34	189	23.2%
35 to 44	165	20.3%
45 to 54	148	18.2%
55 to 64	118	14.4%
65 and older	51	6.2%
Total	815	100.0%

The majority were female.

Table III: Individuals Completing LHC Forms by Gender

Gender	Number	Percent
Male	352	37.1%
Female	581	61.2%
Transgendered	16	1.7%
Total	949	100.0%

The majority were unemployed.

Table IV: Individuals Completing LHC Forms by Employment Status

Employment Status	Number	Percent
Unemployed	557	66.3%
Employed part-time (1 job)	105	12.6%
Employed part-time (2 + jobs)	34	4.1%
Employed full-time	119	14.2%
Self-employed	24	2.8%
Total	839	100.0%

In terms of education, the largest percentage of people submitting LHC forms indicated they had less than high school, followed closely by people with some college or university.

Table V: Completing LHC Forms by Education

Education	Number	Percent
Less than high school	252	31.5%
High school graduate	196	24.6%
Some college or university	227	28.3%
University degree	125	15.6%
Total	800	100.0%

Finally, almost all people identified themselves as Canadian citizens.

Table VI: Citizenship and Immigration Status

Citizenship or Immigration Status	Number	Percent
Canadian citizen	694	87.7%
Permanent resident	79	9.9%
Refugee	8	1.1%
Without status	10	1.3%
Total	791	100.0%

Achieving outreach may also be viewed from a client perspective rather than overall numbers. On the client survey, people were asked three questions relevant to outreach. Did the legal health check-up help you identify legal problems? Would you have gone to the clinic when you did if you had not taken the legal health check-up? Would you return to the legal clinic to get help with a new problem? The responses are shown in Table VII.

Table VII: Client Perspectives on Outreach

	Did the legal health check-up help?		Would you have gone to the clinic?		Would you return with a new problem?	
	No.	%	No.	%	No.	%
Definitely	14	61.0%	10	43.6%	21	91.3%
Probably	3	13.0%	2	8.7%	2	8.7%
Maybe	1	4.3%	3	13.0%	--	--
Probably not	2	8.7%	5	21.7%	--	--
Definitely not	2	8.7%	3	13.0%	--	--
Not sure	1	4.3%	-	--	--	--
Total	23	100.0%	23	100.0%	23	100.0%

Almost 75% of clients who came to the clinic for a first intake appointment said the LHC was definitely or probably helpful assisting them in identifying problems. 43.6% said they definitely or probably would not have gone to the clinic without having taken the LHC. Finally, 91.3% and 8.7% said they definitely or probably would go back to the clinic for help with a problem in the future. Although the number of respondents is small, these data clearly suggest that the legal health check-up process and, in particular, the LHC form provide an effective form of outreach.

Diffusion Throughout the Community

In addition to the 125 partner intermediaries, individuals completing LHC forms identified an additional 237 sources of LHC forms. This represents significant diffusion of the legal health check-up throughout the community beyond the formal partnership arrangements, representing unanticipated interest in and a positive judgement by the wider community about the legal health check-up idea. The actual references to sources of information about the LHC were often cryptic and difficult to identify precisely. An illustrative list of sources illustrating the breadth of the diffusion is as follows:

- friends and family members
- library
- family doctor
- cancer patient services
- Salvation Army
- CLEO (Community Legal Education Ontario)
- CMHA (Canadian Mental Health Association)
- Canada Employment and Learning Centre
- ARCH (disability law centre in Toronto)

On-Line and On-Paper Forms

Of the 1700 LHC forms completed by all 12 clinics during the pilot period, 54.6% (927) were completed on-line, 45.3% (771) were completed on paper and 0.1% (2) were completed by telephone. The majority being completed on-line suggests the possibility of enhancing the LHC through digital technology. One of the clinics indicating an intention to continue with the LHC approach suggested developing an *app* to encourage more people to complete the LHC questionnaire.

Identifying Need and Providing Service

Table VIII represents the flow of activity from problem identification to service provided up until the end of October 2016 by each of the 12 clinics. During the period between start-up and the end of October 2016, 2011 LHC forms including completed and abandoned forms, were submitted to the 12 clinics.²⁸

Table VIII: Completed Legal Health Check-Ups and Intakes

Clinic *	Total no. of LHC forms	Completed LHC forms		Incomplete LHC forms		Requests for service		Intakes	
		No.	% of total	No.	% of total	No.	% of completed	No.	% of requests
1	189	119	63.0%	70	37.0%	61	51.3%	31	50.8%
2	280	262	93.6%	18	6.4%	92	35.1%	31	33.7%
3	73	67	91.8%	6	8.2%	57	85.1%		
4	54	34	63.0%	20	37.0%	14	70.0%		
5	272	146	53.7%	126	46.3%	91	72.2%	14	15.4%

²⁸ The previous analysis was based on completed forms only to avoid problems with incomplete data. This table is constructed using both completed and abandoned forms to address attrition and completeness of forms. This accounts for the difference between the 1700 used in the analysis of problems above and the 2011 used in this table only.

6	422	253	59.9%	169	40.1%	69	40.8%	13	18.8%
7	127	116	91.3%	11	8.7%	59	50.9%		
8	110	71	64.5%	39	35.5%	31	43.7%		
9	235	209	88.9%	26	11.1%	88	42.1%		
10	66	25	37.9%	41	62.1%	14	56.0%	7	50.0%
11	58	40	70.0%	18	30.0%	23	57.5%		
12	125	89	71.2%	36	28.8%	68	76.4%	30	44.1%
Total	2011								

* Clinics corresponding to numbers:

1 = Community Legal Clinic Brant Haldimand Norfolk	7 = Huron Perth Community Legal Clinic
2 = Chatham Kent Legal Clinic	8 = Justice Niagara
3 = Windsor-Essex Bilingual Clinic	9 = Legal Services Windsor
4 = Elgin Oxford Legal Clinic	10 = Neighbourhood Legal Services of London and Middlesex
5 = Legal Clinic of Guelph and Wellington County	11 = Community Legal Assistance Sarnia
6 = Hamilton Community Legal Clinic;	12 = Waterloo Region Community Legal Services

Although the period of time varied slightly for each clinic because of different start-up dates, the approximate time period was six months. Several clinics expressed concern in the in-depth telephone interviews that the number of intakes was very low and that the results did not appear to justify the effort. That is a judgement that might be viewed as having been premature. The time period covered by the data represents the early implementation stage of the project. Clinics had committed to a six-month period from May until the end of October. Generally, experience with experimental projects is that project development during the initial period may be a learning exercise during which progress is slow. It is a period of during which implementation monitoring should be carried out to identify early lessons learned and possible program modifications. Data from a roughly comparable project being developed by an Eastern Ontario community legal clinic illustrates the time that may be required to bring an experimental project from start-up to a stage close to maturity.

The Community Advocacy and Legal Centre (CALC) in Belleville has been developing partnerships with six community health centres over approximately the past 18 months. This project is similar in broad terms to the Legal Health Check-up Projects under review here. CALC has chosen to work with community health centres as intermediary partners compared with the much larger range of intermediaries engaged by the Southwestern Region LHC Project. Second, the CALC project does not involve a legal health check-up tool, relying instead on direct referrals. However, the point has to do with the pace with which experimental projects may be

expected to develop. The number of referrals from the six clinics²⁹ started very slowly, growing dramatically with continued efforts by CALC to develop relationships with the six trusted intermediaries. During the six months from July to December 2015, the six health clinics made an average of 2.5 referrals. During the six months between January and June 2016 the six community health centres made an average of 15 referrals.³⁰ As the project continued to mature, during the third six-month period, between July and December 2016, the six intermediaries made an average of 27 referrals.³¹ CALC had been working with other community health centres early in the process but discontinued working with them when it became clear that effective partnerships would not be developed. This experience illustrates well the point that it is premature to judge the performance of the LHC Project on the basis of number of intakes during the first six months. In assessing its experience in the clinic questionnaire one of the clinics indicated that more time was required to develop relationships with the intermediary groups. This is the emphasis that ought to be placed on the LHC Project at this stage and the emphasis that should be the focus of this review.

Partnerships with Intermediaries

The data presented in Table IX (derived from Appendix One) show that some clinics engaged more intermediaries than others. The number of intermediaries per clinic ranged from 6 to 24. To a large extent legal aid clinics had prior connections with intermediary groups, often as members of community anti-poverty coalitions or as groups consulted periodically by the clinic about changing patterns of need in the community. The process of recruiting intermediaries was similar among clinics. A representative of the clinic visited each intermediary. The legal health check-up questionnaire in the booklet form was presented to the prospective intermediary group, along with a discussion of the basic objectives of the project. The process of recruiting intermediaries involved 12 clinics and more than 125 intermediary groups.³²

²⁹ The CALC project began with more than six partner community health centres, but dropped several early on because solid relationships and commitments were not developing.

³⁰ *Justice and Health Partnerships Project, Evaluation Report, Phase II*, Community Legal And Advocacy Centre, November 2016, p.5

³¹ Data provided to the writer by CALC.

³² Some prospective intermediary groups declined participation in the project.

Table IX: Legal Health Check-up Forms Submitted by Intermediaries

Clinic	Number of intermediaries	Total number of LHC forms	Number of intermediaries producing no LHC forms	Number of intermediaries producing at Least 50% of all LHC forms
Brant	11	54	2	2 = 59.0%
Simcoe Caring Cupboard = 20 forms Ontario Works = 12 forms				
Chatham-Kent	16	350	3	2 = 69.2%
Ontario Works = 157 forms Community Living Chatham-Kent = 63 forms				
Windsor-Essex	6	34	1	2 = 85.3%
Family Services of Windsor-Essex = 17 forms Sexual Assault Crisis Centre = 12 forms				
Elgin-Oxford	7	25	2	2 = 68.0%
Central Community Health Centre, St. Thomas = 12 forms West Elgin Community Health Centre, West Lorne = 5 forms				
Guelph	9	58	1	2 = 67.2%
Guelph Community Health Centre = 23 forms Rural Wellington Community Team = 16 forms				
Hamilton	14	211	1	2 = 63.9%
McMaster Family Practise = 72 forms Notre Dame House (youth hostel) = 63 forms				
Huron-Perth	12	75	3	3 = 57.0%
Clinton Family Health Team = 14 forms Salvation Army Food bank = 18 forms				
Justice Niagara	14	35	4	3 = 57.1%
Port Cares = 9 forms Oak Centre = 6 forms Community Cares of St. Catharines and Thorold = 5 forms				
Legal Assistance Windsor	15	202	3	3 = 63.4%
Women's Enterprise Skills = 52 forms YMCA = 42 forms Drouillard Place = 34 forms				
London & Middlesex	8	21	2	3 = 66.2%
Community Employment Choices = 6 forms Middlesex County Library = 4 forms Canadian Mental Health Association = 4 forms				
Sarnia	24	41	18	1 = 63.4%
Financial Fitness Centre = 26 forms				
Waterloo	13	80	3	1 = 56.3%
Two Rivers Family Health Team = 45 forms				

With each clinic operating independently, there was some variation in the number and format of meetings in the recruitment phase. In the telephone interviews with executive directors and staff involved with the legal health check-up, questions were asked about the process of recruiting intermediaries. For the most part, clinics recruited organizations with which they had some prior relationship to participate in the LHC. The prior relationships typically involved membership on consultative community networks or, in some cases, direct periodic consultation between the legal clinic and the organization about poverty-related community needs and issues. In a smaller number of cases in which the legal clinic used the legal health check-up initiative to expand service to areas or groups that were not being well served, new groups were approached. This often involved expanding to address unmet need in rural areas or to Aboriginal people.

The community organizations and agencies that were approached to become part of the LHC Project were generally reported to have been enthusiastic about the concept. According to clinic staff, the managers of the organizations that were approached easily understood the concept of legal problems embedded in the ordinary day-to-day activities of people. They understood the concept of hidden need. They understood barriers to accessing legal and other services.

The basic strategy of developing clinic–intermediary partnerships as a means to build pathways to legal help was largely successful, viewed as a first step in a longer process. Although the numbers are quite uneven, most intermediary groups identified unmet need, measured in terms of producing LHC forms.³³ Including all clinics, 41 of the 125 intermediary groups did not produce any LHC forms. This means that 67.2% of all intermediaries identified unmet need to some degree. One clinic, Community Legal Assistance Sarnia, was an outlier with respect to the number of intermediaries, having recruited 24 intermediary groups. This is a far larger number than most others. Eighteen of the 24 intermediaries produced no LHC forms. If Sarnia is removed from the calculation, 77.2% of all intermediary groups identified people with unmet needs using the legal health check-up process. Most intermediaries produced a small number of LHC forms. For all clinics, between one and three intermediaries identified between 57.0% and 85.3% of the unmet need for the clinics, that is, produced 57.0% to 85.5% of all LHC forms.

It is to be expected that some intermediaries will produce more referrals than others. This may be due simply to the variety of types of organizations and consequently the different issues and problems that may arise with that diversity. However, by forming partnerships with a variety of community organizations and service agencies rather than focusing on a particular type such as in legal clinic–health care partnerships, this approach maximizes the potential to engage the

³³ The number of LHC forms as a measure underestimates the number of people with unmet legal needs identified because there were some referrals without LHC forms having been completed.

resources of the community more broadly. Six of the 24 high-producing intermediaries identified in Table IX are health care partners. Otherwise, these intermediaries represent a wide variety of types. The legal health check-up is a multiple pathway model for creating outreach and building pathways to legal help. Further, Table XI shows that different kinds of organizations are the highest producers of LHC forms among the 12 clinics, suggesting the value of engaging a variety of community partners.

The following section examines why some intermediaries were more productive in terms of producing LHC forms than others. This information will hopefully assist clinics to more effectively engage intermediaries and optimize this approach to building partnerships.

Clinics' Views on Intermediary Production of LHC Forms

In the clinic questionnaire, clinics were asked why they felt some intermediaries produced no forms or only a few, while some produced a relatively large number. Nine clinics responded to the questionnaire. Seven of the nine clinics indicated they had followed up with intermediaries after the partnership began to discuss possible problems. All responses presented below are based on the seven clinics that conducted follow-up meetings. The clinics were asked to provide up to three reasons why some intermediaries were producing few or no LHC forms. The three most frequently cited reasons were

- The intermediary organization lacks capacity (5).
- The LHC form is too long (3).
- The clients of these intermediaries are not interested in completing the forms (3).

Other single factors mentioned were:

- The intermediary feels they already know where to refer people with different problems.
- The LHC does not fit well into the organization's existing service.
- The LHC does not fit well with the organization's normal work process.
- Many clients have language barriers and completing the LHC with them is difficult.
- The organization does use the LHC form internally, but does not forward it on to the legal clinic with the referral.

Clinic respondents were also asked for reasons why a few intermediaries produced relatively large numbers of forms. In this case two observations stand out:

- The work of the clinic as represented in the LHC is closely linked to the work of the intermediary (5).

- Having dedicated staff at the intermediary organization was also mentioned (3).³⁴

Other reasons given single mentions were:

- The organization does not have its own intake model, and therefore found it easier to integrate the LHC into its process.
- Having a strong presence at the intermediary location; a clinic staff member assists people with the LHC forms at the intermediaries' location.
- Clients of the intermediary were provided with bus tickets as an incentive.
- The intermediary fully understands the benefit of the LHC.
- The intermediary understands the commitment of Legal Aid Ontario to the project.

In connection to the last observation concerning commitment, one clinic indicated in the in-depth interviews that some prospective intermediaries had been reluctant to participate in the project because it was presented as a pilot project. The organizations were reluctant to make the commitment to become involved, possibly changing organizational practices, for a project that might be discontinued.

The Views of Intermediaries

A small sample of intermediaries was also asked about their experience participating in the LHC Project. Two questionnaires were used, one for intermediaries that produced no LHC forms and one for those producing at least some forms. In the sampling of those that produced at least some LHC forms, intermediaries producing a relatively small number of forms and the intermediaries who produced the largest number were distinguished and selected separately.

Intermediaries Producing No LHC Forms

The reasons why some intermediaries produced no LHC forms appears to rest on largely practical, idiosyncratic reasons relating to the particular intermediary organizations. The problem was not that the concept was not appealing. All five intermediaries within this group said when they first decided to participate in the project they felt it was a good idea, thought it would be a good approach to identifying unmet need, and thought it would benefit their clients. Four of the five intermediaries acknowledged a shared interest between the legal clinic and their organization and four out of five thought the information gained from the LHC form would be useful for their own planning. All of the five intermediaries that had produced no LHC forms said they understood the LHC concept, and all five said that legal problems experienced

³⁴ Having “an engaged staff person at the intermediary organization” was also mentioned by one clinic executive director in a separate e-mail communication.

by their clientele were a concern to them. Only one of the five organizations said the form was too long for their staff to deal with. Two of the five intermediaries said they had their own intake process that made the LHC questionnaire at least partly redundant.

Significantly, perhaps, a majority of this small sample (three of the five intermediaries) said the LHC form was too long for their clients. This echoes similar comments about the form made by respondents in other intermediary questionnaires, in the clinic questionnaire and in the in-depth interviews with clinic staff.

Comments to open-end questions provide insights into why these intermediaries did not produce LHC forms during the duration of the trial period:

- It was easier to refer without completing the questionnaire.
- People already know about services and sources of help.
- We did not use the questionnaire with new clients. We thought it would be too overwhelming. We only used it with existing clients.
- We were undergoing an accreditation process and a change of management.
- The LHC is a good idea but it did not meet the immediate needs of our clients.
- The questions are very general, [while] clients' problems are usually very specific.
- The existing relationship with the clinic resulted in making direct referrals rather than using the form.
- A shorter version of the questionnaire is needed.
- When clients come in [with problems] they are desperate.
- Clients don't want to go somewhere else. Most clients wanted to speak with an elder. They want an Aboriginal lawyer.

In four of the five cases, the intermediary said the clinic had contacted them early in the project to discuss any problems they were having with the LHC process. Contact and support by the clinic was apparently not a problem. However, the intermediary organizations were able to identify a number of reasons why the LHC process was not working. It might be concluded that although there was contact by the clinic, a more intensive working relationship between the clinic and intermediary partners would have identified the problems that were signaled by intermediaries as contributing to intermediaries producing no LHC forms. Some clinics attempted to form partnerships with a relatively large number of intermediaries. Developing relationships with the relatively large numbers of intermediaries may have required more resources than clinics anticipated. Working more intensively with fewer intermediaries at the outset and adding more intermediaries at a subsequent stage might have been a better strategy.

Intermediaries Producing Some Forms

Eleven interviews were carried out with intermediaries that provided clinics with at least some LHC forms. Six interviews were conducted with intermediaries that submitted a few forms to the clinics, and five with intermediaries that provided most of the forms to the clinics. The intention was that by comparing the two groups on questions such as why they participated in the project, how the forms were used, and what problems were encountered would provide some insights into why some intermediaries produced relatively large numbers of LHC forms. However, three of the six intermediaries producing a few LHC forms indicated they often made referrals without completing a form. All five of the high-volume intermediaries said they did this occasionally, but not often. This jeopardizes the reliability of responses to other questions and calls into question the reliability of distinguishing the two categories of intermediaries for purposes of this analysis. Because the numbers of completed questionnaires is so small, a shift due to referrals made without LHC forms could significantly alter the distributions of responses. In any case the differences between the “few” and “most” groups were not instructive. Therefore, this section will focus on responses to two questions only, and on comments made by respondents elaborating on those responses.

Intermediaries were asked if they wished to continue with the clinic–intermediary partnerships. Five of the six respondents providing a few LHC forms indicated they wished to continue the partnership. One said it did not wish to do so. Among the intermediaries providing the majority of LHC forms to their partner clinics, four out of five said they wished to continue the partnership, with one not answering. Overall, this indicates an overwhelming level of support for the LHC Project among the clinics that responded.

The respondents indicating they wished to continue with the project from both groups were asked about suggestions for improvement. Respondents from the “few” category of intermediaries said:

- a simpler questionnaire
- a shorter version of the questionnaire
- a shorter form
- a mobile app to make the process more efficient

Respondents representing intermediaries that had produced most of the LHC forms for the clinic suggested:

- a shorter form
- a simpler questionnaire

- [reduced] length of time it takes
- The length of the check-up is a detriment.
- Expand to rural areas.

The comments elaborating on another question, “Did you have problems adopting the Legal Health Check-up”, are also instructive:

- The only problem was not having enough time.
- Not a problem when we used the two-page questionnaire.³⁵
- Clients usually don’t want to talk about other things.

The comment in the last bullet is similar to problems with the length of the questionnaire, but has implicit in it one reason why a long questionnaire is problematic. Clients are often focused on immediate problems and therefore a long questionnaire is unwelcome.

Responses to other questions and comments clearly suggest a recognition of the value of the legal health check-up by all intermediaries, regardless of the number of LHC forms produced. Respondents were asked for reasons at the outset of the project for their decision to participate as a partner with the clinic in their area. Among the clinics that had produced a few LHC forms, positive endorsements were unanimous. Six out of six intermediaries said they generally thought the concept was a good idea, said they thought it would be an effective way to identify needs, felt that the check-up would benefit their clients and thought the information would be useful for their own planning. Similarly, five out of five intermediaries that had provided the largest number of LHC forms to their partner clinics thought the LHC concept was a good one overall, thought it would be a good way to identify unmet need, and expected it would benefit their clients. Three of the five from this group of intermediaries anticipated the information from the LHC would be useful for their organizational planning.

Additional comments were

- We felt there was a gap and the legal health check-up could fill it.
- We had an idea that the problems faced by our clients were legal in nature.
- [The LHC] can keep people from falling through the cracks.

Turning to responses based on experience, intermediaries were asked if they thought the legal health check-up had benefited their clients. Among the intermediaries producing a few LHC forms, three said the process had benefited their clients very much, one respondent said a lot, one said not very much and one did not answer. Among the five intermediaries producing the

³⁵ One clinic adopted a two-page questionnaire during the project.

greatest number of forms for their partner clinic, one said it had benefited their clients very much, three said quite a lot and one responded some.

The comments elaborating on the closed responses were

- We are getting good feedback from clients.
- Another resource is useful; it is hard to get clients to follow up.
- Very useful related to ODSP [Ontario Disability Support Program]; it connects with physicians and caregivers, provides a plan and direction.
- Feedback from clients who didn't know problems had a legal remedy.
- Always urge clients to connect with [clinic name] if I thought it would help.

One comment seems slightly off the mark but, nonetheless, positive:

- Helped build a better relationship with the clinic; understand what they do.

The intermediaries were also asked if the LHC process had helped the intermediary organization better assist their own clients. Among the six intermediaries providing only a few LHC forms to clinics, two responded very much, one said some, two said not very much and one said not at all. In contrast, among the five intermediaries that had produced the largest number of LHC forms, four said quite a lot and one said some. This is a more positive response overall compared with the “few” LHC forms group of intermediaries, suggesting that establishing an identity of interest between the intermediary and the clinic and, on a practical level, embedding the activities of the clinic in the activities the intermediary are factors that may produce an effective partnership.

Volunteered comments related to this question were

- The legal health check-up gave clients what they needed in the moment and made follow-up easier.
- The greatest benefit is an on-going relationship with a community resource.
- Clients are often in crisis mode. [This is] a good way to get proactive information.

Clients' Experience and Outcomes

Twenty-three client surveys were carried out by five clinics. These were all people who had received some service. Among this group, 83% were over 35 years of age, 78% were female and 74% were born in Canada. Further, 83% of the 23 respondents lived in rented apartments or houses. One person reported himself as being homeless, one reported living with parents, one in a rooming house, and one in his own house.

Data from the client questionnaire are complementary to this profile. The nine clinics were asked to characterize the clients referred from intermediaries through the LHC process. Eight clinics said only a few (four) or almost none (three) were homeless. One clinic said most were homeless and one didn't answer. Two clinics described all of the LHC clients as living precarious lives, three clinics said most of the LHC clients, one said some and two clinics said a few clients lived precarious lives, with one response of "no answer". Two clinics said most of the clientele were highly transient and two said some of them. Three clinics said a few LHC clients were highly transient and two registered responses of "don't know".

Three of the nine clinics said most of the clients appeared to have mental disorders, while four clinics said some may have had mental disorders. One clinic said it believed a few of its clients had mental disorders, and there was one response of "no answer". Six of the nine clinics said that some of their clients had substance abuse issues. Three clinics said they did not know. Five of nine clinics said the LHC clients seemed mistrustful of lawyers. One clinic said a few were mistrustful and three clinics did not know.

Clinics were asked if there were characteristics of the LHC clientele other than those on the list of characteristics provided in the client questionnaire. The clientele was characterized by respondents from the clinics as having

- a disability that affects their ability to work
- low literacy (two responses)
- transportation problems
- cultural differences

As well, relating to the behaviour of clients:

- will respond when ready
- do not return calls

The data from the caseworker (intake) forms provide the most reliable profile of problem types. Overall, seven clinics provided intake data for 137 individuals. Forty-six provided data on problem type. About 35% (16) were housing problems of various types. The 21 other problem types included: family (4), ODSP (4), debt (3), employment insurance (3), criminal matters (3), Ontario Works program (2), income (2), immigration (2) and one each of human rights, education benefits and a social insurance number issue.

The client questionnaire, which gathered data directly from clients, provided 15 problem types, six of which (40%) were housing problems. Other problems described in the client questionnaires were harassment, mental health support, separation agreement, child support,

family law, workplace harassment, ODSP, traffic offences and Canada Pension Plan Disability support.

Based on 79 of the 137 cases in the caseworker intake data, the level of service received by about half of individuals was a referral, 50.6% (40). Summary advice was provided to 39.3% of clients (31) in the caseworker data. Five clients, 6.3%, received brief service, such as a letter, a telephone call to an agency involved in the problem or filling out an application form for assistance. Three clients received representation, 3.8%.³⁶

Seven clinics provided 98 records on number of problems in the caseworker data or intake data.

Table X: Number of Problems Reported for Clients

Number of problems reported	Number of individuals	Percentage of individuals
1	22	22.4%
2	26	26.5%
3	19	19.5%
4	16	16.3%
5	10	10.2%
6	4	4.1%
7	1	1.0%
Total	98	100.0%

Multiple problems are prevalent. 51.1% of respondents experienced three or more problems. The range of average number of problems varied rather widely from 1.4 per individual to 3.2 across the seven clinics.

Data on level of crisis was also collected in the caseworker survey. Of the 136 intake cases, 50 (36.8%) were considered by intake workers to have been in some level of crisis. Intake workers assessed 23 of the 50 (48.0%) intakes as having been in actual and immediate crisis.³⁷ Twenty-seven cases, 54.0% of intakes, were assessed as being in emergent crisis.

³⁶ All cases in which representation was provided were reported by one clinic.

³⁷ 17 of the 23 crisis-designated cases were reported by one clinic. This suggests the need for a more consistent methodology for assessing level of crisis.

Problems reported in the intake or caseworker database tended to longstanding issues. The seven clinics reported the time since the problem first emerged for 84 intakes, selecting one problem for each intake. Most problems had begun a year or more before the client asked for help. Slightly more than a third, 36.9% (31), of the problems had begun one year or more ago. Further, 28.6% (24) of the problems assessed had begun between six months and a year ago.

Table XI: Time Since First Occurrence of the Problem

Length of time since initial occurrence	Number	Percent
Less than 1 month	7	8.3%
1 to 3 months	9	10.7%
3 to 6 months	13	15.5%
6 to 12 months	24	28.6%
1 year or more	31	36.9%
Total	84	100.0%

The Legal Health Check-up Project appears to be encountering clients in crisis and with longstanding problems. Therefore, at the project's early stages, clinics are not achieving objectives of early intervention and avoiding crises. This is clearly a problem. In narrative comments, both clinics and intermediaries noted that clients not only often appear in crisis mode, but are sometimes reluctant to deal with problems other than the one of immediate concern to them.

Most intake clients, 11 out of 23 respondents (48%), said they learned about the legal health check-up through an intermediary group. Six people (26%) identified the legal clinic as the place where they had learned about the LHC. Friends or family (three), a paper advertisement (one) and not sure (two) were other responses. Eleven people (48%) filled out the form on-line, compared with 12 people (52%) who completed the form on paper.

The majority of people, 15 out of 23 (65%) said the LHC form was very easy to fill out. Five people (22%) said it was somewhat easy. Only one respondent said it was difficult to complete the form and two were not sure. This stands in contrast with the comments from intermediaries and clinics. Eight of the 23 respondents (35%) in the client questionnaire said they had assistance completing the form. Most, 15 (65%), had no assistance. The 11 respondents who had assistance completing the form were asked if they think they would have completed the form without help. Four of the 11 people (36%) said they definitely would have completed the form without help. One respondent said probably, one said maybe, one said probably not, and two were not sure.

Turning to outcomes, the 23 respondents were asked if they thought the LHC form was helpful in identifying the problems they were experiencing. Fourteen of 23 respondents, about 60%, said it was definitely helpful. Three respondents said it was probably helpful, two were not sure, two said probably not and two said it was definitely not helpful. Respondents provided a few volunteered comments about problems with the LHC questionnaire:

- Questions hard to understand.
- Too many questions (2).
- The questions didn't relate to my problems (2).
- English is not my first language.

The LHC questionnaire and process appear to have provided the basis for holistic intake from the clients' perspectives. When asked if the clinic asked about other problem they might be experiencing, 20 out of 23 (87%) intake respondents said yes. Asked if they were able to tell the intake worker everything they wanted about their problems, nine out of 23 (39%) respondents said completely and a further 11 (48%) said mostly. Three respondents said this had not been the case.

Respondents were asked if the clinic had helped solve the problem.³⁸ Eleven of the 23 intake respondents (48%) said "a great deal". Seven respondents (30%) said "some", one respondent said not very much, one said not at all and three were not sure.

Respondents were about evenly split when asked if they would have gone to the clinic without the LHC process. Three said they would definitely not have gone without the LHC, and another five said probably not — together 35%. On the other hand, seven respondents said they would definitely have gone to the clinic without the LHC, and a further three said they probably would have gone without the LHC form and process. Taken together, these responses equal about 43%. Somewhat less than a quarter, five respondents (22%), said they might have gone in the absence of the LHC process. However, 20 out of the 23 respondents (87%) said they would go back to the clinic with a future problem. Three respondents (13%) said they would probably go back to the clinic. It is not possible to link the likelihood of going to the clinic with future problems to the experience of the LHC process, except to observe that all respondents were part of the LHC process.

³⁸ Implied in this question is "using the LHC form and process".

Achievement of Objectives by Clinics

The objectives clinics attempted to achieve in the project, the extent to which they met their objectives, whether they plan to continue with the approach in some form, and what changes experience has taught them should be made are central questions in this study. As was discussed in the introduction, the innovation model employed as the legal health check-up moved out from the Halton experiment to the 12 Southwestern Region clinics was adaptation rather than replication. Clinics were encouraged to develop the clinic–intermediary partnership/legal health check-up model in ways that were best suited to the characteristic their service delivery environments, to the resources available within their clinics and in a way that reflected their own ideas about how to implement the main features of the legal health check-up. Although the LHC approach has characteristic elements that represent broad objectives, clinics were free to set their own priorities with respect to objectives or to adopt their own.³⁹

Figure II (below) presents data showing how the nine clinics responding to the clinic survey prioritized eight objectives of the LHC model. Figure III shows the extent to which clinics reported having achieved these objectives. The results presented in the two figures will be discussed together. The objectives and achievements are ranked by visual inspection, counting the number of times clinics ranked the objective as high, medium, low or not an objective, and similarly the number of clinics indicating they had achieved the objective completely or mostly, partly, not very much or not at all. Because this approach to ranking is somewhat subjective, numerical scores were also created as described in the footnote.⁴⁰

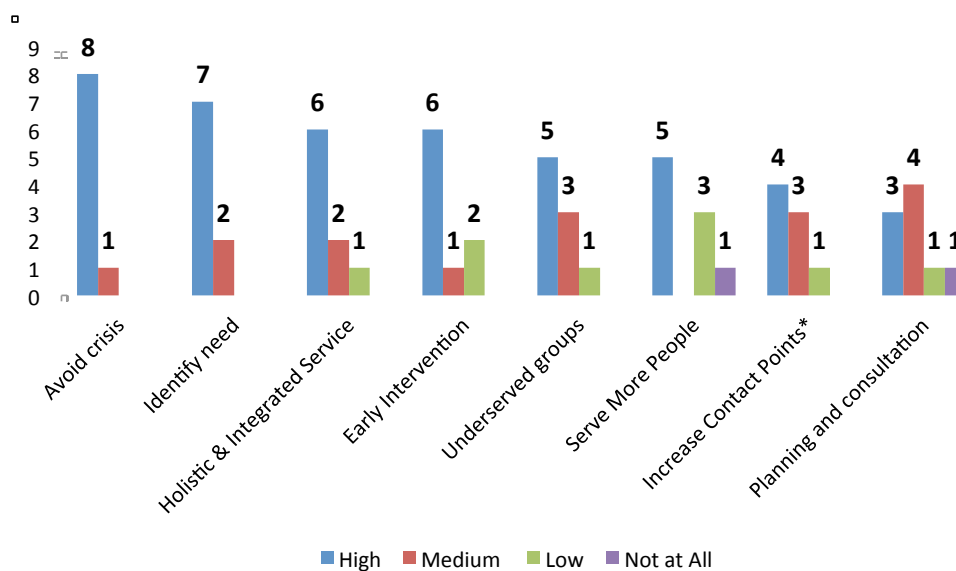
Avoiding crises in the lives of clients dealing with legal problems was the highest-priority objective for largest number of clinics. Eight clinics ranked this objective as a high priority and one ranked it as medium priority. However, in terms of meeting this objective, avoiding crises for clients ranked fourth overall. Only two clinics indicated they had completely or substantially achieved this objective. Two indicated they had partly met this objective, three said not very

³⁹ Two clinics expressed project objectives other than the eight included in the clinic questionnaire. One clinic with ties to a university student legal aid clinic indicated that using the legal health check-up process to train students was a high priority objective that had been achieved completely. Another clinic indicated that building relationships with community organizations was a high priority that was mostly achieved.

⁴⁰ By assigning scores: high priority = 1, medium = 2, low = 3 and not a priority = 4, a summary score can be created by multiplying each score by the number of clinics receiving it, summing the products and dividing by the nine clinics. In this case the scores sum to 10 (eight scores of 1 and one score of 2). The overall priority ranking for all clinics for avoiding crisis is $10 \div 9 = 1.1$. (One is the highest score.) The scale may be more intuitive if the highest number represents the highest priority. This is accomplished by computing the reciprocal of each score (e.g. $1 \div 1$).

much, and two clinics said they had not achieved this objective at all.⁴¹ Clinics were asked to comment on why they had not achieved the various objectives. Only one clinic commented on the difficulty in achieving this objective, suggesting it was difficult to achieve because clients frequently declined appointments when contacted after having requested contact from the clinic on the legal health check-up form.

Figure II: Objectives and Their Level of Priority



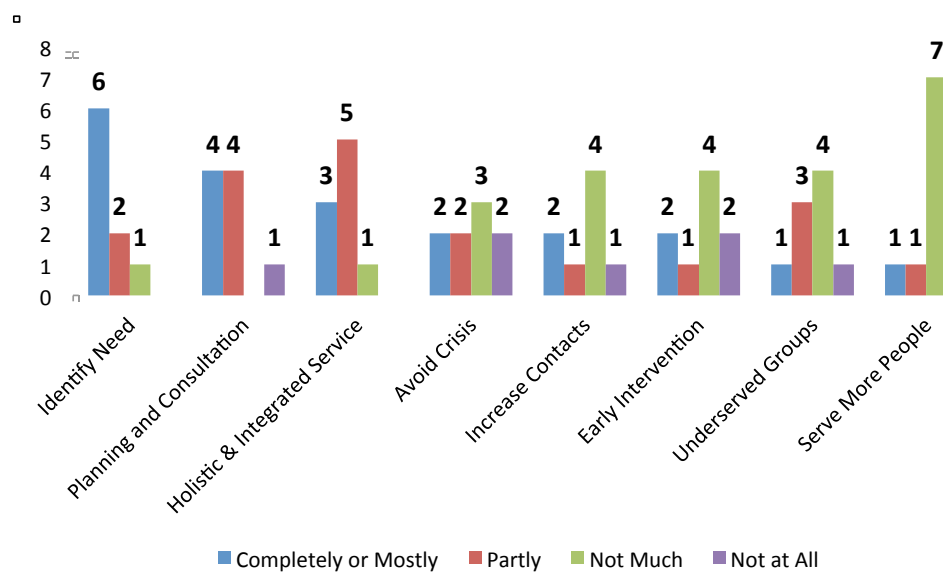
*One “don’t know” response for “increase contact points.”

Identifying unmet need was the second-highest priority objective for clinics. Seven clinics ranked this objective as a high priority and two a medium priority. Six clinics reported that this objective had been completely or substantially met, two said the objective had been partially met, and one clinic indicated that identifying need had to a large extent had not been met. In terms of achievement this objective ranks highest overall. This is probably what one would have expected. The legal health check-up form is specifically designed to identify everyday legal problems and hidden or unmet legal need. Two clinics commented on problems achieving this objective. One response focused on the low number of legal health check-up forms submitted

⁴¹ Similarly, average scores can be created for the degree to which clinics said they had achieved this objective by summing the scores and dividing by the nine clinics. Achievement scores were assigned as completely or substantially achieved = 1, partly = 2, not very much = 3 and not at all = 4. In this case the scores sum to 23 with an average score of 2.6: (two scores of 1, two scores of 2, four scores of 3 and one score of 4 (23 ÷ 9 = 2.6). Reciprocals were calculated for each score to assign the highest score to the highest level of achievement (e.g. 1 ÷ 2.6 = 0.39).

by many intermediaries, suggesting that more time for building relationships with intermediaries was required so more LHC forms would reliably and consistently be completed. Also focusing on completion of the LHC forms, a second clinic suggested that more time to build trust with individuals might result in a greater number of people coming forward to reveal problems.

Figure III: Achievement of Objectives



The objective ranked third overall as a priority among the nine clinics completing the questionnaire was providing service that is more holistic and integrated. Six clinics said it was a high priority, two said it was a medium priority, and one said it was a low priority. For this objective, the gap between level of priority and level of achievement is substantial. Three clinics said they had completely or substantially achieved this objective. Five clinics indicated they had partly met this objective, and one indicated the objective had largely not been met. Three clinics commented on the difficulty in achieving this objective. Two said they already provided a high degree of holistic and integrated service. One clinic commented that the difficulty contacting clients limited their ability to provide a holistic and integrated service. More time was needed to build relationships with intermediaries so more LHC forms would reliably and consistently be completed. Also focusing on completion of the LHC forms, a second clinic suggested that more time to build trust with individuals might result in a greater number of people coming forward to reveal problems.

Early intervention was the fourth-priority objective overall. Six clinics indicated this objective was a high priority, two said it was a medium priority, and one indicated it was a low priority. In terms of achievement of objectives, early intervention ranked sixth overall. This was a high priority for two clinics, medium for one clinic, a low priority for four clinics, and not a priority at all for one clinic. People declining appointments and people not seeking assistance until a crisis have evolved were reasons for the difficulty achieving the early intervention objective.

Reaching underserved groups was the fifth-greatest priority overall, with five clinics indicating it was a high priority. Three clinics said serving more groups was a medium priority, and one indicated it was a low priority. In terms of achievement this objective ranked seventh overall. One clinic rated its achievement on this priority as high, three said it was medium, four said low, and one said not at all. Three clinics commented that they were already providing service to a number of under-served groups making the achievement reaching more such groups very difficult. One clinic said that the under-served groups were especially difficult to reach.

The sixth-ranked priority was serving more people. This is interesting because the second-highest priority was identifying legal need, and one might have thought that serving more people would be closely related to identifying need. In the in-depth interviews conducted early in the project, some clinics expressed concerns about their capacity to handle increased numbers of clients. This concern seems to have worked to downplay serving more people as an objective in favour of early intervention and avoiding crises. In terms of achievement, this objective ranked eighth overall. Only one clinic indicated that this objective had been completely or substantially achieved. One said this objective had been partly achieved, and seven said it had not been achieved at all. Clinics suggested a variety of reasons why serving more people was a difficult objective to achieve. These included: people not keeping appointments; most intakes were existing or repeat clients; a general lack of response to the outreach effort, that is, few LHC forms were completed (two clinics); not enough resources to properly administer the LHC tool; and at this early stage the focus was on relationship-building rather than on increased numbers of clients (one clinic).

Providing more contact points in the community was ranked as the seventh-most important priority overall. The low ranking is probably because all clinics felt they had already successfully built a network among organizations within their communities, having traditionally done so as community clinics in order to monitor needs and participate with organizations in initiatives to alleviate poverty in their communities. Four clinics said it was nonetheless a high priority to increase their existing network of contacts, three said it was a medium priority, and one said it was a low priority. In terms of achievement, this objective ranked higher than its priority ranking, fifth overall. Four clinics said this objective had been completely or mostly achieved, four said it had been partly achieved, and one clinic indicated it had not been achieved at all.

Four clinics provided comments on the difficulty meeting this objective. Four clinics indicated they already had extensive contact points in the community. One clinic said more time was required to develop relationships with new organizations so they would be solid community contacts.

Finally, using the data on the prevalence of legal problems from the legal health check-up tool for planning was the lowest-priority objective. Three clinics indicated it was a high priority, four ranked it as a medium priority, one ranked it as low, and one said it was not a priority at all. However, when asked about achievement, four said this objective had been completely or mostly been achieved, and four said it had partly been achieved. The clinic indicating this objective was not a priority at all also said it had not been achieved at all. One clinic commented on the clinic questionnaire that existing resources were too limited to use the data for planning and to support community-wide consultation. In the in-depth interview, one clinic indicated that was the main reason why it was interested in participating in the LHC Project.

One clinic provided narrative comments on the main difficulties encountered during the implementation of the project without reference to specific objectives. None of the clients referred through the LHC process presented at the crisis stage at this clinic. In the experience of this clinic, clients often forgot that they had completed a LHC form with the intermediary. Having forgotten or having only a vague memory of completing the LHC form, people tended to be suspicious of the follow-up call. Thus there was no trust established between the client and the clinic, and this was not mediated by the manner in which the LHC process unfolded with the intermediary group. Finally, and overall, it was very difficult to contact people who had requested a follow-up by clinic intake on the LHC form.

Table XII summarizes the rank ordering of the overall level of priority for objectives and the degree to which the objectives were achieved. The rank order of priorities based on a visual assessment is shown in the second column. The priority score calculated as described in footnote 40 are shown in the second column. Note that there is a lack of correspondence between the visual ranking and the scores for the last three objectives. The visual rank order of degree of achievement is shown in the fourth column, matched with the priority of objectives rather than ranked from one to six. An achievement score is shown in the fifth column, calculated as explained in footnote 40. The sixth column shows the gap between priority and achievement according to visual inspection. This is done by subtracting the level of priority expressed as the place in the rank order, number 1 for avoiding crises, from the place of avoid crises in the rank order of degree of achievement, number 4. The gap is -3.

Table XII: Rank Order of Priority and Degree of Achievement for Objectives

Objectives	Rank order of priority	Priority score	Corresponding rank of achievement	Achievement score	Gap between rankings	Numerical gap between scores
Avoid crises	1	0.91	4	0.39	-3	-0.52
Identify unmet need	2	0.83	1	0.71	+1	-0.12
Provide holistic and integrated service	3	0.71	3	0.56	0	-0.15
Early intervention	4	0.63	6	0.37	-2	-0.26
Extend service to underserved groups	5	0.62	7	0.39	-2	-0.23
Provide service to more people	6	0.50	8	0.37	-2	-0.13
Establish more contact points in the community	7	0.62	5	0.40	+2	-0.22
Data for community-level planning	8	0.56	2	0.56	+6	0.0

All of the objectives have a degree of importance that should not be ignored. Referring back to Figure III, six objectives were identified as high priorities by between eight and five of the nine clinics responding to the clinic survey. These were avoiding crises, identifying need, holistic and integrated service, early intervention, extending service to under-served groups, and serving more people. Increasing points of contact in the community and using the problems data for planning and community consultation were identified as high priority objectives by four and three clinics, respectively. However, they are not insignificant in terms of the objectives clinics attached to the project.

Four objectives are deserving of attention because of the gap between the level of priority and the extent to which the objective was achieved. Ranking the overall level of priority of the objectives and comparing this with the rank order of the degree to which the objectives were achieved, avoiding crises for clients, providing early intervention, extending service to under-served groups, and providing service to more people are all higher in terms of priority than the degree to which they were achieved. For example, avoiding crises was ranked as a high priority by eight clinics. This places avoiding crises as the most important objective overall. However,

only four clinics said that objective had been completely or mostly achieved. In terms of achievement, this places avoiding crises in fourth place. The priority-versus-achievement gap is -3. Achievement is three places lower in terms of rank order than priority. Similarly, there is a priority versus achievement gap of -2 for early intervention, extending service to under-served groups and providing service to more people.

Focusing first on the number of people served, in the in-depth interviews a number of clinics expressed dissatisfaction with the small number of intakes relative to the number of LHC forms completed. Table VIII shows the attrition from forms completed to intake. In the comments concerning the difficulty encountered in achieving objectives, several clinics referred to lack of uptake, too few LHC forms completed, and not as many people completing the forms as expected. Two clinics commented that “more time was needed to develop relationships between intermediary groups and clinics” and “needed more time for relationship-building and educating intermediaries. It may be that the expectation, and thus the high priority placed on, serving more people was premature — perhaps a case of placing the cart before the horse. Relationship-building, building the pathways to legal help along the intermediary–clinic relationships seems clearly prior in time to a large flow of clients. How many clients that might be expected is certainly unknowable *a priori*. Building a triangle of trust between clinic, intermediary and people; developing a identity of purpose and shared goals between the clinic and each intermediary; developing an understanding on the part of the intermediary about how legal problems and everyday problems of life dealt with by that organization intersect, developing an understanding of the clientele, the barriers to accessibility they may experience and thus how the pathways to legal help will have to be constructed are all things that have to be learned in the relationship-building process. Data drawn from comparable projects is rare. However, the limited experience available based on empirical data suggests that the numbers of people served will increase with time and sustained effort.

The relative lack of success in extending service to under-served groups indicates that to an even greater extent a very intensive process of building the clinic–intermediary relationships may be required. The prospective client populations were new, as were the intermediary organizations that would have formed the conduit to the clinic. Learning how to make the LHC process work given the nature of the individuals and of the organizations would have been especially critical.

The relative lack of success in achieving two related objectives, avoiding crises and early intervention, may be attributable to the nature of the client population. The clinics that commented on problems achieving these objectives said people tend not to come for assistance until a problem has come to the crisis stage. This may be typical of people whose lives are defined by scarcity experiencing more needs and problems than resources to deal with them.

Life is a common set of trade-offs, and dealing with problems in a preventative manner without help is a luxury people can rarely afford.⁴² This is a pattern rooted in the lives of the poor, and expecting people to change without regard to the context of lives of poverty is probably unrealistic. Like the other objectives, avoiding crises and early intervention may be of necessity longer-term goals that involve building trust with individuals and building their basic legal capability. This requires a form of legal service in which lawyers and legal workers become involved in the complexity of people’s lives, building trust with them over a period of time and increasing the extent to which they will “get in touch” when a problem is emerging. It is transformative for the legal service. For the individuals being helped, it is transformative because it attempts to change the basic patterns of their lives from reaction to prevention. For individuals this might occur over a span of time encompassing several visits to the clinic by an individual with encouragement from the clinic staff to come in for help or advice. The introduction of a tool to help identify problems is only the starting point of this process of relationship-building and establishing trust.

On the basis of this experience, seven of the eight clinics submitting a clinic questionnaire concluded that overall the intermediary–clinic LHC approach is a better way to deliver legal aid. The two clinics in which staff felt it was not a better approach to legal aid said the approach was too time-consuming.

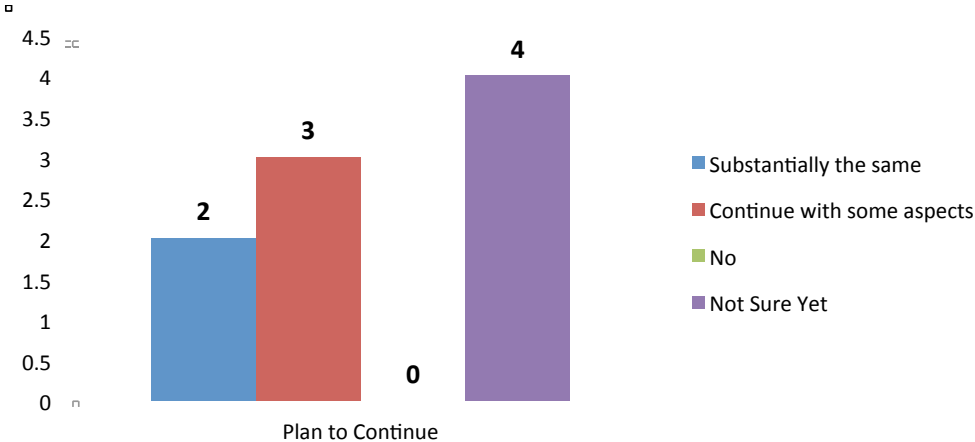
Figure IV: LHC: A Better Approach to Legal Aid



⁴² Scarcity: *Why Having So Little Can Mean So Much*, op. cit.

When asked about intentions to continue with this approach, integrating it into their established approach to service delivery, four clinics were unsure. Nonetheless, based on the pilot experience, five of the nine clinics indicated they would continue with this approach, substantially or in some aspects.

Figure V: Plan to Continue



Conclusions

Acknowledging the incomplete data and the fact that the 12 clinics have gone through only the initial phase of implementing the legal health check-up, it can be concluded that the initial experience is largely positive. During the first six months of the project, the clinics established 125 partnerships providing the basis for pathways to legal help in Southwestern Ontario. Ninety of these produced referrals with legal health check-up forms. The 90 intermediaries produced 1700 completed LHC forms. The 90 intermediaries that produced some forms identified an average of 18.9 people per intermediary with potential legal problems. Approximately 765 (45%) of the total of 1700 individuals who completed an LHC form requested contact from a clinic. This represents an average of 8.5 people per intermediary requesting service. Only six clinics provided intake data, so it is impossible to precisely calculate the average number of actual referrals per intermediary. Six clinics recorded 188 intakes. Extrapolating from the clinics that reported the number of intakes, an estimated 376 intakes might have been made to all clinics. Based on that number, each of the 90 intermediaries produced an estimated average of 4.2 intakes.

The cost to legal aid of this increase in access to justice was not great. Seven clinics reported that they spent only a few thousand dollars on printing and other operating costs. In addition, clinics expended some internal resources that were not measured. Two clinics spent approximately \$30,000 for additional dedicated staff either to develop the LHC or to replace the designated LHC specialist. No attempt was made to record the resources expended by intermediaries. However, it is clear that the intermediaries contribute considerable in-kind resources in terms of staff and other costs to the partnership arrangements. This is a major feature of the clinic–intermediary partnerships model, engaging the community and leveraging the considerable resources extant within service agencies and community organizations to extend the reach of legal aid and expand access to justice. It is a model that is fuelled less by money than by a commitment to common objectives among legal aid providers and community organizations. Those objectives in broad strokes are alleviating poverty, increasing social justice and expanding access to civil justice. The money and other resources expended by legal aid building the clinic–intermediary partnerships/legal health check-up model are probably more than matched by the resources contributed by the intermediary partners and, over time as the approach matures, would yield a handsome return in greater access to justice.

The clinics that provided data substantially achieved their priority objectives. During this early period, avoiding crises for people with legal problems, achieving early intervention, extending service to underserved groups and serving more people were the objectives for which the level of priority was not matched by the level of attainment. These are the objectives for which more

effective strategies must be developed or the feasibility of objectives reconsidered. This is what one would expect in the initial phase of a project and represents progress in implementing a version of the LHC concept that meets the needs extant in their community, reflects the capacity of the clinic and represents the clinic's priorities.

The legal health check-up is viewed favourably overall among the intermediaries who chose to partner with legal clinics. All intermediary groups were positive about the main objectives of the legal health check-up. Most intermediaries that had participated in the project by producing at least some LHC forms indicated they wished to continue with the partnerships.

Clinics were about evenly split with respect to continuing with the check-up project. About half said they planned to continue with the project, either largely in its present form or with some changes. The remaining half were uncertain about continuing. None of the clinics that provided data had decided not to continue when the clinic questionnaire was completed.

Importantly, a significant proportion of LHC clients were positive about the service they had received. Many said it helped them identify problems and gave them voice in telling the service provider everything about their circumstances they wanted to reveal. The vast majority said they would definitely come back to the clinic with a problem in the future.

Another positive aspect about the LHC Project is the apparent diffusion of the LHC beyond partner intermediaries throughout the larger community. More than 200 people submitting LHC forms indicated they had been informed about the check-up by an organization or an individual other than one of the 125 partner intermediaries.

A problem frequently identified as an impediment to implementing the project was the basic LHC form or questionnaire, often cited by clinics and intermediaries as being too long or not addressing the immediate needs or problems of clients. A few clients said the form didn't address their immediate problems. Identifying hidden need in the form of unrecognized legal problems, problems for which people feel there is no legal solution or possibly nothing that can be done at all, is central to the legal health check-up. Clearly a shorter form would be beneficial. However, the legal health check-up is a process and the check-up questionnaire is a tool that is a part of the larger process. So long as the broader exploration of clients' problems occurs at some point, possibly at clinic intake, the nature and the role of the LHC form in the overall process is flexible. Some intermediaries at least occasionally make referrals without completing an LHC form.

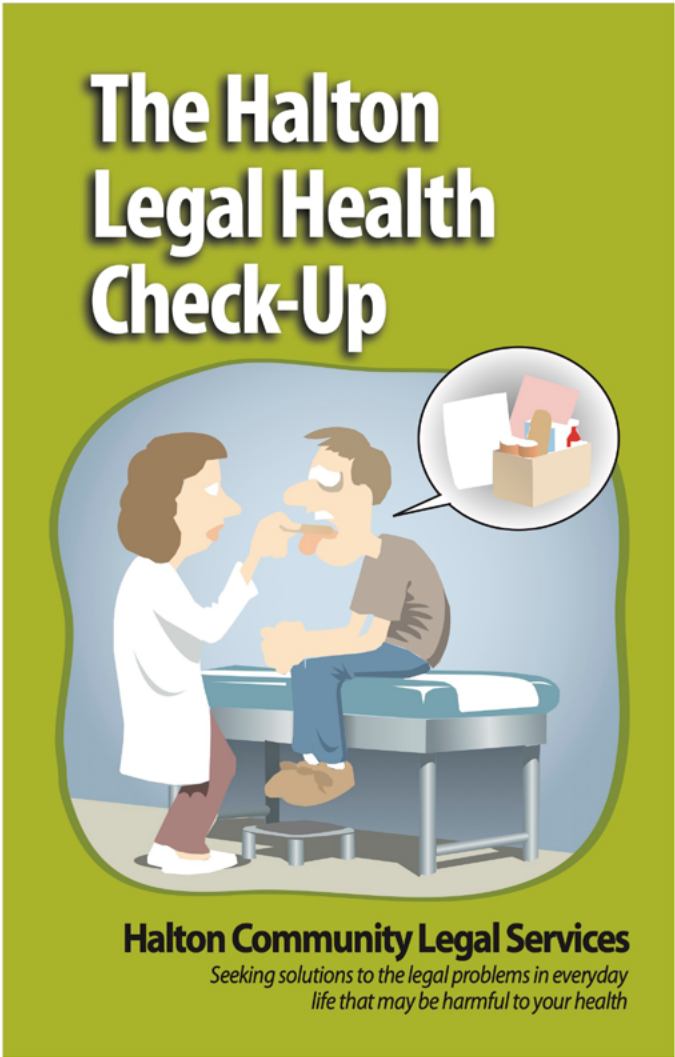
Early on in the project some clinics expressed disappointment at the low number of clients served relative to the number of people identified with legal problems. A frequent concern was whether the level of effort implementing the project was worth the meagre output of clients served. It is important to recognize that the early phase in implementing this project is largely

one of relationship-building. Relationship-building is labour intensive. Relationships take time to evolve. Some clinics arranged partnerships with relatively large numbers of intermediary groups within a short period of time. Most of the intermediary partners developed by clinics for purposes of the LHC were existing contacts that may have existed for years for other on-going purposes. This may have had the unanticipated effect of obscuring the particular aspects of the relationships required to make the legal health check-up work, perhaps uniquely with individual clinics. The clinic–intermediary partnerships are pathways to legal help that are built on the unique features of the intermediary involved in the relationship. These features can be structural in terms of the organization of the intermediary organization or the physical location of the intermediary group in relation to the clinic. They can be idiosyncratic with respect to particular people involved in either the clinic or the intermediary. In retrospect, it might have been more productive to have concentrated on developing relationships with a small number of intermediaries, allowing for more intensive collaborative working relationships to develop.

With respect to numbers of clients, it is probably premature to be too concerned about numbers of clients served. It can be expected that numbers of people served will increase over time as the project matures. It might be expected that success at early intervention and crisis management (if not avoidance) may improve as well.

There are good indications that the legal health check-up is a sound approach to more effectively meeting the legal needs of the broad legal aid clientele. There is a sufficient body of experience and lessons learned to rethink what has been accomplished and to move forward. The difficulties in establishing clinic–intermediary relationships and the barriers constraining individuals from coming forward to ask for help are not the only obstacles to be overcome. Longstanding clinic approaches, conventional professional practice, embedded concepts defining the services that ought to be provided by legal aid lawyers and, further, how deeply lawyers should be become involved in the lives of clients are all issues that must be placed under scrutiny. What is most important is not to allow orthodoxy to stand in the way of creativity and innovation. It is too early to say that the legal health check-up involves too much effort for the return in better service. The initial phase of an experimental project always presents the opportunity for questioning basic assumptions and rethinking approaches.

Appendix 1: The Legal Health Check-Up Tool



This survey was distributed by:

Name of organization: _____

City/Town: _____

Why do you need a “legal health check-up”?

This check-up covers some of the legal problems we help people in our community solve everyday. If you do not have enough money to live on, a good home or job, or family, social and health supports, your legal health may be at risk.

We created this legal health check-up because:

- Many people do not think of their everyday problems as being “legal problems” and do not know that we can help.
- People living in poverty are more likely to report multiple problems such as bad health, unemployment, low income, poor housing and family breakdown.
- Poverty can make you sick.



The Legal Health Check-Up was created by Halton Community Legal Services, a community legal clinic funded by Legal Aid Ontario to provide free legal aid services to low income residents in Halton.

Graphic design and illustration by Tony Biddle, www.perfectworlddesign.ca
Graphics Copyright ©2015, Tony Biddle



How this check-up can help us help you

We want to help you before a neglected or unresolved problem makes you sick and leads to a crisis like eviction and homelessness.

We know problems can add up. It is best to deal with problems one at a time. Dealing with all your problems at once can be overwhelming. But we might be able to help you.

How?

If you answer the questions in this legal health check-up and return it to us, we might be able to help you address any problems you have. We can also refer you to other community groups and agencies that might be able to help you.

2

A few things before you get started...

1 All of your answers in this check-up will be **confidential**. To find out more about our privacy policy go to www.legalhealthcheckup.ca or call 905-875-2069.

2 There is a contact sheet at the end of the check-up that you can fill in if:

- you would like someone from our legal clinic to call you about how we can help.

OR

- you would like us to send you helpful information about other community services that can help.

OR

- you would like to attend a free education and support session to learn about your legal rights with people sharing the same kind of experience.

3 Answering the questions in this check-up does **NOT** make you a client of Halton Community Legal Services.

**If you need urgent help with a problem,
please call us: 905-875-2069**

4 If you would like to complete the check-up in a language other than English please call us: 905-875-2069. We have access to immediate telephone interpretation services in over 180 languages.

3

5 If you self-identify as First Nation, Metis or Inuit, to learn more about Voluntary Aboriginal Self-Identification as part of the check-up please call us: 905-875-2069

6 If you prefer, you can fill out this legal check-up on line at www.legalhealthcheckup.ca



Or, turn the page and take the check-up now!



4

Take the check-up!



Income

- 1** Do you ever have trouble making ends meet? YES NO
- 2** Do you rely on food banks and community dinners? YES NO
- 3** Can you afford to meet your dietary needs? YES NO
- 4** Do you need help getting or keeping any of these benefits? If "yes", please indicate which ones: YES NO
 - Ontario Works
 - Ontario Disability
 - Canada Pension Plan
 - Old Age Security
 - Employment Insurance
 - Guaranteed Income Supplement
 - Child Benefits
 - Workers Compensation
 - Disability Tax Credit
- 5** Do you have a medical review date for ODSP? YES NO
- 6** Do you need help when you do your taxes? YES NO
- 7** Is anyone contacting you to pay outstanding bills? YES NO
- 8** Can you afford transportation? YES NO

5

Income (continued)

9 Do you have someone to make financial decisions or to manage your money and pay your bills for you if you become unable to do so? YES NO

10 Does anyone ever take things from you or use your money without your permission? YES NO

11 Is there anything else you would like to tell us about income issues?
(Describe)



Housing

1 Where do you sleep?

<input type="checkbox"/> Home I own	<input type="checkbox"/> Retirement home
<input type="checkbox"/> Home I rent	<input type="checkbox"/> Long term care home
<input type="checkbox"/> With family or friends	<input type="checkbox"/> Shelter
<input type="checkbox"/> Assisted living	<input type="checkbox"/> Rooming house
<input type="checkbox"/> Group home	<input type="checkbox"/> Other (specify): _____

6

Housing (continued)

2 Are you behind in your rent right now? YES NO DOESN'T APPLY

3 Is anyone threatening to evict you? YES NO DOESN'T APPLY

4 Are you on the waiting list for subsidized housing? YES NO DOESN'T APPLY

5 Are you worried your rent subsidy will be cancelled? YES NO DOESN'T APPLY

6 Have you been late paying your rent in the past year? If "yes," how many times?
 YES, 1 to 3 times NO
 YES, 4 to 6 times
 YES, more than 6 times

7 Are you behind with your utility bills (for example, electricity, gas or water)? YES NO DOESN'T APPLY

8 Do you have any of the following problems? If "yes," please indicate which ones: YES NO
 Landlord doesn't make repairs
 Heat or air conditioning doesn't work
 Mould, bugs or rodents
 Other unhealthy and/or unsafe conditions (describe): _____

9 Do you have any problems with your neighbours? YES NO

10 Have you been given any eviction papers? YES NO

7

Housing (continued)

11 Have you been harassed or discriminated against or been treated unfairly by your landlord? YES NO

12 Have you ever been denied a unit because of the following (please check all that may apply): YES NO

- | | |
|--|--|
| <input type="checkbox"/> race, colour or ethnic background | <input type="checkbox"/> gender identity |
| <input type="checkbox"/> religious beliefs or practices | <input type="checkbox"/> family status |
| <input type="checkbox"/> ancestry | <input type="checkbox"/> marital status, including having a same-sex partner |
| <input type="checkbox"/> First Nation, Metis or Inuit background | <input type="checkbox"/> disability |
| <input type="checkbox"/> place of origin | <input type="checkbox"/> age, including individuals who are 16 or 17 years old and no longer living with their parents |
| <input type="checkbox"/> citizenship, including refugee status | <input type="checkbox"/> receiving social assistance |
| <input type="checkbox"/> sex, including pregnancy | <input type="checkbox"/> immigration status |
| <input type="checkbox"/> sexual orientation | |
| <input type="checkbox"/> gender expression | |

13 Are there any court orders that impact who you live with or where you can live? YES NO

14 Is there anything else you would like to tell us about housing issues?

(Describe): _____



Education

1 Do you get a Canada Learning Bond for your children? YES NO DOESN'T APPLY

2 Are you worried about your children's education, attendance or performance in school? YES NO DOESN'T APPLY

3 Are your children able to participate in activities offered at school? YES NO DOESN'T APPLY

4 Do you need subsidized day care so you can go to school? YES NO DOESN'T APPLY

5 Do you need help to access adult education classes or a job training program? YES NO

6 Are you overdue on any student loans? YES NO

7 Is there anything else you would like to tell us about education issues?

(Describe): _____

Employment



1 Do you have a disability that affects your ability to work? YES NO

2 Are you concerned about telling an employer about any health problems that you have? YES NO DOESN'T APPLY

3 Have you ever been hurt at work? YES NO DOESN'T APPLY

4 Is your workplace safe? YES NO DOESN'T APPLY

5 Are you being harassed or discriminated against or being treated unfairly by your employer or a co-worker? YES NO DOESN'T APPLY

6 Are you having trouble finding work because of any of the following? Please check all that may apply. YES NO DOESN'T APPLY

- | | |
|--|--|
| <input type="checkbox"/> race, colour or ethnic background | <input type="checkbox"/> family status |
| <input type="checkbox"/> religious beliefs or practices | <input type="checkbox"/> marital status, including having a same-sex partner |
| <input type="checkbox"/> ancestry | <input type="checkbox"/> disability |
| <input type="checkbox"/> First Nation, Metis, Inuit (background) | <input type="checkbox"/> age, including individuals who are 16 or 17 years old and no longer living with their parents |
| <input type="checkbox"/> place of origin | <input type="checkbox"/> receiving social assistance |
| <input type="checkbox"/> citizenship, including refugee status | <input type="checkbox"/> immigration status |
| <input type="checkbox"/> sex (including pregnancy) | <input type="checkbox"/> criminal record |
| <input type="checkbox"/> sexual orientation | <input type="checkbox"/> not having enough Canadian experience or training |
| <input type="checkbox"/> gender expression | |
| <input type="checkbox"/> gender identity | |

10

Employment (continued)

7 Do you worry about being fired, laid off or having your hours cut? YES NO DOESN'T APPLY

8 Do you have trouble getting time off when you need it to look after a family member? YES NO DOESN'T APPLY

9 Do you need subsidized child care so you can work? YES NO DOESN'T APPLY

10 Does your employer or past employer owe you money? YES NO DOESN'T APPLY

11 Is there anything else you would like to tell us about work issues?

(Describe): _____

11



Health

1 Do you have a family doctor? YES NO

2 Are you able to get the health services and supports you or your family needs? If "no" please indicate which ones: YES NO

- | | |
|--|---|
| <input type="checkbox"/> Assistive devices | <input type="checkbox"/> Services for children or adults with special needs |
| <input type="checkbox"/> Counselling | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Physiotherapy | <input type="checkbox"/> Addictions |
| <input type="checkbox"/> Glasses | <input type="checkbox"/> Dental care |
| <input type="checkbox"/> Special diet | |

3 Can you afford to buy prescription medicine when you need it? YES NO

4 Do you have someone to make healthcare decisions for you if you become unable to do so. YES NO

5 Are you having trouble getting healthcare because of your status in Canada? YES NO

12

Health (continued)

6 Is there anything else you would like to tell us about health issues?

(Describe):



Family and Community Supports

1 Are you going through a divorce or separation? YES NO

2 Have you ever been involved in a relationship where you worried about your safety or for your children's safety? YES NO

3 Do you have problems with child support, custody or access? YES NO

4 Have you ever been involved in a relationship with someone who tried to control where you went or who you talked to or limited your access to money? YES NO

13

Family and Community Supports (continued)

5 Do you have a will? YES NO

6 Do you have birth certificates or government ID for yourself and everyone in your family? YES NO

7 Are you having trouble getting Canadian citizenship? YES NO

8 Are you having trouble bringing family members to Canada? YES NO

9 Do you or your children need financial help to get involved in social, fitness or recreation programs? YES NO

10 Can you afford to participate in the life of your community? YES NO

11 Is there anything else you would like to tell us about family and community issues?

(Describe): _____

Can we contact you?

1 Would you like our intake worker to contact you to find out how we can help? YES NO

2 Would you like us to send you resources that we think might be helpful? If you choose to talk with an intake worker that person might suggest sending you resources anyway after listening to you and discussing the problems you have identified. YES NO

3 Would you like to attend a free public legal education and support session to learn about your legal rights and practical steps you can take to deal with problems you are experiencing? If "yes": YES NO

Why did you choose the information and support session?

What topics you are most interested in?

What time of day and location works best for you to attend a session?

Do you require any supports to attend a session? YES NO

4 Your contact information

Name: _____

Phone number: _____

E-mail address: _____

Mailing address: _____

Please return your check-up to us

When you have completed your check-up and want us to review your results to see if we can help, please return it to Halton Community Legal Services.

You can return this check-up to us in one of the following ways:

Put it in a sealed envelope and return it to the person who gave it to you. She or he will return the sealed envelope to Halton Community Legal Services for you.



OR

Put it in a sealed envelope and mail it to us.

Halton Community Legal Services
420-690 Dorval Drive
Oakville, Ontario L6K 3W7



OR

Call us and speak with our intake worker about your answers.

905-875-2069



If you would like to remain anonymous, that's okay. You do not have to give us your name. We would still like to know about your legal health because that helps us understand our community better.

If you would like us to contact you, please give us your contact information in the spaces provided on page 15.

Thank you!

Appendix 2: Community Legal Clinics and Intermediary Groups

LEGAL CLINIC	INTERMEDIARY	TOTAL OF LHC FORMS
Community Legal Clinic – Brant Haldimand Norfolk	Churches Out Serving	1
	Client Service Centre – Legal Aid Ontario	6
	Community Living Access Support Services	5
	De dwa da dehs nye>s Aboriginal Health Centre	0
	Haldimand Norfolk Resource Centre	3
	Literacy Council of Haldimand- Norfolk	3
	Norfolk Community Health Centre	0
	Ontario Works Haldimand-Norfolk	12
	Salvation Army	4
	Simcoe Caring Cupboard	20
	United Way of Haldimand and Norfolk	0
	Number of Intermediaries = 11	No. of LHC forms = 54
	Chatham Kent Legal Clinic	AIDS Coalition
Canadian Mental Health Association (Chatham-Kent)		38
Changing Ways		1
Chatham-Kent Ontario Works		157
Chatham-Kent Women’s Centre		27
Client Service Centre – Legal Aid Ontario		0
Community Living Chatham-Kent		63
Family Service Kent		35
Legal Aid Ontario Applications Centre		0
Legal Aid Ontario Family Law Service Centre		5
Mental Health Network of Chatham-Kent		24
The Salvation Army		10
Tilbury Information & Help Centre		10
United Way of Chatham-Kent		11
Wallaceburg Information & Help Centre		0
Youth Engagement Partnership Group		1
Number of intermediaries = 16		No. of LHC forms = 350

Windsor-Essex Bilingual Legal Clinic	Collège Boréal	0
	Livingstone Centre, Tillsonburg	2
	Family Services of Windsor-Essex	17
	Financial Fitness Centre	4
	On-Site VON Nurse	0
	Sexual Assault Crisis Centre	12
	St. Clair College	1
	Number of intermediaries = 6	No. of LHC forms = 34
Elgin-Oxford Legal Clinic	Central Community Health Centre, St. Thomas	12
	Client Service Centre – Legal Aid Ontario	4
	Livingstone Centre, Tillsonburg	2
	Mennonite Community Services, Aylmer	2
	Operation Sharing, Woodstock	0
	Settlement Services, YWCA, St. Thomas	0
	West Elgin Community Health Centre, West Lorne	5
	Number of intermediaries = 7	No. of LHC forms = 25
Legal Clinic of Guelph and Wellington County	Anishnabeg Outreach	1
	Brant Avenue Neighbourhood Group	3
	Client Service Centre – Legal Aid Ontario	4
	East Wellington Community Services	5
	Guelph Community Health Centre	23
	Immigrant Services Guelph-Wellington	5
	North End Harvest Market	1
	Parkwood Gardens Neighbourhood Group	0
	Rural Wellington Community Team	16
	Number of intermediaries = 9	No. of LHC forms = 58

Hamilton Community Legal Clinic	Barrett Centre for Crisis Support	13
	Centre de santé communautaire Hamilton/Niagara	3
	Client Service Centre – Legal Aid Ontario	2
	Collège Boréal	0
	De dwa da dehs nye>s Aboriginal Health Centre	1
	First Pilgrim	2
	Hamilton Housing Help Centre	11
	Hamilton Organizing for Poverty Elimination (HOPE)	5
	Hamilton Regional Indian Centre	5
	Immigrants Working Centre (IWC)	16
	Legal Aid Ontario	17
	McMaster Family Practice	72
	Neighbour to Neighbour Centre	7
	Notre Dame House	63
Number of intermediaries = 14	No. of LHC forms = 211	
Huron Perth Community Legal Clinic	Canadian Mental Health Association – John Robertson	9
	Client Service Centre – Legal Aid Ontario	0
	Clinton Family Health Team	14
	Clinton Food Bank	2
	Developmental Services Ontario	2
	Exeter Canada Employment and Learning Center (CELC)	8
	Family Services Perth Huron	7
	Goderich and Clinton Salvation Army (Food Bank)	18
	Partners In Employment	0
	Rural Response for Healthy Children	0
	Stratford Social Services, Ontario Works Division	11
	Wingham Salvation Army (Food Bank)	4
Number of intermediaries = 12	No. of LHC forms = 75	

Justice Niagara	Bridges Community Health Centre	4
	Client Service Centre – Legal Aid Ontario	1
	Community Care of West Niagara	0
	Community Cares of St. Catharines and Thorold	5
	Fort Erie Multi-Cultural Centre	1
	John Howard Society of Niagara	3
	Niagara Regional Native Centre	0
	Oak Centre / Lake House	6
	Port Cares	9
	Project Share – Niagara Falls	3
	Salvation Army – Fort Erie	0
	Start Me Up Niagara	0
	Welland Heritage Council	1
	Welland McMaster Family Health Team	2
	Number of intermediaries = 14	No. of LHC forms = 35
Legal Assistance of Windsor	AIDS Committee of Windsor	9
	Client Service Centre – Legal Aid Ontario	1
	Community Legal Aid	3
	Community University Partnership	0
	Drouillard Place	34
	The Downtown Mission	20
	The Multicultural Council	28
	The Salvation Army: Windsor Community and Rehabilitation Centre	0
	The Welcome Centre Shelter for Women	2
	The Windsor Youth Centre	0
	Windsor Essex Community Health Centre	15
	Windsor Essex Community Housing Corporation	0
	Windsor Women Working with Immigrant Women	6
	Women’s Enterprise Skills Training of Windsor Inc.	52
	YMCA of Western Ontario, Windsor-Essex Branch	42
Number of intermediaries = 15	No. of LHC forms = 202	

Neighbourhood Legal Services (London & Middlesex)	Canadian Mental Health Association (Strathroy site)	4
	Client Service Centre – Legal Aid Ontario	3
	Community Employment Choices	6
	Glen Cairn Community Resource Centre	0
	LEADS Employment Choices	0
	Middlesex County Library	4
	The Salvation Army Centre of Hope – Housing Stability Bank	1
	Women’s Rural Resource Centre	3
	Number of intermediaries = 8	No. of LHC Forms = 21
Waterloo Region Community Legal Services	Cambridge Family Early Years Centre	7
	Canadian Mental Health Association	7
	Client Service Centre – Legal Aid Ontario	1
	Creating Opportunities Program	2
	Family Counselling Centre of Cambridge & North Dumfries	1
	Greenway Chaplin Community Centre	0
	Idea Exchange	0
	Ontario Works	13
	Preston Heights Community Group	1
	Self Help Alliance	0
	Two Rivers Family Health Team	45
	Waterloo Region Nurse Practitioner LED Clinic	2
	Waterloo Regional Police Service	1
Number of intermediaries = 13	No. of LHC forms = 80	

Community Legal Assistance Sarnia	All Saints' Anglican Parish	0
	Baamsedaa	0
	Big Brothers Big Sisters of Sarnia-Lambton	0
	Canadian Mental Health Association Lambton Kent	0
	Client Service Centre – Legal Aid Ontario	0
	Community Legal Assistance Sarnia	2
	Family Counselling Centre	0
	Financial Fitness Centre (Sarnia)	26
	Huron House Boys' Home	0
	John Howard Society – Sarnia Lambton	3
	Lambton Elderly Outreach	0
	Lambton Mental Wellness Centre	0
	Lambton Public Health County of Lambton	3
	Legal Aid Ontario Sarnia-Lambton	0
	Rapids Family Health Team	0
	Sarnia Lambton Native Friendship Centre	1
	Sarnia-Lambton Children's Aid Society	5
	Sexual Assault Survivors' Centre Sarnia-Lambton	1
	Sherri-Sarnia Community Advocate	0
	The Good Shepherds Lodge	0
	The Inn of the Good Shepherd	0
	The Workplace Group	0
	Walpole Island First Nation, Central Intake Worker	0
	Women's Interval Home Sarnia-Lambton	0
Number of intermediaries = 24	No. of LHC forms = 41	

Appendix 3: Questionnaire for Intermediaries Producing No LHC Forms

1. Why did you decide to participate in the legal health check-up project (LHC) with the legal clinic? At the time you first discussed the legal health check-up with the legal clinic did you feel that: (Record yes – no responses and record all that apply)

The legal health check-up is a good idea.

What the clinic is trying to achieve with the check-up aligned with our overall goals.

The booklet with the LHC questions is a very attractive presentation of the concept.

It is important to identify the legal needs of our clients.

I think the LHC can benefit our clients.

The data from the LHC will be valuable for our planning.

Other(s) (specify)

2. How did you intend to use the legal health check-up with your clients?

3. Have you had any problems adopting the legal health check-up?

4. After initially becoming involved in the LHC project, your organization did not provide any LHC forms to the legal clinic. We are interested in understanding from your perspective why that occurred. Why do you think your organization did not use the LHC form? I am going to read a list. (Record yes – no answers and record all that apply.)

We didn't understand it well.

We didn't find legal problems are a concern for our clients.

The form was too long for our staff to fill out.

The form is too long for the clients/users of our services to fill out.

We have our own intake process and adding the LHC to it made the intake too long.

Other(s) (specify)

5. Did something unexpected happen that prevented you from using the legal health check-up in your work? If yes please describe

6. After the initial meeting with the legal clinic did anyone from the clinic contact you to discuss any difficulties you might have been experiencing?

Yes = 1 No = 2 Don't Know = 3

7. If no – do you think it would have been helpful to have been contacted by someone for the clinic?

8. Is there anything else about the LHC you would like to say?

Appendix 4: Questionnaire for Intermediaries Producing Some LHC Forms

1. How did you use the legal health check-up with your clients?

a) Informed all clients or users of the services of this organization about the LHC.

Yes = 1

No = 2

b) Encouraged everyone to complete the questionnaire.

Yes = 1

No = 2

c) Provided the form only to people we thought were having a problem.

Yes = 1

No = 2

d) Helped people fill out the questionnaire.

Always = 1 Usually = 2 Sometimes = 3 Not often = 4 Not at All = 5

Don't know = 7 No response = 9

e) Referred people to the legal clinic without filling out an LHC questionnaire.

Always = 1 Usually = 2 Sometimes = 3 Not often = 4 Not at All = 5

Don't know = 7 No response = 9

f) Did not use it.

Yes ____

2. Did you have any problems adopting the legal health check-up? (Record all responses.)

a) It takes too much time to complete.

b) It takes too much time when the person does not speak English well.

c) Front line staff are too busy.

d) Other(s) (Specify)

3. Why did you decide to participate in the legal health check-up project (LHC) with the legal clinic?

Thought it was a good idea.

It was important to identify the legal needs of our clients.

Felt that it would benefit our clients.

Thought the data from the LHC would be valuable for our planning.

Other(s) (Specify)

4. Now that you have had some experience with the LHC, do you have any indication that the relationship you have with the legal clinic based on the LHC is benefiting your clients? Would you say:

Very much = 1 A great deal = 2 Somewhat = 3 Not very much = 4 Not at all = 5
Don't know = 7 No response = 9

5. If the response to Q2 is a, b or c, can you explain or illustrate how that is happening?

6. Now that you have had some experience with the LHC, do you feel that the LHC is helping your organization better assist your own clients? Would you say:

Very strongly = 1 Strongly = 2 Somewhat = 3 Not very much = 4 Not at All = 5
Don't know = 7 No response = 9

7. If the response to Q4 is 1, 2 or 3, can you explain or illustrate how that is happening?

8. As a result of your partnership with the legal clinic based on the LHC do you feel you have you gained information or knowledge that will assist in your organizations planning or other activities? Would you say:

Very strongly = 1 Strongly = 2 Somewhat = 3 Not very much = 4 Not at All = 5
Don't know = 7 No response = 9

9. If the response to Q6 is 1, 2 or 3, can you explain or illustrate how that is happening?

10. Do you feel that the data on legal problems collected through the legal health check-up form would be useful for needs assessment and planning in your organization? Would you say:

Very strongly = 1 Strongly = 2 Somewhat = 3 Not very much = 4 Not at All = 5
Don't know = 7 No response = 9

11. If the response to Q6 is 1, 2 or 3, can you explain or illustrate how that is happening?

12. Do you wish to continue the partnership with the legal clinic using the legal health check-up?

Yes = 1 No = 2

13. If response to Q12 is "yes", do you have any suggestions that would improve the legal health check-up process or your relationship with the legal clinic?

Appendix 5: Questionnaire for Clients

We are trying to develop ways to improve the service we provide. We would like to ask you a few questions to help us understand how well it worked for you. This information will be absolutely confidential. We are not asking for your name. This questionnaire cannot be linked with any other information you have given to the legal aid clinic.

1. How did you learn about the legal health check-up?

1 = On-line 2 = Paper 3 = Advertisement 4 = Legal clinic 5 = Community member or group
6 = Not sure

2. Did you fill out the legal health check-up on line?

1 = Yes 2 = No

3. Did a community member or group help you fill out the form?

1 = Yes 2 = No

4. If "yes, which one?"

5. Would you have filled out the check-up form without the help of a community worker?

1 = Definitely 2 = Probably 3 = Maybe 4 = Probably not 5 = Definitely not 6 = Not sure

6. Do you think the legal health check-up form was easy to fill out?

1 = Definitely 2 = Probably 3 = Maybe 4 = Probably not 5 = Definitely not 6 = Not sure

7. If the legal health check-up was hard to fill out, was it because:

1 = The questions were hard to understand 2 = There were too many questions
3 = The questions did not address your problems 4 = English is not your first language
5 = Not sure 6 = Other

8. Is there anything you would have liked the legal health check-up to ask that it didn't?

9. Did the legal health check-up help you identify any legal problems?

1 = Definitely 2 = Probably 3 = Maybe 4 = Probably not 5 = Definitely not 6 = Not sure

10. What was the main problem that was identified?

11. Did the legal worker at the clinic help you (or is helping you) solve that problem?

1 = A lot 2 = Some but not a lot 3 = Not very much 4 = Not at all 5 = Not sure

12. Did the lawyers or legal workers at the clinic ask you if there were **other** problems in your life you wanted help with?

1 = Yes 2 = No

13. Were you able to tell people at the legal clinic everything you wanted to say about the problem?

Completely = 1 Mostly = 2 Some but not everything I wanted to say = 3 A little = 4
Not at all = 5

14. Would you have gone to the legal clinic when you did if you had not done the legal health check-up?

1 = Definitely 2 = Probably 3 = Maybe 4 = Probably not 5 = Definitely not 6 = Not sure

15. Would you return to the clinic to get help with a new problem?

1 = Definitely 2 = Probably 3 = Maybe 4 = Probably not 5 = Definitely not 6 = Not sure

16. Would you take the legal health check-up again?

1 = Definitely 2 = Probably 3 = Maybe 4 = Probably not 5 = Definitely not 6 = Not sure

17. How old are you?

Write in _____

18. What is your gender?

Male = 1 Female = 2 Trans = 3

19. Where do you live?

1 = At home with parents 2 = Apartment 3 = With friends 4 = Shelter or group home
5 = Homeless

20. Do any of these statements describe you?

1 = I am Aboriginal 2 = I am a visible minority (but not Aboriginal) 3 = I was born in Canada,
4 = I immigrated to Canada when I was very young.
5 = I immigrated to Canada when I was 12 years old or older

THANK YOU.

Appendix 6: Caseworker Data Form

Clinic name: _____

Overall impression of crisis? (please circle)

0 = No 01 = Emergent/to be monitored 02 = Yes 08 = Don't know

Please note the reasons that led you to come to your impression of crisis.

Length of time since problems began:

Less than 1 mth 1–3 mths 3–6 mths 6–12mths

More than 1 year 1 2 3 4 5

Number of legal problems identified (please circle)

0 1 2 3 4 5 6 More than 6 = 7

What legal service is provided for each legal problem?

1 = Referral

2 = Summary Advice

3 = Brief Services

4 = Representation

5 = Declined assistance

Legal Problem 1:

Legal Problem 2:

Legal Problem 3:

Legal Problem 4:

Legal Problem 5:

Legal Problem 6:

Was a Referral Made?

0 = No 01 = Yes

(Please list referrals)

Is client a member of a targeted group: 0 = No 01 = Yes

Which group:

A

B

C

D

Other:

Intermediary engagement with client

Name of Intermediary _____

Form of intermediary engagement with client (please check all that apply) 0 = No 01 = Yes

_____ handed out LHC

_____ assisted client [to] complete LHC

_____ provided warm referral to legal clinic

_____ Intermediary provided client with services/support

_____ organized group session for clients to meet clinic staff
(e.g. group intake/form completion/PLE)

_____ works with clinic on case conference or issue planning

_____ Other (please describe):

Part 02 REPORT 03

Ab Currie and Brandon D. Stewart, **Unintended Benefits of Innovation: The Legal Health Check-Up Revisited** (2020)

The Unintended Benefits of Innovation: The Legal Health Check-Up Revisited

June 2020

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INTRODUCTION

The Legal Health Check-Up (LHC) attracted considerable attention among community legal clinics in Ontario beginning in 2013. The LHC began as a way for clinics to identify people experiencing legal and justice problems by partnering with various community groups to which people go for help with everyday problems. Using a questionnaire designed to draw out the legal aspects of everyday problems, community groups are able to exercise the gateway roles of problem spotting and referral by encouraging the people they assist to complete the check-up and contact the clinic for help with the legal aspects of their problems. The partnerships between these community groups and legal clinics enhanced the capacity of the clinics to reach into the community to identify unmet need that would otherwise remain hidden. This is because many people do not identify the legal aspects of problems they are experiencing or seek appropriate assistance.

This paper reviews the LHC experience in three community legal clinics in Southwestern Ontario since the two pilot projects were carried out between 2014 and 2016. These clinics indicated in an e-mail survey at the end of the phase 2 pilot study that they were continuing to actively promote the LHC within their communities. Other clinics have continued to respond to LHC forms submitted to them and may have more proactively used the LHC.

The LHC has continued to produce a flow of LHC forms identifying unmet need, although in smaller numbers than at the pilot stage. However, the three community legal clinics report that the experience of incorporating the LHC into their delivery models has had a broader, transformational effect on service delivery, changing their practice models toward a more holistic and integrated approach. Their experiences illustrate how innovation not only results from new ideas. A successful innovation may become an active change agent, creating new ways of doing things. This is an important way in which new ideas and practices are adopted at the service delivery level. This highlights the importance of providing sufficient funding to legal aid and private donor organizations with broad justice mandates to support innovation in community legal clinics.

THE LEGAL HEALTH CHECK-UP PILOT PROJECTS

The LHC was first piloted at Halton Community Legal Services (HCLS) in 2014-2015.¹ The LHC involved developing partnerships with service agencies and voluntary associations in the community where people would normally go to for

¹ Ab Currie, *Extending the Reach of Legal Aid: Report on the Pilot Phase of the Legal Health Check-Up*, Canadian Forum on Civil Justice, Toronto, 2015.

help with their everyday problems. Partnerships reflected the proposition that many of these everyday problems will have legal aspects.

HCLS developed an outreach tool called the “Legal Health Check-Up” (LHC). This was a paper or electronic form that asked questions to uncover everyday legal problems in areas such as housing, education, employment, income support and social and health support. The LHC form was provided to the partner organizations who were asked to administer it to the people that came to them for help.² As a result, the partner organizations were able to carry out the gateway roles of problem spotting and referral, identifying people with potential legal problems and referring them to HCLS for help with these legal problems. The partner organizations were “trusted intermediaries” with longstanding records of helping in the community. They were able to bridge the gap of mistrust that often exists between lawyers and disadvantaged people because people coming to them for help were more likely to seek help from HCLS because they were referred by someone they already trusted.³

The phase 1 pilot was highly successful. The LHC referrals substantially increased the number of intakes at HCLS by about one third. Following the initial pilot, a phase 2 pilot⁴ was carried out with 12 other clinics in Southwest Ontario over a six-month period.⁵ This phase was also successful. The 12 clinics developed partnerships with 125 community organizations and received more than 1,700 LHC referrals, although the majority of the referrals came from a small number of all intermediaries.

All intermediary groups that were approached to take part in both phases of the LHC project liked the concept. Most felt that it had the potential to improve their own service to clients and to improve the lives of their clients. However, the results of the research showed that there were problems. Among them were the following.

- intermediaries found the long-form LHC questionnaire too long and time consuming;⁶

² An electronic copy of the tool can be accessed here: <https://www.legalhealthcheckup.ca/en/>.

³ Curran (2017, p. 51) describes this phenomenon as a “transferal of trust,” where the trust the intermediary has in the community legal clinic based on positive past experiences “transfers” to their client.

⁴ Ab Currie, *Engaging the Power of Community to Expand Legal Services to Low-Income Canadians*, Canadian Forum on Civil Justice, Toronto, 2017.

⁵ The history of the pilot projects is actually slightly more complicated. HCLS ended its pilot project in January 2015 but the LHC continued. Three clinics, the Legal Clinic of Guelph and Wellington County, the Hamilton Community Legal Clinic and the Community Legal Clinic Brant, Haldimand and Norfolk developed LHC projects. The three early adopter clinics became part of the phase 2 pilot originally involving 13 clinics. Hamilton continued to accept LHC forms but dropped out of the phase 2 pilot, developing a very successful outreach project in which one- and half-day satellite clinics were developed with the original LSC partners plus several other community organizations. HCLS remained closely involved in the phase 2 pilot study assuming a coordinating role.

⁶ The original long form Legal Health Check-Up asked about 6 problem areas, income, housing, education, employment, health and family & community services with a total of 60 separate questions. The mini LHC is a

- front line staff in some organizations said they were too busy to administer the LHC; and
- the LHC process sometimes duplicated and to a degree interfered with existing intake and other protocols.

Interviews with representatives of intermediary groups revealed that referrals to the community legal clinics were often made without completing an LHC questionnaire, although the referrals were prompted by it. This suggests that organizations would use the LHC without any formal arrangement after having developed some familiarity with the LHC.

Another unanticipated finding from the phase 2 research was that during the course of the pilot project, approximately 250 LHC referrals not connected with any of the partner intermediaries were submitted to the clinics. The LHC clearly diffused throughout the community beyond the initial formal partnerships between the participating clinics and community organizations. This suggests that the LHC was viewed by some in the community as a practical tool having value to them. The LHC had momentum in the community independent of the formal partnerships formed in the pilot project. Some individuals and organizations in the community learned about the LHC through the normal, diverse channels of communication in the community, saw the value in it and took it up.

For a year following the phase 2 pilot project, the participating clinics and HCLS discussed how a version of the LHC based on the results of the two pilot studies might be implemented. This working group was facilitated by HCLS. The working group agreed that a mini-or short LHC form asking only about broad problem areas would be preferable to the original, longer form. It was agreed that stand-alone mini-LHC forms could be developed for other areas such as youth legal problems. Also, specific problem areas such as human trafficking should be added to the mini-LHC forms to meet community needs or service delivery priorities at individual clinics. The working group was a valuable forum, providing participants with a good way of simply finding out about developments in other clinics and for exchanging ideas.⁷

THE LEGAL HEALTH CHECK-UP SINCE THE PHASE 2 PILOT

The LHC has remained a strong part of the delivery models in the three clinics that indicated they have continued to actively promote it following the Phase 2 pilot. The two graphs below show the level of activity over a two-year period following the end of the phase 2 pilot in late 2016. Figure 1 shows the number of LHC forms

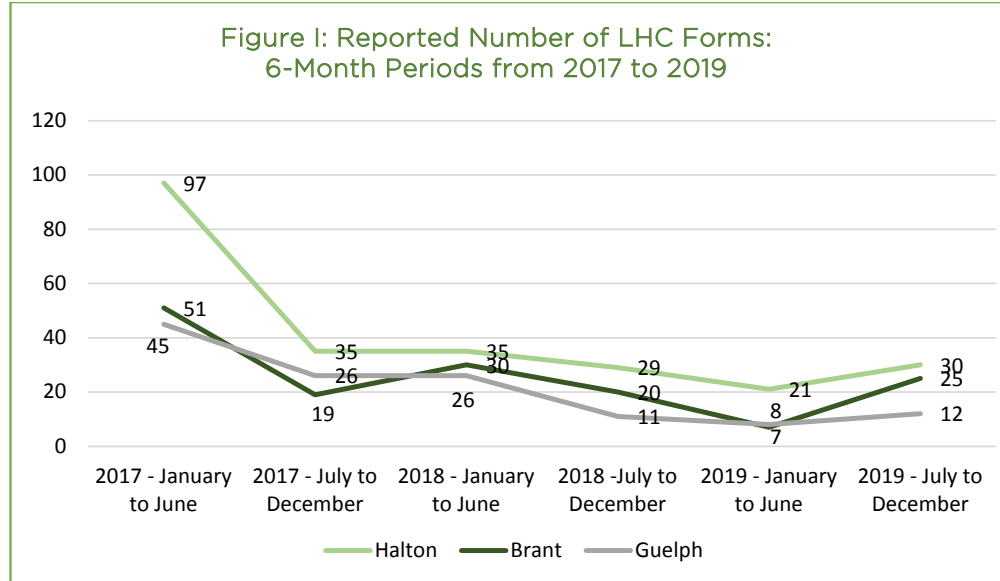
One-page card with only the 6 problem areas. These serve as starting points in a discussion exploring specific problems in an open format approach.

⁷ Interview with the Executive Director of the Brant clinic, April 30, 2020

submitted to each of the three clinics in six-month intervals within this period. The 6-month intervals in the graph match the length of the phase 2 pilot study.

During the phase 2 pilot study, the Guelph clinic recorded 58 LHC forms and the Brant clinic reported 54 forms. These numbers are the benchmarks with which to compare the data in Figure 1. Halton did not participate in the phase 2 pilot since it had piloted the project and adopted the LHC into its service delivery approach the previous year. HCLS had carried out the first LHC pilot study the previous year. During that pilot study, 308 LHC forms were submitted to the Halton clinic, either directly from the 7 intermediary groups or on-line through the HCLS website.⁸ This is an especially large number of LHC referrals. It may reflect the high degree of intensity with which intermediaries were encouraged to have the maximum number of their clients or constituents submit forms. The high level of effort that was invested in encouraging intermediaries to submit LHC forms may have produced a number that was possibly not sustainable over time under more normal circumstances.

In the 6-month period from January to June 2017, three years after the end of the phase 1 pilot in Halton and two years after the phase 2 pilot in which the Guelph and Brant clinics participated, Halton received 97 LHC forms. Brant received 51 forms compared with 54 forms during the pilot and Guelph received 45 forms compared with 51 forms during the pilot.



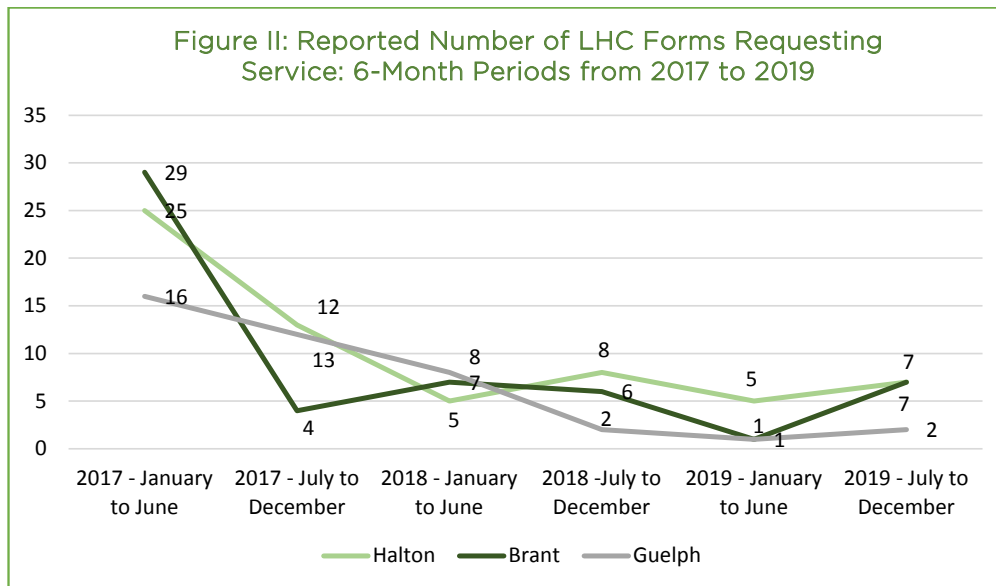
⁸ The phase 1 pilot at HCLS was conducted between October 2014 and January 2015, ending when an initial target of 300 LHC forms had been received.

These numbers declined sharply in the last half of 2017 and more gradually up to the end of 2019. The reasons for the similar pattern for all three clinics are not clear. The pattern of decline is more evident when the 6-month numbers from Figure I are converted to annual figures.

	2017	2018	2019
Halton	132	64	51
Brant	64	50	33
Guelph	71	37	19

The numbers have declined, but nonetheless represent a substantial number of people submitting LHC forms to the clinics. This is, at minimum, a measure of the continued presence of the LHC in the three clinics' communities.

Not all LHC forms represent immediate requests for service. Figure II shows the number of requests for service associated with the LHC forms.



The requests for service are clearly lower than the number of LHC forms. However, people may delay contacting the clinics, resulting in an undercount of individuals requesting service based on the LHC forms. Acknowledging that an issue is a legal problem may be difficult. People may already be making attempts to resolve the

problem, or they may not yet be ready to tackle it. It is possible that people will initially indicate that they do not want to be contacted by the clinics until they have the motivation to tackle the problem.⁹

THE TRANSFORMATIVE EFFECT OF THE LEGAL HEALTH CHECK-UP

It would be incorrect to conclude that the decreased number of LHC forms at the three clinics represents a lack of success. The fact that the numbers have continued since the end of the pilot studies is an indication that the LHC has remained alive in the community and has some enduring value. More importantly, the LHC became a catalyst for a service delivery transformation at the three clinics. The transformation has moved the clinics away from a primarily transactional, case-based service to a more holistic, integrated, people-focused, community-oriented and trauma-informed service delivery model. The LHC has remained a component of the service delivery model in each of the clinics.

The history of the LHC in the three clinics illustrates how a transformation with its roots in socio-legal research takes place at the service delivery level. The transformative power of the LHC is partially rooted in the fact that the LHC form – as a problem identification and referral “tool” – was conceptually rich, built on the propositions, assumptions and empirical results of the contemporary body of legal problems research.¹⁰ However, the transformations that took place were driven by each clinic’s experience with the LHC.

⁹ The LHC form includes an offer of service in which the person can ask to be contacted by the clinic. The reasons why people may not want a contact at the time they complete the LHC can be complex. In the phase 1 pilot people were asked why they did not want to be contacted. Some people indicated that they were not ready to talk to a legal advisor at that time.

¹⁰ A large number of people in the population experience justice problems. These are everyday problems with legal aspects or problems with interconnected legal and non-legal aspects. Many people, especially the most disadvantaged, experience problem clusters, multiple inter-related problems that are made more complex and difficult to resolve because they are inter-connected. People may not understand these issues in legal terms; the problems are problems of everyday life and are implicitly understood that way by those experiencing them. People tend to take ordinary actions to deal with everyday problems. People with everyday justice problems often do not seek assistance from appropriate, authoritative sources for a variety of reasons such as thinking there is no help available for that sort of problem, not knowing where to go or what to do. However, people do go to a variety of service and voluntary organizations in the community that provide help with problems. These include government-funded organizations with professional or trained staff such as multicultural services agencies, employment assistance agencies and voluntary associations such as churches in which assistance is provided by volunteers.

FINDING THE “TAO” OF ACCESS TO JUSTICE

The following three sections describe the transformation in service delivery that was brought about in each of the three clinics. The transformation at each clinic is described in different terms to capture the unique ways in which community legal clinics develop different ways of connecting with the communities they serve, although around common themes and objectives. Each clinic, through the experience of carrying out LHC projects that were essentially similar, and through discussion among the clinics about different experiences and understandings, developed new and different ways of connecting with communities and of achieving access to justice.

THE COMMUNITY LEGAL CLINIC OF BRANT HALDIMAND AND NORFOLK¹¹

The Executive Director of the Brant clinic describes the pre-LHC character of the clinic as a publicly funded law firm, not much different from any private law firm. The majority of the clinic’s work involved representation at landlord/tenant and employment tribunals, using legal means to resolve problems that had clear legal solutions. According to the Executive Director, the experience with the LHC has changed “the way lawyers at the clinic approach their work, how the clinic relates to clients and to the community...You can draw a straight line between the LHC and these changes.” The LHC was the beginning of the clinic developing partnerships to identify people with unmet needs and the realization of the potential of developing community ties to a much greater extent.

The first step taken by the Brant clinic to develop a fully client-centered and community-focused service was to hire a community development officer, characterized by the Executive Director as an important staffing decision rather than hiring a lawyer. The community development worker was a person with extensive experience and ties to the community. The more collaborative connections with community organizations made by the community development specialist “changed the very nature of the clinic and how it connects with communities.”

The following case provides an illustration of how a person with a legal need came to the attention of the clinic and the new approach for assisting the person. It is a paradigm case illustrating the nature of legal aid in Brant. The straight line referred to in the preceding paragraph was the realization based on the LHC experience that stronger connections with the community had to be developed, leading to the hiring of a community development officer and the collaborative partnerships for assisting clients represented by the example below.

¹¹ This section is based on an interview with the Executive Director of the clinic conducted on April 30, 2020

The community development specialist (C) was contacted by a nurse at the emergency department of a local hospital, where C had recently done a presentation about the Brant clinic. The presentation by C conveyed the proactive offer of help that the clinic is “not just a legal office; we try to solve problems.” The nurse had observed an older man who was coming to the hospital every day. He had no medical issues, but simply had no other place to go. The nurse was concerned about the man, recognizing that he needed help, and contacted C at the community legal clinic in response to her outreach activity. This case would never have come to the attention of the clinic in the past, without the presence in the community that was being built through the clinic’s community development strategy. A lawyer at the clinic (L) called the nurse and arranged for the man to talk to him on the phone when he next came to the hospital. The information that was initially revealed on the first call was that the man jointly owned a house with a relative, but was in fear of going there because the relative had told him to stay away. He was sleeping in his car. C and L arranged a conference call, involving the Ontario Provincial Police, the hospital, the Canadian Mental Health Association and the Ontario Housing Help Services to problem solve what was obviously a complex case.

This collaborative approach to problem solving revealed that the relative the man feared had previously asked the police to check the house out of concern for the safety of the man. The house was uninhabitable. The man was a hoarder. All utilities had been cut off because of non-payment of taxes and utility bills. Because the gentleman owned a house he would not normally have been eligible for housing assistance. However, given the unusual circumstances, the group worked out a way to provide the man with temporary accommodation and placed him on a priority list for assisted living. The law could not be applied because the circumstances did not fit, but a good and fair outcome was accomplished. Social justice was achieved.

The Brant clinic continues to do conventional legal work such as representation at tribunals. However, contacts often come through community partners. Assessments of client needs are filtered through the lens of client-centered holistic assessment to detect interconnected multiple problems and the individual’s unique personal experience of the problem. This leads to integrated service through collaborative community partnerships. The service is trauma-informed and alert to individuals with complex problems. A new service, the legal secondary consultation (LSC),¹² followed naturally from the LHC. That aspect of the service delivery approach at Brant provides advice to service providers in community services and voluntary associations, assisting them to better help people who come to them for help.¹³

¹² In Brant legal secondary consultation is called the Agency Consultation Program. However, to be consistent with the other clinics LSC is used

¹³ Ab Currie, Legal Secondary Consultation: How Legal Aid Can Support Communities and Expand Access to Justice, Canadian Forum on Civil Justice, March 2018.

HALTON COMMUNITY LEGAL SERVICE¹⁴

At HCLS, the LHC has become the basis for “a way of looking at things,” guiding the development of a new infrastructure for providing service. The Executive Director expressed the service delivery approach of the clinic in the following way: “We come to you. We help you in a way that makes sense to you.”¹⁵ This is by no means new in the field of access to justice. It is similar to the *no wrong door, no wrong number* policy famously stated in an Australian access to justice policy report in 2009¹⁶ and since widely borrowed as a no wrong door statement in a number of areas of public policy. Similar to the paradigm case illustration of the approach to service delivery at the Brant clinic, this draws access to *legal* justice closer to access to *social* justice.¹⁷ It captures the essence of outreach; going out to the community to learn about the problems experienced by people and then partnering with that community to resolve problems. Importantly, it extends outreach by engaging the resources of the community to resolve legal problems by forming collaborative partnerships between the legal clinic and community organizations.

The Executive Director of HCLS said that because of the clinic’s experience with the LHC “we have changed the infrastructure of the way we practice. This would not have happened without that (the LHC) experience.” This service delivery infrastructure that has developed now includes, in addition to the LHC, a number of outreach components:

- HCLS has developed co-location relationships with several social services located in the larger building it currently occupies. This has produced a steady flow of referrals from these agencies.¹⁸
- The clinic has developed satellite intake locations at library branches, food banks and other places where people go for other purposes.
- The clinic has developed a community court outreach project.
- The clinic delivers PLE sessions to a large number of community groups.
- A major three-year PLE project is providing information to newcomers. This is an interactive form of PLE encouraging participants to talk about problems they are having in the area of law covered by the session, providing information about other community organizations where help is available and encouraging them to request assistance from the legal clinic.

¹⁴ The following section is based on two telephone interviews with the Executive Director of HCLS, February 13 and March 8, 2020.

¹⁵ Telephone Interview, March 8, 2020.

¹⁶ A Strategic Framework for Access to Justice in the Federal Civil Justice System, Access to Justice Task Force, Attorney General’s Department, 2009. Chapter 6.

¹⁷ Rebecca L. Sandefur, Access to What?, *Daedalus*, the Journal of the American Academy of Arts and Sciences, 148 (1) Winter 2019

¹⁸ In 2017 the clinic moved office from the small township of Georgetown to the much larger urban center of Oakville.

- LSC¹⁹ is a major part of the HCLS delivery approach that grew out of the LHC. In the original LHC project, community organizations carried out the two basic functions of problem spotting and referral using the LSC questionnaire as a tool. The LSC project invites community organizations that assist clients or constituents to contact the clinic for a consultation in cases where they think a legal issue might be involved. This is a highly successful project that has attracted a wide variety of community organizations and has maintained a stable number of requests for consultations in the two years following the pilot study.

These projects grew out of the clinic's experience with the legal health check-up. They make up a tapestry of projects that grew organically from the understanding of justice needs that reflected the underlying principles and rationale of the LHC. They arise from a continuous process of engagement with the community in which the needs of the users or clients of their service are expressed by organizations through dialogue with the clinic and the clinic responds with service that matches the requirements of the organizations. They are products of the capacity and resources of the clinic and of the needs and the characteristics of the community. Importantly, this tapestry of service delivery approaches is a result of an organic process, from the directions that emerge from the ongoing strategic outreach, rather than an *a priori* empirical portrait of the nature and extent of unmet needs or legal problems drawn from a survey or some other quantitative data source.

INCREASE IN THE LEVEL OF SERVICE²⁰

As changes in service delivery have occurred at HCLS, the number of people served has increased. These two measures indicate the substantial increase in the level of service provided by HCLS during the period following the LHC pilot. They provide evidence of the transformation in service delivery described by the Executive Director as having been inspired by the LHC. While not direct evidence of the effect of the LHC, they are highly consistent with that narrative.

The two graphs below show measures of the increased level of service at HCLS over the past 5 years. Figure III reveals a 690.9 % increase in the number of PLE sessions provided to the community, from 11 in 2015-16 to 87 in 2019-20.

¹⁹ Ab Currie, *Legal Secondary Consultation: How Legal Aid Can Support Communities and Expand Access to Justice*, Canadian Forum on Civil Justice, Toronto, 2018

²⁰ A special thanks is owed to Giulia Reinhardt, the Executive Director at HCLS, for providing the data. The numbers could not be extracted from the province-wide case management system and were extracted from separate reports. These data were not available from the other two clinics.

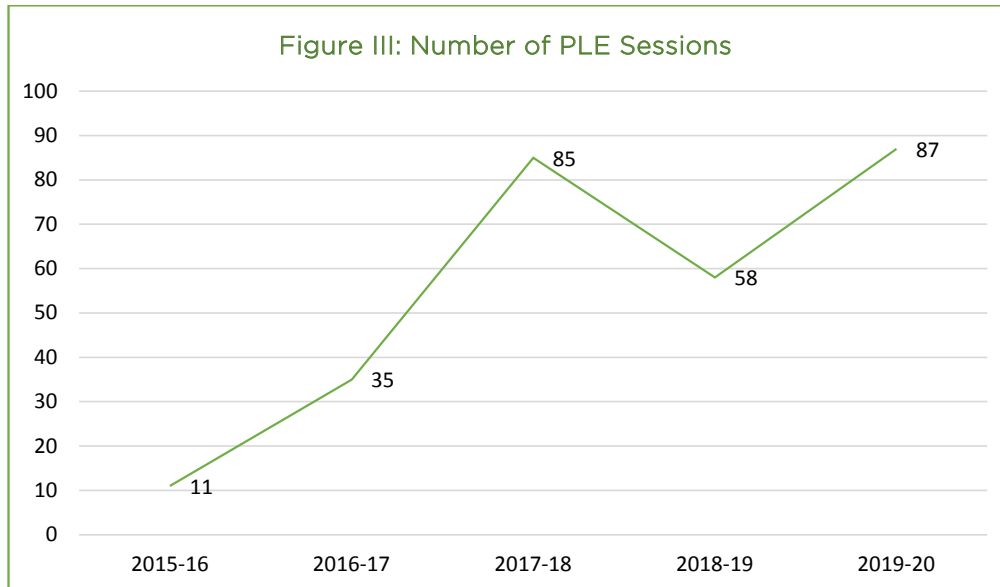
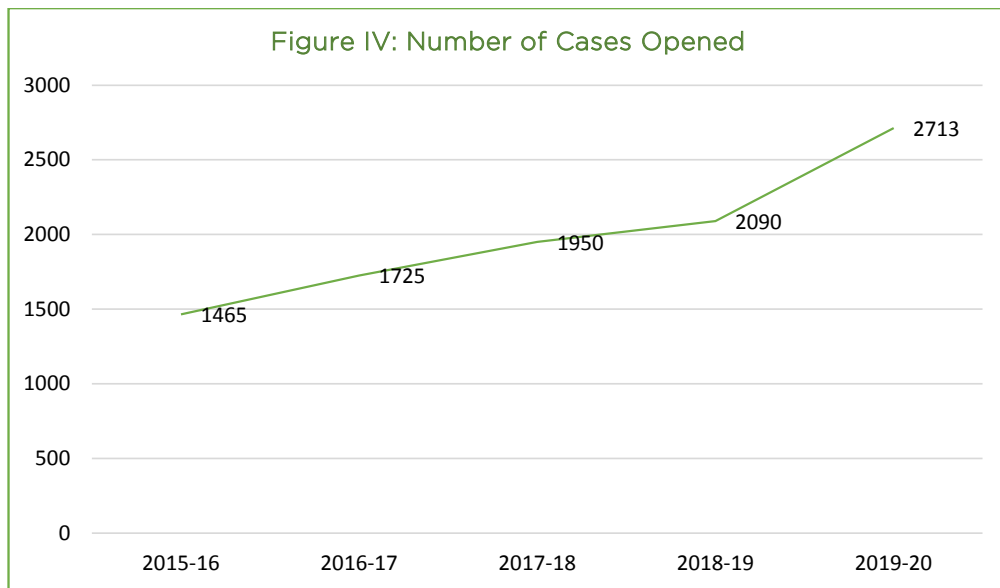


Figure IV shows the overall increase in cases opened over the same 5-year period. The number of cases opened increased from 1,465 in 2015-2016 to 2,713 in 2019-2020, an 85.2% increase.



THE LEGAL CLINIC OF GUELPH AND WELLINGTON COUNTY²¹

Similar to the Halton and Brant clinics, the LHC has transformed the way in which the Guelph clinic works with clients. Since the phase 2 pilot study, the clinic has remained in contact with the original intermediary groups involved in the pilot and has expanded the range of contacts with community organizations. The clinic is located in the Guelph Community Health Centre, co-located with several other community services, enabling referrals and integrated services.

In 2019, Guelph developed a highly successful pilot project to increase access to legal aid services to rural Wellington County.²² For a period of 6 months, the van made one-day visits in 12 communities throughout rural Wellington County. The van was parked in a place in each community in a conspicuous location intended to attract people by displaying highly visible signage advertising free legal help. One of the main features of the project was the holistic style of contact with people approaching the van that was explicitly modeled on the LHC. People visiting the van to discuss a problem were asked about other issues with which they felt they might need help. This follows the lesson learned in both the phase 1 and 2 pilots that the LHC form is the starting point of a conversation with a client and it can serve as the foundation of holistic intake. During the course of the pilot project, a strong network of referrals to and from community groups was developed. These networks of referral provided integrated service based on relationships with a range of community partners.

LSC was also adopted as an element of the service delivery approach, in parallel with similar projects in the Halton and Brant clinics and, as in those clinics, it developed out of the experience with the LHC. The LHC was built on connections with community partners to carry out problem spotting and referrals. LSC provides advice to community partners, providing them with advice that will enable them to better assist people who come to them for help. As in Halton and the Brant clinic, the Guelph clinic has similarly developed a more holistic, integrated, client-centered, community-focused and trauma informed way of assisting clients. A direct line can be drawn from the LHC to LSC, and to mobile service delivery to rural areas. The LHC continues as a distinct part of the service delivery approach at the Guelph clinic.

²¹ The information in this section is based on a telephone interview with the Executive Director of the Legal Clinic of Guelph and Wellington County on March 8, 2020.

²² Ab Currie, *Someone Out There Helping: Final Report of the WellComS Mobile Van Project*, Canadian Forum on Civil Justice, Toronto, 2019.

THE CONTINUED ROLE OF THE LEGAL HEALTH CHECK-UP

The LHC continues to play a significant role as a component of the overall service delivery models at the three clinics. As well, the LHC has the potential to generate increased numbers of referrals, although its contribution to a stronger community development approach to community legal service is important in itself.

THE LEGAL HEALTH CHECK-UP AS A “CALLING CARD”

The numbers of referrals generated by the LHC appear to be lower than the pilot project levels in all three clinics. While the numbers may accurately represent the number of LHC forms that are submitted and that can be counted, it is possible that the numbers are underestimates of the full impact of the LHC. The phase 2 pilot study showed that community organizations were sometimes referring people to the clinics without completing the LHC, although the referral came as a result of the use and influence of the LHC in the organization. However, the LHC appears to play an important role in the on-going outreach strategy carried out by the clinics. The LHC can serve as the clinic’s “calling card.” At PLE sessions or public information sessions at which participants are informed about the approach taken by the clinic and the services provided, the LHC may be a good tool to serve as a basis for explaining the everyday legal problems concept, the holistic approach taken by the clinic and the proactive offer of service.

When given an explanation of the nature of HCLS’ service during the phase 1 pilot, a key informant from one of the intermediary groups, *Voices for Change*, an organization of people with lived experience of poverty, responded: you must be “a different kind of lawyer.”²³ In general, the LHC seemed to represent a view that is different from the image of the lawyer in popular culture. Based on the *Voices for Change* interview in the phase 1 pilot, an understanding of the overall approach represented by the LHC was a starting point for building a sense of trust between disadvantaged communities and lawyers. The interview suggested that disadvantaged people mistrust social service bureaucracies that are perceived to have treated them unfairly, applying rules that do little to improve their situation. Lawyers may be included along with all authority figures in that circle of mistrust. When asked about people not asking for assistance from the clinic even though she or he had problems, one of the respondents from *Voices for Change* talked about a respondent who feared revealing her situation to a lawyer. She had included some misrepresentations on the application for disability support and feared that if a lawyer found out he would pass on the information about her indiscretion to social services. A discussion of the LHC with community groups can

²³ See footnote 21.

be the framework for engaging and educating the community and building a sense of trust.

COULD THE NUMBERS OF THE LEGAL HEALTH CHECK-UP REFERRALS BE INCREASED?

The initial objective of the LHC was to identify people with undisclosed or unrecognized legal problems in the community and have these people referred to community legal clinics for assistance. The decline in the number of referrals based on LHC forms in all three clinics leads to a consideration of whether the number of LHC referrals could be increased. However, the data for HCLS show that the number of referrals to the clinic has increased substantially over the past five years, even though the number of LHC referrals has decreased.

A specific focus on increasing LHC referrals may not be as important given the broader transformation that developed from the LHC and of which the LHC remains a part. This said, it might be possible to adopt a dual focus for the LHC, concentrating on a smaller number of organizations while, at the same time, retaining the focus on community-wide diffusion. The results of the phase 2 research showed that in every participating clinic at least 60% of all LHC forms were submitted by only two or three intermediaries. One strategy for re-focusing the LHC would be to carefully select a small number of intermediaries, taking care to adjust the LHC process so it is a good fit with the objectives, capacity and organizational processes in the intermediary organizations. As an approach to identifying a broader segment of community needs, the success of this strategy would depend on whether a few organizations could be recruited that serve relatively large numbers of diverse, disadvantaged groups and whether they could be recruited as partners. This could be done while, at the same time, retaining the more community-wide “calling card” emphasis.

It might be possible to use social media to disseminate the LHC more broadly throughout the community. With active promotion by the three clinics, the LHC has circulated within the community for years following the end of the pilot studies. When both phase 1 and 2 pilots were being developed, all partner community organizations indicated that they saw value in the concept and felt that it would improve their ability to better serve their own clients. It is not surprising that the LHC concept diffused throughout the community during the phase 2 pilot. This leaves open the possibility that a mini-LHC might be a good outreach tool. This could serve as a tool to partner with particular organizations, as was the case with the original approach, and also to engage organizations and individuals in the community as a whole. Social media could be instrumental in reintroducing the LHC into the community.

In the two pilot projects, LHC forms could be accessed and submitted electronically on the clinics’ websites. Extending the use of social media such as

Facebook, Twitter and Instagram could potentially reach thousands of individuals and dozens of community organizations, spreading information about the LHC widely throughout the community. Occasional Instagram posts could be used to highlight examples of people being assisted. A limitation to this strategy would be that some disadvantaged groups may not have access to adequate bandwidth or regular access to social media. However, leveraging digital platforms as part of the continued use of the LHC may complement broader technological initiatives that will be made by clinics and community partners, such as in response to the COVID-19 health crisis.²⁴

A good illustration of the effective use of social media in disseminating information about the availability of legal help throughout the community may be found in the recent mobile legal services project developed by the Guelph clinic.²⁵ At the beginning of the project about 2% of visitors to the van said they learned about it through social media. By the end of the project, this percentage had increased to almost 35%.

During the pilot projects, the clinics were able to absorb the increased number of LHC referrals from intermediaries without substantial increases in resources, although some clinics altered their internal processes or hired additional staff to deal with the increased numbers of referrals generated by the LHC. A social media-driven approach to the LHC would potentially reach broader segments of the community and would almost certainly produce even greater stresses on small clinics that are typical of the Ontario community clinic system. Greater strains would be placed on intake and on assessment and service delivery by lawyers and community legal workers. It would be necessary to develop referral networks to deal with the wide range of problems that would emerge from an open-ended proactive offer of service. Most legal clinics provide service in only a small number of areas of law. Collaborative arrangements among clinics to provide service in different areas might be desirable, using Skype and the electronic transfer of documents to make shared services more efficient and overcome the barriers of time and distance for individuals. Additional resources would be necessary, but the possible benefits in improved access may be great for a relatively small increase in resources.

²⁴ For example, HCLS is currently offering PLE sessions using the Zoom platform due to the COVID-19 health crisis. An electronic version of the LHC could be incorporated into these sessions or made available through social media.

²⁵ Ab Currie, *Someone Out There Helping: Final Report of the WellCoMs Mobile Van Project*, Canadian Forum on Civil Justice, Toronto 2019 and Ab Currie, Max Leighton and Roseanne Vandermeer, *Discovering the Power of Social Media in the Guelph in the Guelph Mobile Legal Service Project*, SLAW, November 29, 2019.

PARADIGM SHIFT AND INNOVATION IN SERVICE DELIVERY

The way in which the LHC led to fundamental changes in service delivery in Halton, Brant and Guelph is an illustration of how the paradigm shift in access to justice that has achieved hegemony in the field occurs at the level of service delivery. The paradigm shift began with Hazel Genn's landmark *Paths to Justice* study²⁶ and was also influenced by the earlier American Bar Association research on the legal and civil justice needs of the American public.²⁷ The results of this research set in motion the shift toward understanding legal problems from the point of view of the people experiencing them, rather than through the perspective of the formal justice system, placing an emphasis on outreach and client-centered and community-focused approaches to service delivery.

Paradigm shifts occur first in the world of scientific research.²⁸ In T.S. Kuhn's formulation, the initial seminal research spawns a period of ordinary scientific research confirming and elaborating on the insights of the seminal research, building a body of knowledge different from conventional ways of understanding. As the body of research becomes more widely known and accepted, results of the research gradually work their way from the world of science into the worlds of policy and program development.²⁹

Although it had become well-established in the policy development literature,³⁰ the paradigm shift became concrete in the form of an innovation in service delivery at HCLS in 2013 with the LHC. The LHC became an integral part of the service delivery approach at each of the three clinics. In a manner parallel to the way in which an initial discovery leads to a period of ordinary research in the world of science, the adoption of the LHC led to a series of changes that transformed service delivery at the clinics. The LHC remains an important part of their service delivery approaches. More importantly, however, the LHC led to stronger connections with the community, different ways for lawyers to carry out their work and it shaped the way in which other specific outreach initiatives are developed.

²⁶ Hazel Genn, *Paths to Justice: What People Do and Think About Going to Law*, Hart Publishing, Oxford, 1999.

²⁷ Consortium on Legal Services and the Public, *Agenda for Access: The American People and Civil Justice*, Final Report on the Implications of the Comprehensive Legal Needs Study, American Bar Association, Chicago, 1996; Consortium on Legal Services and the Public, *Legal Needs and Civil Justice: A Survey of Americans*, Major Findings of the Comprehensive Legal Needs Study, American Bar Association, Chicago, 1994.

²⁸ Thomas S. Kuhn, *The Structure of Scientific Revolutions*, University of Chicago Press, Chicago, 1962.

²⁹ *Legal Needs Surveys and Access to Justice*, OECD/Open Society Foundations, OECD Publishing, Paris, 2019, p. 37

³⁰ *A Strategic Framework for Access to Justice in the Federal Civil Justice System*, Access to Justice Task Force, Attorney General's Department, 2009. Chapter 6.

CONCLUDING REMARKS

The LHC experience at the three clinics illustrates how the impact of a good innovation can have a multiplier effect, leading to other changes in service delivery that can be as fundamental, and perhaps broader in reach than the initial project. The initial LHC innovation had incorporated findings from a rich and extensive body of research, giving the LHC the benefit of a solid conceptual framework. Also, and equally important, the extensive discussion and exchange of ideas that were part of the collaborative process among a number of clinics that developed and implemented the LHC was a very positive process. The LHC projects being carried out in individual clinics benefited from shared ideas, experiences and lessons learned from different contexts. There are important differences among community legal clinics in Ontario because of long-standing and deep connections with quite different communities. The clinics involved in the LHC initiative were all community legal clinics, however, and the collaboration that occurred throughout the pilots furnished a wealth of both shared and diverse experience. The LHC experience in different clinics highlights the LHC's high degree of adaptability to different service delivery environments.

There is an important lesson for funders of access to justice innovations in this revisiting of the LHC. The benefits of a good innovation can have multiplier effects that go much beyond the initial objectives of a particular project. Similar to the pattern followed by paradigm shifts in the world of science in which the initial research is likely to produce a body of research that elaborates on the original discovery, a keystone innovation in the world of service delivery can produce multiplier effects that can transform the way service is delivered. This process is made up of unanticipated changes that are often the unique products of the connections between the clinic and the community. Although the ideas and program developments that emerged from the LHC were unanticipated in the beginning, they were well planned and carefully implemented to fit the unique circumstances created by the features of each community in that time and place and the capacity and resources of each clinic.

Success is not final, and failure is not fatal.³¹ Innovation is a continuous process that can reach beyond its original objectives. Years after the initial pilot studies and after the funding has ended, the LHC continues to pay dividends and expand access to justice. There is a strong message for funders of legal services in this experience. Fund innovation and fund it generously enough so that the potential of innovative projects to produce multiplier effects and unanticipated benefits is not limited by the perennial constraint in legal aid of doing more with less, or with

³¹ "Success is not final, failure is not fatal, it is the courage to continue that counts" is an admonition often attributed to Winston Churchill. According to the Churchill scholar Richard Layworth, Churchill never said this. Richard Layworth is a writer and historian, Senior Fellow and Hillsdale College, Churchill Project; see richardlayworth.com/success

not enough. Encourage collaboration among legal service providers trying the same innovation in different ways that fit their unique circumstances. Collaboration creates an innovation space that is more than the sum of its parts and more than the creativity of clinics working in isolation. Stay in for the long haul with continuing support.

This paper does not present a comprehensive update of the LHC since it was first piloted. The extent to which the LHC has continued in other clinics besides the three highlighted here was not examined. As well, the LHC can take forms other than the approach developed in the community legal clinic context. For example, private law firms could send annual legal health checks to their clients, inviting them for a consultation. This review is primarily an assessment of how the LHC, as an example of a good innovation, had a multiplier effect in the three clinics, changing the way service is now provided and extending access to justice to encompass more holistic forms. Some changes that encourage the expansion of access to justice are ordinarily made on a system-wide basis and are top down. Higher financial eligibility cut-offs or increases in per capita funding are examples. However, the most fundamental changes in service delivery happen at the ground level and come from the bottom up; those that result in more holistic, integrated, people-centered, community-focused and trauma informed service. These broader impacts of particular innovative projects can extend beyond an arbitrary project date, taking shape in ways that could not likely be anticipated at the outset of a project. Innovation should be understood in that way, managed and funded accordingly.

Part 02 REPORT 04

Colleen Sym and Giulia Reinhardt, **The Legal Help Check-up: What we started, where we went and what's next** (2019)

The Legal Health Check-Up Project

Where we started, where we went, and what's next



WHAT IS THE LEGAL HEALTH CHECK-UP PROJECT?

Research shows that legal service delivery fails dramatically if clients must find their own way to legal aid offices. The Legal Health Check-Up Project (the “LHC Project”) was developed to address this issue by extending legal aid in partnership with trusted intermediary groups that are part of clients’ everyday world.

The LHC Project was developed in 2013-2014 by Halton Community Legal Services (HCLS), a small Legal Aid Ontario community legal clinic that currently operates in Oakville, Ontario. The idea for the project was conceived by HCLS Executive Director Colleen Sym and Mike Balkwill, a consultant and community organizer, with funding from Legal Aid Ontario. The LHC pilot involved partnerships between HCLS and seven intermediary groups in the clinic’s service delivery area of Halton Region. The objective of the project was to increase the number of clients served by developing partnerships with these intermediaries.



A major aspect of the LHC Project is the Legal Health Check-up tool (the “LHC”). The LHC is a form that asks about everyday legal problems concerning income, housing, education, employment, family, and social and health supports. The LHC form was made available to the public on paper and electronically through the intermediaries and on the project website: www.legalhealthcheckup.ca. Once complete, the public had the option to receive educational resources from HCLS, talk with an HCLS clinic worker, or attend a group session.

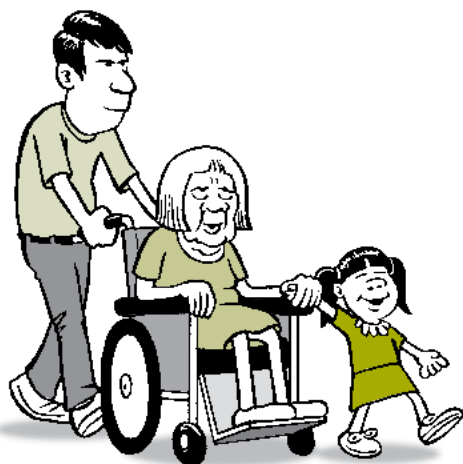


HIGHLIGHTS FROM THE HALTON PILOT

Halton Community Legal Services piloted the LHC Project from October 2014 to January 2015. Dr. Ab Currie, Senior Fellow at the Canadian Forum on Civil Justice, evaluated the pilot phase of the project. Here are some highlights from his report.

Clients have multiple undiscovered problems

More than 60% of the people who completed LHC forms reported three or more problems, with the most common



problem type being income (45%), followed by housing (27%). The problems HCLS assessed at intake closely matched the everyday legal problems identified on these forms.

Achieving greater outreach

The LHC form was an effective outreach tool. Requests for contact from people completing the LHC form increased HCLS's caseload by a third. The intermediaries also reported that the LHC form was useful and opened up a dialogue with clients about their problems, even when the clients were suspicious of the legal system or just wanted to solve the problems on their own.

Achieving early crisis intervention

By capitalizing on the trusting relationship between the intermediary and client, the LHC tool can uncover problems that might otherwise not come to light unless a client suffers a full-blown crisis.

Building an integrated and holistic service

The LHC Project helps build an integrated and holistic approach to the delivery of legal services. Partnering with different types of intermediaries helps the legal clinic increase its intake by proactively offering services to people who would otherwise not ask for help. This also leads to community-building and makes a legal clinic a more integral part of the community.

HIGHLIGHTS FROM THE SUB-REGIONAL ROLLOUT

Following the Halton pilot, the LHC Project was rolled out to three other clinics between June and October 2015: Hamilton Community Legal Clinic, the Legal Clinic of Guelph and Wellington County, and the Brant, Haldimand and Norfolk Community Legal Clinic. The LHC project at HCLS was used by the other clinics as a template, and each clinic adapted the project to their community. Here are some highlights from Dr. Ab Currie's report on the sub-regional rollout.

Achieving greater outreach, still

The three clinics recruited between 7 and 13 intermediary partners that openly accepted the LHC concept. This resulted in increased outreach, measured by the number of LHC forms used or the increased number of points of contact for each clinic. For example, of people who completed LHC forms across the three clinics, 27% to 34% requested service.



Opportunities to strengthen relationships

Most of the intermediary groups recruited had previous relationship with the three clinics. The LHC Project therefore created a platform to strengthen pre-existing relationships or develop more collaborative relationships. The LHC concept also created a platform to discuss community needs with intermediaries. At the client level, the project allowed the clinics to deliver services more holistically by creating a conversation that encouraged clients to discuss and prioritize their full range of problems.

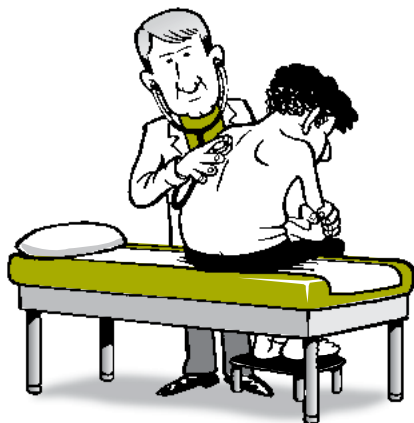
Lessons for recruiting intermediaries, or why hard work matters

Initially during the rollout, uptake of LHC forms was low. This suggests that sustained effort on the part of the clinic is required to engage intermediaries and ensure their participation. Possible reasons for the slow uptake include: front-line intermediary workers were busy, intermediaries had their own intake process, or clients were in crisis when they visited an intermediary.

Opportunities to innovate

Based on the sub-regional rollout, some innovations to the LHC project were considered and/or implemented. For example, HLCS planned to administer the LHC form to all clients at intake to increase their holistic approach to service delivery. Three clinics (HCLS, Brant and Guelph) applied for funding to conduct secondary consultations—that is, providing legal advice or information by a clinic lawyer to a non-legal professional involving their own client. The goal here was to build a network to access justice services among community agencies.

Finally, research shows that legal problems frequently lead to physical illness, making the relationship between legal services and health care providers important. As such, the Guelph clinic planned to introduce a designated staff person to work with existing family health teams to navigate pressing legal issues for clients, while HCLS committed to strengthening its relationship with the Halton Hills Family Health Team and the North Halton Health Link Alliance.



HIGHLIGHTS FROM THE SOUTHWEST ONTARIO EVALUATION

Following the sub-regional rollout in Brant, Guelph and Hamilton, nine other clinics in Southwestern Ontario adopted the LHC Project. Dr. Ab Currie evaluated the implementation of the LHC at these 12 clinics over a six-month period beginning in May or June of 2016. Here are some highlights:

The same promising story

The LHC form identified people with multiple undiscovered problems. Over half of the people who filled out the LHC form experienced three or more legal problems, and these problems tended to be longstanding. Clients also tended to be in crisis.

The LHC project also achieved greater outreach across the 12 clinics. Between 35% and 85.1% of people completing the LHC form requested service from a legal clinic and between 15.4% and 50.8% of those individuals had an intake.

Clients find the LHC form helpful

Nearly 75% of clients reported that the LHC tool helped them identify their problems, and almost 44% said they definitely or probably would not have gone to the legal clinic without having taken the LHC. More significantly, 100% of clients said they would definitely or probably return to the clinic with a new problem.

Adaptation matters, or why one size does not fit all

The LHC approach is adaptable. Clinics should use the LHC form and create intermediary processes in ways that work for

them and their community. For example, the LHC form can be shortened or ask questions that address client issues that are specific to their community.

More insight on how to build relationships

The 12 clinics developed relationships with a total of 125 intermediaries. Those intermediaries generally believed that the LHC was a good idea that benefited their clients. Clinics, however, must recognize that these relationships take time and effort to build. There is also value in developing partnerships with different types of community agencies so that other, disadvantaged populations can be reached.

Results take time and effort

Some participating clinics noted a small increase in intakes, and there was a gap between the priority and achievement of some clinic objectives (avoiding crisis, providing holistic service etc.). Six months is a short time to implement a project of this size and develop strong intermediary relationships. Results take time, but the effort is worth it!

NEXT STEPS, OR WHERE DO WE GO FROM HERE?

Ten clinics have decided to continue the LHC Project. Over the next year, the clinics will discuss how to share data and adapt the LHC form for themselves and their community needs.

Clinics will also continue to learn how to develop relationships with their intermediaries to transition towards a more holistic approach to the delivery of legal services. Some questions the clinics hope to answer include:

- Does the problem of unmet legal needs justify a response like the LHC?
- What unmet legal or non-legal needs can be addressed through the LHC Project and intermediary relationships?
- Are clinics already doing an adequate job in addressing unmet legal needs through existing community contacts?

Three clinics—HCLS, Brant and Guelph—are committed to the secondary consultation process. They plan to further develop and evaluate that process for a three-month period beginning in April 2017. Dr. Ab Currie will be involved in the evaluation. ■



We are grateful to Legal Aid Ontario for funding the Legal Health Check-Up project and this research through its Fund to Strengthen Capacity of Community and Legal Clinics.

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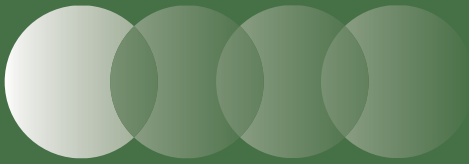
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Part 03

Legal Secondary Consultation



Legal Secondary Consultation

LEGAL SECONDARY CONSULTATION GREW out of the Legal Health Check-Up. Experience with the legal health check-up suggested that there was a considerable basis for expansion of intermediary activities beyond the gateway roles of problem spotting and making legal referrals. Many of the intermediaries who formed partnerships with the community clinics for problem spotting and referrals also provided direct assistance to clients or members of their constituencies. The Legal Secondary Consultation (LSC) project provided community organizations already assisting people with the opportunity to consult by e-mail or phone with a lawyer at the clinic if they felt that the problem with which they were helping their own client had a legal issue. With this brief advice, the service provider would then continue assisting their own client or member of their constituency. Some service providers were professionally trained people, for example mental health workers or specialists in employment centres. Some were volunteers in community associations, although often with considerable knowledge and experience. According to the clinic lawyers, the detailed knowledge of service providers in community service agencies and voluntary associations of the lives and issues of their clients combined with the legal expertise of the lawyer complemented each other well in identifying issues and resolving problems. Although the ability of service providers to understand the legal advice provided by lawyers was a concern, clinic lawyers did not become aware of any situations in which this became a problem. The community-based service providers were attempting to achieve resolutions to problems, not provide legal advice. During the six-month pilot study, a

wide variety of community organizations made requests for secondary consultation to the three community legal clinics involved in the pilot. This emphasized the very large number of community organizations that could be assisted beyond those with which a community legal clinic might develop on-going partnerships for particular initiatives, for example, law – health care partnerships and the much greater potential for the community to become a resource for expanding access to justice. Following the pilot study, secondary consultation remained an important part of the service delivery approach in all three clinics, with the numbers of community groups requesting secondary consultations remaining constant. Legal secondary consultation is relatively inexpensive and easy to integrate into the existing capacity of the clinics.

Reports

1. Ab Currie, Legal Secondary Consultation: How Legal Aid Can Support Communities and Expand Access to Justice (2018)
2. Brandon D. Stewart and Ab Currie, Legal Secondary Consultation, Expanding the Reach of Ontario's Community Legal Clinics Through Community Partnerships (2020)

THE LEGAL SECONDARY CONSULTATION (LSC) PROJECT PROVIDED COMMUNITY ORGANIZATIONS ALREADY ASSISTING PEOPLE WITH THE OPPORTUNITY TO CONSULT BY E-MAIL OR PHONE WITH A LAWYER AT THE CLINIC IF THEY FELT THAT THE PROBLEM WITH WHICH THEY WERE HELPING THEIR OWN CLIENT HAD A LEGAL ISSUE

Part 03 REPORT 01

Ab Currie, **Legal Secondary Consultation: How Legal Aid Can Support Communities and Expand Access to Justice** (2018)

Legal Secondary Consultation: How Legal Aid Can Support Communities and Expand Access to Justice

March 2018



Ab Currie, Ph.D.

*Senior Research Fellow
Canadian Forum on Civil Justice*



Executive Summary

Legal secondary consultation (LSC) is an innovative mode of legal aid delivery in which a lawyer, licensed paralegal or experienced legal worker in a legal aid clinic provides one-on-one advice to a service provider in a social services agency or a community organization, assisting the provider to resolve problems for clients seeking help. The individuals experiencing problems do not become direct legal aid clients unless the LSC advisor decides on a referral to the 76 community legal clinics.

Legal secondary consultation is a promising addition to legal aid delivery for two fundamental reasons.

The first is what we now know about the nature of legal problems and legal need. Legal problems are integral parts of ordinary, everyday problems that people experience. Legal problems are, therefore, far more prevalent than looking through the lens of the formal justice system would indicate. A large segment of legal need hides in plain sight in the normal adversity of people's daily lives. This is partly because legal problems are aspects of the normal problems of everyday living. Also, they are often parts of inter-related clusters of legal and non-legal problems. In addition, people generally do not recognize legal problems or the legal aspects of other problems and, therefore, do not take appropriate action.

Although they may not recognize the legal aspects of everyday problems, people know when they have a problem. Disadvantaged people go to a variety of government service agencies and non-governmental organizations within the community for help with problems they are experiencing. These are places where legal need can be found.

Second, there is a wide gap between the resources available for legal aid to deal with the legal problems of the poor and the extent



of their legal need. As our understanding of the nature and extent of legal need and the complexity of meeting that need has changed over the past two decades, it is generally accepted that the access-to-justice gap is much greater and more difficult to address than previously realized. This understanding has come about largely as a result of legal problems research in Canada and elsewhere that took what is often called the justiciable problems or the everyday legal problems approach, which has reframed the access problem. Finding new and cost-effective ways to provide people with the legal help they need is more urgent than ever. Partnering with community organizations and engaging community resources is one basic strategy to narrow the access-to-justice gap; legal secondary consultation is part of that overall strategy.

Community development strategies such as legal secondary consultation should be thought of as similar at a broad level to digital delivery approaches. However, in a fundamental way the two are quite different. Digital technologies can deliver service to extremely large populations, but may need initial large-scale and often expensive investments in technological infrastructure. However, they do not require the bricks-and-mortar infrastructure of more traditional approaches. Digital technologies are external to legal aid and can be applied to many areas of modern life. Applying digital technologies to legal aid may bring considerable benefits but, being an external force, they do not naturally connect with the fundamental objectives or elements of access to justice.

On the other hand, the “helping community” is at the core of community legal service. The everyday-problems approach to understanding legal needs draws legal aid close to social services

agencies and community associations that help people with everyday problems. Partnerships with community organizations that are being developed with service delivery approaches such as legal secondary consultation are at the core of community legal service. Legal clinic–community partnerships reflect the broad objectives of therapeutic justice, expressed in terms of outreach to identify people with legal problems and holistic and integrated services to deal with them. Legal secondary consultation is intrinsic to community legal service and a part of its evolution.

The Legal Secondary Consultation (LSC) Project reviewed in this report was carried out in three community legal clinics in the Southwestern Ontario: Halton Community Legal Services; the Community Legal Clinic of Brant, Haldimand and Norfolk; and the Legal Clinic of Guelph and Wellington County. The evaluation covers a period from early September 2016 to mid-April 2017. The data supporting the report include interviews with LSC advisors in the three clinics, interviews with a sample of service providers in the community organizations that requested legal secondary consultations, and case notes compiled by the LSC advisors. In addition, a questionnaire to gather information about similar activities was completed by executive directors of 15 community legal clinics in the Southwestern Region of Ontario’s community legal clinic system.

During the seven-month period, the three clinics received a total of 235 separate requests for legal secondary consultation from service providers in 103 community organizations. Thus, approximately 235 community agency clients¹ were helped by means of secondary consultations with agency service providers.

However, legal secondary consultation likely has a multiplier effect. One of the main objectives of the LSC approach is to improve the legal capability of service providers in community agencies. Interviews with several service providers indicated that they learn from legal secondary consultations, becoming more able to deal on their own with clients having similar problems. The extent of the multiplier effect is not known at this point. However, it can be expected to increase as LSC expands and to the extent that service providers’ legal ability and community organizations’ capacity to assist their clients increase. The multiplier effect is a part of building

community capacity.

The interviews with service providers indicate that community partners universally value the program extremely highly. Service providers virtually all indicated that LSC has enabled them to serve clients better.

LSC is cost-effective and sustainable. The executive directors of all three clinics indicated that implementing legal secondary consultation did not require substantial additional funds or incur additional ongoing costs. Secondary consultations involve mainly telephone or e-mail communication between the LSC advisor and the service provider. There is no legal aid intake process and no direct service. Interviews with the external service providers indicated that the consultations take between 10 and 30 minutes. LSC is a very small investment by the clinic in resolving legal problems and building community capacity. For the community agencies, the LSC service contributes substantially to the quality of their work but costs them nothing above normal operating expenses. On the surface, this appears to be a promising formula for the sustainability and growth of legal secondary consultation.

LSC provides legal help to people who probably would not otherwise seek assistance from a legal aid clinic. Service providers felt that the clients they helped would not likely seek legal help on their own. Further, they felt that many of their clients would be unlikely to follow up on their own with any action recommended to deal with their problem.

Legal secondary consultation is a part of an overall community development strategy to extend the reach of legal aid. LSC extends the boundaries by involving community agencies in functions that have traditionally been exclusive to legal service organizations. The requests from community organizations for legal secondary consultations are a way to identify unmet legal need. LSC involves community agencies and organizations in direct problem-solving that does not divide the legal and non-legal aspects of problems into separate silos.

Building relationships with community organizations for a variety of purposes has always been at the core of the community legal service movement. However, LSC is a distinctive and important step in its evolution, by involving community agencies more directly in traditional legal aid functions. It aims to increase the ca-



capacity of community organizations to resolve problems having legal aspects with advice from a legal aid clinic. It is now well known that many legal problems lie hidden in the everyday problems for which people seek help from a variety of social service agencies and community organizations. LSC is part of a community development strategy in legal aid that makes access to justice a dimension of community to an extent and in a concrete way that until now has not commonly existed.

There may be a risk in providing legal secondary advice to service providers acting as intermediaries: that intermediaries may not fully understand the advice and not incorporate it with complete

The community service providers are essential partners with the legal aid clinics in building pathways to justice for disadvantaged people.

accuracy in helping their clients. The lawyers providing LSC take this possibility into account and make risk management an integral aspect of providing advice. They do this by monitoring discussions with service providers and where necessary recommending that some clients should be referred to the legal clinic to receive direct service.

Service providers bring something fundamentally important to the partnership with the legal clinics. They are trusted intermediaries: they have the confidence of their clients, who are often people with mental disabilities and other markers of social disadvantage that are barriers to accessing justice. The agency service providers have substantial knowledge of their clients' situations, enabling them, in partnership with legal aid, to provide a holistic and integrated service that might be difficult to achieve by legal aid alone. Along with effective outreach, holistic and integrated services are now widely accepted as fundamental elements of effective legal service. The community service providers are essential partners



with the legal aid clinics in building pathways to justice for disadvantaged people.

A promising, innovative project should be supported by ongoing research, addressing empirical questions that emerge as the project evolves. Better evidence should be developed on the degree to which LSC contributes to resolving problems and improving the lives of disadvantaged people. LSC appears to increase the legal ability of service providers, increasing their capacity to serve their clients.

Asked whether LSC resulted in improving their clients' lives, many service providers were unsure. This may be because contacts with clients do not involve follow-up, or because the ongoing contact they have may not provide sufficiently in-depth information for service providers to know of improvements with certainty. The primary purpose of legal secondary consultation is to support and improve the capacity of service providers. However, if this does not result in beneficial changes in the lives of the disadvantaged people they serve, there would be room for improvement in how LSC is applied. The partnership formed in the LSC process between the legal clinic and the service agencies and community organizations is one indivisible path to justice. The advice and information provided by the legal clinic to service providers cannot ignore the end result.

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I would like to thank Brandon Stewart, a graduate student at Yale Law School, who assembled the case note data and assisted with developing the questionnaires used for various aspects of data collection. I would also like to thank the executive directors of the three community legal clinics involved in the Legal Secondary Consultation Project – Colleen Sym of Halton Community Legal Services; Ian Aitkin of the Community Legal Clinic of Brant, Haldimand and Norfolk; and Anthea Millikin of the Legal Clinic of Guelph and Wellington County – for their help and patience answering my many questions about how legal secondary consultation operates in their clinics.

On behalf of everyone involved, I would also like to thank Legal Aid Ontario for the funding to carry out this research. The funding was administered by Halton Community Legal Services.

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Introduction

This report is an evaluation of a Legal Secondary Consultation Project being carried out in three community legal clinics in Southwestern Ontario, Canada: the Community Legal Clinic of Brant, Haldimand and Norfolk (Brant), in Brantford; the Legal Clinic of Guelph and Wellington County (Guelph), in Guelph; and Halton Community Legal Services (Halton), in Oakville. The three clinics, all within 100 kilometers to the southwest of Toronto, are independent community clinics in a network of 76 community legal clinics throughout Ontario funded mainly by Legal Aid Ontario. The Legal Secondary Consultation Project originated with the Halton clinic; Brant and Guelph joined with Halton early in the planning stages to carry out similar projects as a joint three-clinic initiative.

Legal secondary consultation (LSC) is an approach to identifying legal need and resolving legal problems by providing advice to service providers in community agencies and non-governmental organizations. LSC advisors respond to requests from service providers in community organizations, helping them better serve their own clients. LSC is intended to identify the legal aspects of these problems and to provide legal advice and information. However, given the interconnections between legal and non-legal issues in everyday problems, more general advice is often provided along with legal advice. This has the benefit of providing a truly integrated and holistic service. The service charter for legal secondary consultation posted on the Halton Community Legal Service web site describes the purposes of the program:²

- provide legal information and advice to non-legal professionals working for community social service agencies and organizations in Halton to support them to assist their clients with legal issues
- support community-based intermediaries using the Legal Health Check-Up³
- build the capacity and knowledge of community partners to recognize when their clients have legal problems
- expand legal services to the community that will directly benefit more clients and answer unmet client need

Brant and Guelph have not issued similar charters, but both subscribe to the Halton document.

The projects in the three clinics began during September 2016. The evaluation period was September 2016 to April 2017. At the time this report was prepared they were still operating.

Background

Legal secondary consultation addresses some long-standing problems in legal aid. Addressing the perennial problem of doing more with less or, at least, doing more with less-than-adequate resources, service providers have often used a metaphor involving medical care. This comes from the frequently invoked proposition that not every health problem requires the attention of a physician. In legal care, the parallel is that not every legal problem should need the services of a lawyer. In the medical world, the solution to stretching resources involves nurse practitioners and other health care professionals who do not require the level of training or come at the cost of physicians. In legal services, the medical-legal metaphor implies employing paralegals and community legal workers, working under the supervision of lawyers, to serve people with less serious legal problems—wherever the elusive dividing line between serious and less serious might be.

LSC as it is being developed in three community legal clinics in Southwestern Ontario is another approach to extending the reach of legal aid beyond its traditional human resources and financial limits. The project does this by advising service agencies in the community, assisting them to serve their own clients. Significantly, beyond assistance provided by legal workers supervised by lawyers within legal aid, this extends to assisting service providers in external organizations. This represents a strategy to expand the boundaries of legal aid, and by partnering with the community, to engage existing resources within community groups that have poverty reduction objectives broadly similar to those of legal aid.

The “doing more with less” problem has become increasingly acute in recent decades. This is because our understanding of the dimensions of access to legal services has been redefined and expanded, influenced by the results of contemporary legal problems research. This has occurred by shifting away from an exclusive focus on legal problems that are resolved in the formal justice system to the much larger landscape of the legal problems experienced by the public. The focus thus shifts to legal aspects of problems that are elements of many of the normal transactions and transitions of everyday life.

One of the main findings coming out of this body of research is that people often do not recognize their legal problems and therefore do not take appropriate action to deal with them.⁴ This widespread lack of legal capability among the population has been documented in Canadian research. The 2014 Canadian Forum on Civil Justice Survey of Everyday Legal Problems and the Cost of Justice in Canada showed that about 40% of adult respondents did not recognize the seriousness of the legal problem they had experienced

when it first occurred, and 65% were completely unaware of the legal implications of the problem.⁵

There is reason to believe that providers in community service agencies and other organizations who are not legally trained are equally lacking in legal capability. Volunteered responses from respondents in the survey of service providers carried out as part of this study provide some confirmation of their lack of legal capability. Asked whether the LSC allowed service providers to serve their clients better, one respondent replied,

“*Yes, definitely. There are so many situations where I don't know the answer because it is legal.*”
— Care navigator, North Halton Health Link

Another service provider responded similarly:

“*Yes. I don't know everything about the law and legal ins and outs, and I think it gives me reassurance and validates the client knowing what is right and wrong whatever the situation is. There is legitimacy in the clinic talking about the legal problems.*”
— Community navigator, Links2Care

Legal secondary consultation may have an important role in dealing with problems that, for a variety of reasons, are unlikely come to the attention of the formal justice system or be resolved by it and, importantly, for which the front-line service providers in community agencies where people go for help may lack the legal capability to deal with them effectively. Also, service providers may play the role of trusted intermediaries with their clients. Because some clients of community service providers experience barriers of mistrust, mental disorders or emotional disturbance, they might not access legal help without being guided through a process involving the trusted intermediary.

From another perspective, because the landscape of legal problems and the complexity of meeting the public's legal needs have changed with the shift in focus toward everyday legal problems, the access-to-justice gap between services and resources has been redefined and substantially expanded. New approaches to meeting the legal needs of the poor must confront the expanding gap created by the absence of a substantial increase in resources and the greater scale of the task of meeting legal needs. Legal secondary consultation is one response to the growing access-to-justice gap.

Origins of Legal Secondary Consultation

There is a paucity of literature on legal secondary consultation, largely due to its being a relatively new concept and only recently identified with a specific name. Project evaluations in Australia and Canada have noted the value of medical-legal collaboration between lawyers and health care providers.⁶ In early reports on a co-located medical-legal partnership in Bendigo in the state of Victoria, Australia, Curran describes a pattern that emerged of medical staff informally consulting the legal director about various issues in the provision of medical service. This developed into a regular process within the clinic that she termed secondary legal consultation.⁷ In continuing research on the Bendigo project, Curran observed and documented the benefits of secondary legal consultations.⁸

The three Ontario clinics' approach to legal secondary consultation⁹ represents a significant expansion of LSC in co-located medical-legal clinics. Compared with medical-legal partnerships, the present concept extends LSC to a variety of community services and other organizations, with legal staff at the clinics assisting both professionally trained and non-professional service providers, sometimes volunteers, in a range of organizations where people go for help with their everyday problems.

Expansion to a much greater range of community organizations and service agencies makes sense. People go to a variety of community services for help with problems, and there is a good chance that these problems have legal aspects. However, instead of only identifying the problems as with the legal health check-up (LHC) concept developed earlier,¹⁰ legal secondary consultation provides assistance to service providers dealing with the problems at that point of contact without the person being assisted becoming a direct legal aid client. In this model, advice or information is provided to the organization, while the person remains the client of the community agency or organization. During the course of advising the service provider in the external organization, situations in which the external client requires direct legal assistance are identified and referred to the clinic.

Similar Projects in Ontario

Building relations with the communities they serve lies at the core of community legal services, and community legal clinics in Ontario have been building relationships with community groups for decades. It would be surprising if, out of that long and varied

experience, some activities resembling legal secondary consultation had not occurred. Assuming that innovations are rarely entirely original and completely without precedent, it would be even more unlikely that the same service delivery environment would not have developed activities with similarities to LSC.

To explore the possibility of antecedents and similar projects in order to better understand legal secondary consultation as the three-clinic project is developing it, 14 community legal clinics in Legal Aid Ontario's Southwestern Region that are participating in an evolving Legal Health Check-up (LHC) Project were asked if they currently or in the past had similar activities. After being introduced to the LSC concept at a learning lab presentation in which continuing developments in LHC were being discussed, the clinics were asked in a follow-up questionnaire whether they were currently or had been engaged in a similar activity. Discussion at the learning lab following the presentation suggested that most of if not all the clinics present had been carrying out what could be called secondary legal consultation. They welcomed the term to characterize their work with community partners.

In the questionnaire e-mailed to each executive director, clinics were asked to identify previous or current activities consistent with the following definition: a program in which a lawyer or other staff member at the clinic provides advice or information to an external organization in order to assist that organization to more effectively assist their clients. Thirteen of 14 clinics responded. Generally, the activities they reported did not distinguish broader consultation from the more narrow meaning of consultation as used in the present project. All the community legal clinics reported activities that had evolved over time with some similarity to LSC being developed in the Halton, Brant and Guelph clinics that, in retrospect, they would describe as legal secondary consultation. All described the activities as having first emerged years, even decades, ago as part of efforts to establish relationships with community partners. Some of the ways in which clinics described the character of these activities developed at their clinics were:

- “ Arose from events designed to introduce the clinic to the community. — Huron-Perth
- “ General contacts between clinic staff and community organizations [aimed at] fostering community relations. — Justice Niagara

Secondary legal consultation was frequently described as an expression of the commitment by clinics to provide public legal edu-

cation (PLE) to the community

- “ An expression of the clinic's PLE commitment. — Chatham-Kent
- “ Work closely with a number of organizations; developed close relationships to provide PLE to their staff and to advise them on specific issues; part of the clinic's PLE-law reform initiative. — Sarnia

The number of organizations with which clinics maintain relationships varies widely. One clinic maintains a relationship with one community organization:

- “ Work with a local community health care centre to improve services to clients who should be receiving ODSP [Ontario Disability Support Program] payments. — North Peel Dufferin

Others may have connections with larger numbers of community groups, for example, about 20 in Chatham-Kent and more than 40 in London-Middlesex.

The frequency with which assistance is provided to organizations varies from daily in the Hamilton clinic to several times a year in Elgin-Oxford.

Some clinics pursue their own objectives similar to those of the three-clinic project, but do not assist individual clients. For example:

- “ Ensure that organizations recognize legal problems and know where to refer clients. — University of Western Ontario

In some clinics, approaches and objectives are closer to those of the pilot project in Halton, Brant and Guelph. Clearly, the basic ideas describing legal secondary consultation were present among community legal clinics in Ontario for some time as described by Curran in Australia.

- “ It may be easier/better for the client to remain with the first line worker as opposed to having to make a trip to the clinic and an appointment. — Waterloo
- “ To assist organizations to more effectively assist their clients. — Chatham-Kent
- “ By providing this knowledge to agencies, they might resolve clients' legal issues without clinic involvement;

to empower agency staff to provide basic legal advice to clients and resolve legal issues where possible, freeing up clinic time for other representation.

— London-Middlesex

The Southwestern Ontario clinics expressed varying degrees of caution and took different approaches regarding providing secondary advice ultimately intended for the clients of non-legally trained service providers.

“If someone calls from an external organization, a case-worker is usually available to speak to the person and provide advice. If the client is with the support worker, we often have the support worker and client on conference call so we can talk to the client directly. If follow-up is needed, an appointment is usually scheduled.

— Grey Bruce

“As part of our Indigenous Justice Project outreach, we have a dedicated lawyer who answers calls from Indigenous organizations (such as Metis Nations, SOHAC) and in emergencies (and on availability) can attend at the organization to meet with a client and support worker immediately. This is part of our objective to provide more holistic services to our Indigenous clients.

— Grey Bruce

“We provide both information and advice. It can be provided on a ‘hypothetical’ basis where the facts are complicated and it would be better to deal directly with the client. We require written client consent for complex situations where we want to ensure we are not putting clients at risk, or where it is impossible to deal in hypotheticals.

— Hamilton

“The link becomes too diffuse to control the conduct of a case when you have given someone a modicum of information; it takes quite a bit of specialized education followed by mentored experience to produce competent legal help and take that message to the end user. While we see great potential to having basic and accurate information – it is not a substitute for legal services when they are required. The more that the communication approaches “advice” the closer it comes to creating a greater responsibility to ensure accuracy of understanding and application.

— Huron-Perth

Building strong relationships with community partners is a defining feature of community legal clinics. What is recognized as legal secondary consultation has been carried out by clinics in a number of ways, in some cases for decades, and has usually evolved. In some clinics LSC is not considered a separate program but part of the overall community focus of the clinic. However, some aspects of the activities or programs in other clinics resemble the main elements of the Halton service charter. The three-clinic LSC project expresses similar ideas developed independently, at different times and in different places.

However, the LSC Project under review here differs substantially from the similar and antecedent projects. In the three-clinic project, LSC was developed deliberately and specifically to address unmet legal needs. Building community capacity is a strategy to make legal advice available to larger numbers of people in need. Relationships with community partners are the building blocks of a form of legal aid delivery that extends service beyond what would otherwise be possible with traditionally available resources. In previous activities, building relationships with community partners was as an end in itself, with activities having some similarities to LSC emerging.

Methodology and Data Sources

This study is based on four sources of data. For each clinic, a list of organizations requesting advice, the type of organization and the number of requests between September 2016 and April 2017 was compiled.

Six interviews were conducted with staff in the three clinics providing LSC advice: three respondents from Guelph, two from Brant and one from Halton. The interviews with staff from Brant and Guelph were conducted by telephone; the Halton interview was conducted in person.

Thirty-two service providers who had requested advice from the LSC advisors in the three clinics were interviewed. Ten interviews were conducted with service providers connected with Brant, 11 with Guelph and 11 with Halton. The Halton interview was conducted in person, the others by telephone.

Two hundred and sixty-seven case notes from the three clinics (109 from Guelph, 69 from Brant and 89 from Halton) were reviewed and entered in a database. Following each request for advice, the LSC advisors recorded the case notes describing the service provided. More than one case note was created for some requests involving multiple problems, although this was not a consistent practice. The case notes include information such as the subject of the

request, the requesting service provider and organization, number of problems, action taken and number of contacts.

Finally, as mentioned above, an e-mail questionnaire intended to identify similar projects and activities was sent to 14 community legal clinics in the Southwestern Ontario region. These clinics are participants in an ongoing dialogue about the continued development of the Legal Health Check-Up Project. Thirteen questionnaires were returned.

How LSC Works in the Three Clinics

Halton Community Legal Services

In Halton, one lawyer and one paralegal provide legal secondary consultation.¹¹ The lawyer responds to most of the requests. The program was launched on a preliminary basis in May 2016 and formally launched in the fall of that year. Community groups were informed about the new service by distribution of a poster announcing the program (Appendix One) and through announcements at public legal education sessions and other meetings with community groups.

The subject matter of LSC requests is not restricted. Community organizations are invited to request advice about any problems they are experiencing serving their own clients. The emphasis in the poster was that clients' everyday problems might have legal aspects, which the legal clinic would identify and advise the service provider on how to proceed. The primary focus is on supporting service providers in community agencies and other organizations that help people in need. However, service providers may ask about issues that pertain to their organization.

LSC at Halton is not a limited-time experiment, but an integral part of the clinic's evolving delivery model. Like the legal health check-up, it is part of a community development approach to legal aid that collaborates with community organizations, increasing their capacity to work with HCLS to address legal need.

The Legal Clinic of Guelph and Wellington County

The LSC service in Guelph is provided by three people: a lawyer, a paralegal and a trained legal worker with a focus on health issues. The service began in the fall of 2016 with e-mails announcing the new service to community groups.

There are separate outreach strategies within the LSC Project. One entry point is the health leads legal worker, who assists the

most vulnerable clients in navigating the system and solving problems. She uses LSC to ensure that agencies supporting clients make timely and practical responses to legal issues related to problems such as sudden homelessness, eviction for rent arrears, and behaviour or income challenges. Second, all agencies supporting clients have priority access (immediately or the same day in most cases) to a lawyer or to a paralegal or legal worker to obtain advice regarding clients experiencing everyday legal issues. Third, the Ontario Telemedicine Network allows access to a paralegal one dedicated afternoon per week to answer questions from rural health teams to support their clients. Fourth, the legal health check-up worker in the clinic actively connects with support agencies in Wellington County, and immediately coordinates responses by phone or e-mail or through outreach clinics to give support workers access to legal information and assistance. The LHC worker also proactively contacts agencies that support youth in both urban and rural areas. There is also widespread awareness of the LSC service among community organizations, which results in requests for LSC consultations.

The model that the Guelph and Wellington clinic has adopted for legal secondary consultation emphasizes 1) integration with client supports through health centres and 2) rural clients, particularly youth. When the program was launched, agencies were made aware of the legal secondary consultation service by a concentrated e-mail campaign and through existing contacts with community organizations.

Community Legal Clinic of Brant, Haldimand and Norfolk

The LSC Project in Brant, which commenced in the fall of 2016, is formally called the Agency Consultation Program.¹² LSC service is provided by two lawyers, whose contact information is provided in all information about the service. Advice is available to community agencies relating to problems in all areas of law as well as non-legal problems.

To launch and advertise the new LSC service, Brant distributed a poster similar to Halton's (Appendix One). The LSC program was announced at group meetings with community-wide reach, such as the Brantford Executive Director Council and the Haldimand Norfolk Poverty Action Partnership. The community development worker at the clinic distributed the poster to all her contacts in Brant, Haldimand and Norfolk, met with some agencies that they work directly with, and explained the LSC. Initially Brant focused on agencies with which the clinic regularly networked, although the number of organizations using the service expanded as the program became more widely known.

Community Organizations Requesting LSC Advice

From the time the three clinics began providing the LSC service, requests for advice have been received from 103 community organizations. Service providers from some of the organizations made multiple requests for advice. Together, service providers made 235 requests for advice to help them serve their clients.

Table 1: Requests for Service

	Organizations	Requests for consultations	Case notes created
Halton	36	89	89
Brant	28	48	69
Guelph	39	98	109
Total	103	235	267

In Brant and Guelph, case notes were sometimes created for separate problems when the request involved multiple problems.

The data cover slightly different periods for the three clinics: 150 business days for Halton, 153 days for Guelph and 159 for Brant. For simplicity, the average number of requests for consultations per month and for the entire period are calculated on the basis of seven months.

Halton

During approximately seven months between September 20, 2016, and April 24, 2017, the LSC service at Halton received 89 requests for advice from 36 different organizations. This represents an average of 12.7 requests per month and 2.5 requests per organization over the entire period.

Health care providers submitted the largest number of requests. Overall 20 requests for advice came from five health care agencies, including 10 from one agency, the North Halton Health Link, and six requests from the Canadian Mental Health Association (CMHA).

The second largest area of requests was from agencies dealing with housing problems. Five community organizations that assist people with housing made a total of 15 requests for advice, the majority by two organizations. The Housing Help Centre made six requests and Summit Housing five requests.

Apart from the major users, requests to the Halton LSC service came from a large variety of organizations, including a women's support organization, Halton police, a multicultural services agency, church-based charitable organizations and an organization assisting Syrian refugees.

The service charter referred to above (endnote 2) indicates that the LSC service is intended to support the legal health check-up. This emphasizes that both the LSC and LHC services are mutually reinforcing programs to build a collaborative, community-based approach to legal aid in which the community partners are engaged with the legal clinic in delivering legal aid. It is difficult with the available data to gauge the extent of the mutual reinforcement. The LHC has expanded well beyond the original seven partner intermediary organizations. Four of the seven original LHC intermediary partners are among the 36 organizations requesting LSC services. This is a strong indication of the degree to which the LSC has diffused throughout service providers in the community.

Brant

Between September 6, 2016, and April 13, 2017, Brant provided LSC advice to 28 separate organizations. There were 48 separate requests from the 28 community agencies, an average of 1.7 requests per organization and 6.9 per month averaged over the entire period. Similar to Halton, requests to Brant for LSC advice came from a wide variety of community organizations. Ontario Works Brant and the CMHA each made six requests for consultations, while St. Leonard's shelter made five requests. Brantford Welcome In made three requests. Haldimand Norfolk Social Services, the Labour Centre, Simcoe Caring Cupboard and the Family Counselling Centre made two requests each. Twenty organizations made one request each. This demonstrates a high level of community acceptance and a judgement that the Brant LSC service is a valuable community asset.

Guelph

Between September 6, 2016 and April 20, 2017, the Guelph LSC service received 98 requests for advice from 39 organizations, an average of 2.5 requests per organization and 14 requests per month averaged over the entire seven months. Three organizations account for 39% of all requests for consultations: the CMHA (13 requests), the Guelph Community Health Centre/CHC (13) and the Rural Wellington Community Team (12). Including the two health care providers that provided the largest number of LSC requests – the CMHA and the Guelph CHC – nine health care providers made a total of 37 requests for LSC advice, 38% of the 98 requests.

Similar to Brant and Halton, Guelph's LSC service has attracted requests for advice from a wide variety of organizations including the police, a food bank and several organizations serving disadvantaged people. Five intermediary partners from the Guelph Legal Health Check-up Program were among the 39 organizations re-

questing LSC advice. Similar to the other two legal clinics with LSC pilot projects, the LSC service has attracted widespread use from the community. A detailed list of organizations requesting LSC is provided in Appendix Two for the three clinics.

Problems, Problem Types and Service Provided

Types of Problems

With only slight variations among the three clinics, housing and access to government services and benefits made up almost two-thirds¹³ of all problems for which service providers in intermediary organizations requested advice (67.5% at Halton, 66.6% at Guelph and 59.0% at Brant) (see Table II).

Table II: Types of Problems

	Halton	Brant	Guelph	Total
Housing	36 (33.0%)	27 (34.6%)	48 (41.0%)	111 (36.5%)
Government services	38 (34.5%)	19 (24.4%)	30 (25.6%)	87 (28.6%)
Immigration	10 (9.2%)	—	2 (1.7%)	12 (3.9%)
Wills and Powers of Attorney	8 (7.3%)	6 (7.7%)	4 (3.4%)	18 (5.9%)
Family law	5 (4.6%)	6 (7.7%)	11 (9.4%)	22 (7.2%)
Criminal	3 (2.7%)	7 (9.0%)	8 (6.8%)	18 (5.9%)
Medical treatment	2 (1.9%)	1 (1.3%)	—	3 (1.0%)
Notary and Statutory Declaration	2 (1.9%)	—	1 (0.9%)	3 (1.0%)
Civil recovery	2 (1.9%)	—	—	2 (0.7%)
Legal aid eligibility	1 (1.0%)	—	1 (0.9%)	2 (0.7%)
Employment	1 (1.0%)	2 (2.5%)	3 (2.6%)	6 (2.0%)
Bankruptcy	1 (1.0%)	1 (1.3%)	—	2 (0.7%)
Consumer and Debt	—	7 (9.0%)	5 (4.3%)	12 (3.9%)
Other and Unknown	—	2 (2.5%)	4 (3.4%)	6 (2.0%)
Total	109 (100%)	78 (100%)	117 (100%)	304 (100%)

Table III: Number of Problems

Number of problems	Halton	Brant	Guelph	Total
One	73 (82.0%)	62 (90.0%)	101 (41.0%)	236 (36.5%)
Two	11 (12.4%)	6 (8.7%)	5 (2.6%)	22 (28.6%)
Three	4 (9.2%)	—	3 (1.7%)	7 (3.9%)
Four	1 (1.1%)	1 (1.1%)	—	2 (9.2%)
Total	89 (100%)	69 (100%)	109 (100%)	267 (100%)

Number of Problems

The vast majority of requests involved only one problem¹⁴ (see Table III). The number of cases with two or more problems was lower than might be expected based on legal problems survey data reported by individuals with one or more problems. It appears likely that service providers tend to deal with one problem at a time, even though clients may experience multiple problems.

The data in this study do not include information about the extent to which organizations might be expected to use the LSC service. The majority of organizations included in the data made one request each. It is not known if that request represented an organization's total need or whether organizations making only one request did not continue to request LSC when they could have made good continuing use of it.

LSC is a form of outreach, and it is therefore important to understand more about the demand side. To this end, the number of organizations making multiple requests was calculated. This was done in two ways. First, the number of organizations making two or more requests was determined. Second, the number of organizations making at least one request for advice between September and the end of December 2016 (the first period) that made at least one additional request from January to April 2017 (the second period) was determined. Because the numbers of requests per organization were mostly small, a more detailed breakdown would not have been useful.

In Halton, 23 organizations (63.9% of the 36 in total that made requests) made only one request for LSC service, while 13 (36.1%) were multiple users. All 13 made at least one request in the first period; 10 of them (76.9%) made at least one additional request in the second period. These 10 are a diverse group, including North Halton Health Link (nine requests), Links2Care (seven requests), the CMHA (six requests), the Thomas Merton Centre, Mary Mother of God–Saint Vincent de Paul Society and the Housing Help Centre (four requests each), and Summit Housing and the Halton Multicultural Council (two requests each).

In Brant, 21 organizations (72.4% of the 29 in total that made requests) made only one request for LSC service, while eight (27.6%) were multiple users. All eight organizations made at least one request in the first period; six of them (75%) made at least one additional request in the second period. These six were Ontario Works Brant (nine requests), St. Leonard's Community Services (five requests), Brant General Hospital and the CMHA (four requests each), Haldimand Norfolk Social Services (three requests) and Family Counselling Service (two requests). The composition of the consistent users group is quite different than for Halton.

In Guelph, 16 (41.0%) of the 39 organizations that requested

LSC service made multiple requests. Twelve of these 16 (75.0%) made at least one request during the early period, and 10 of them (83.3%) made at least one additional request for LSC advice in the second period. Users in both periods included the Canadian Mental Health Association (13), Guelph Community Health Centre (13), Rural Wellington Community Team (12), Ontario Works (5), and 4 each from women in Crisis, Wyndham House, Immigration Services and Community Resource Centre. The prevalence of health services in this list is no doubt related to the fact that the Guelph clinic concentrates on building relationships with the health care sector and has a health leads community legal worker, who was one of the LSC advisors.

It cannot be determined with the data at hand whether organizations making only one request were fully utilizing the LSC

service or if the need was actually infrequent. However, because the number of one-time organizations exceeds or is equal to the number of organizations making multiple requests, it is worth looking more closely at why organizations make only one request. This is important if LSC's full potential is to be reached.

The three figures below allow a very preliminary look at the same question about the distribution of LSC requests. Figures I, II and III show the total number of requests for service separately for the three clinics.

The graphs for Halton and Brant show a large spike in number of requests during November. These two clinics distributed posters (Appendix One) in November to advertise the LSC service, although announcements at PLE sessions and other meetings were made over a wider time period. Guelph used an e-mail campaign along with announcements at other outreach sessions, but did not issue a poster.

The patterns are different for each clinic. In Halton, the numbers of requests per month in January to April are greater than in September to December. It is assumed that December requests would be low because of the holiday season. This suggests an increase in community uptake over the period of the project (see Figure 1). In contrast, the pattern for Brant shows a decline in the four months in 2017 (see Figure 2). The November spike did not occur at Guelph, possibly related to the fact that Guelph did not release a poster to advertise the service (see Figure 3).

The data also show a month-by-month decline in the number of requests for consultations from January to April. But the declining numbers should not be given too much significance at this point: the projects are still in their early stages and more time will likely be necessary for stable patterns to emerge.

Clearly the LSC projects in all three clinics have attracted requests for consultations from a substantial number and variety of community organizations. This is a good indication of the extent to which LSC is viewed as a useful and valued service. For heuristic purposes in this report, the community groups are understood as partners. However, a fuller understanding of the ways in which service agencies and community organizations are partners, and the ways in which they are LSC consumers, would enhance our understanding of legal secondary consultation. The needs of the community organizations, whether they are maximizing the value of the service, why they might not be, and the special demands of higher-volume users should be examined to enable the clinics to refine their LSC programs.

Figure I: Requests per Month, September 2016 to April 2017 - Halton

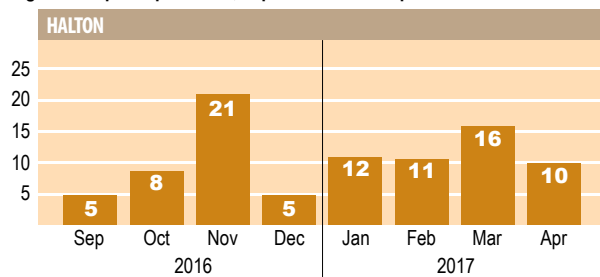


Figure II: Requests per Month, September 2016 to April 2017 - Brant

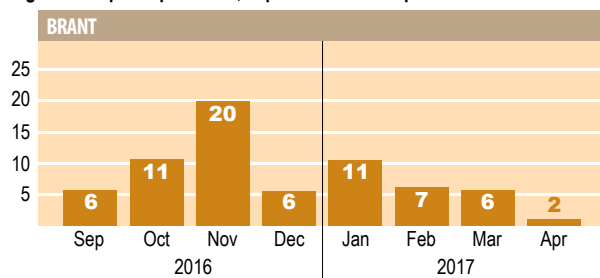
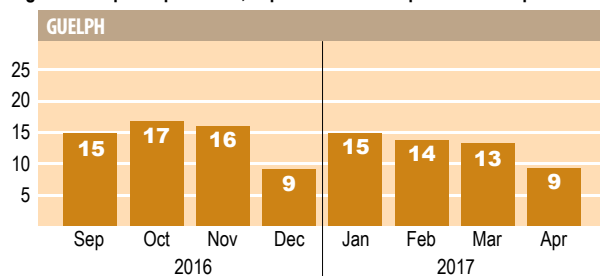


Figure III: Requests per Month, September 2016 to April 2017 - Guelph



Characterizing LSC Advice

LSC lawyers or community legal workers in the three clinics¹⁵ were asked in a survey to characterize the types of problems about which they received requests for advice and the kinds of services they provided. They were also asked to characterize generally the kind of advice provided; the responses are not linked to particular problems. Data from the case notes presented after the survey data provided similar data directly linked to problems.

LSC Advisor Perceptions of the Types of Problems Presented by Service Providers

The clearest perception by LSC advisors of the kinds of problems asked about by external service providers was that they were legal problems relating to individual clients of these community organizations. All six respondents said the requests from service providers

in other agencies involved legal issues specific to client problems. One said always and four said almost always; one didn't respond (see Table IV).

Some of the advice was characterized as not strictly legal. One respondent said non-legal problems are dealt with very frequently, two said frequently, and one said somewhat frequently. Two respondents said advice related to non-legal problems was not very frequently requested. One respondent said questions about the appropriateness of the service provider assisting with the problem were asked frequently. One said this sort of advice was not requested frequently at all. The other four respondents said they did not know. These results are consistent with data from the case notes. In Brant, about 27% of the cases did not appear to deal with legal issues, and in Guelph about 32% of requests for advice did not seem to be related to legal problem (see Table V).

It is not surprising that LSC advisors would provide non-legal advice in the course of responding to requests. Service providers requesting advice would not necessarily be able to filter their questions

Table IV: Types of Problems Presented by External Service Providers

	Frequency with which types of problems occurred					
	Very frequently	Frequently	Somewhat frequently	Not very frequently	Not at all	Don't know
Legal issues related to an individual's problem	● ●	● ● ● ●				
General legal issues	●		● ● ●	●	●	
Help with hearings or appeals	●		●	● ● ●	●	
Appropriateness of service provider involvement		●		●		● ● ● ●
Help with forms	●		● ● ●		●	●
Ethical issues					● ● ●	● ● ●
Non-legal problems	●	● ●	●	● ●		
General information		●		● ●		● ● ●

Table V: Frequency of Advice Provided

	Frequency with which types of service were provided					
	Very frequently	Frequently	Somewhat frequently	Not very frequently	Not at all	Don't know / no answer
Legal advice related to an individual problem	● ● ● ●	● ●				
General legal advice	● ●		● ●		● ●	
Public legal information	● ●		● ●	● ●		
Non-legal advice	●	●	●		● ● ●	
Strategic advice	● ●	● ● ●	●			
Letter	●	●		●	●	● ●
Meet with service provider/client		● ●	●	● ●		●
Legal research			● ●	● ●	● ●	
Access legal network to find information		● ●	●	●		● ●
Case management meeting				● ●	●	● ● ●
Review documents	●	●			●	● ● ●
Referral to other agency	●	●	●	●		● ●

to include only legal issues. Therefore, a legal secondary consultation program can be expected to provide advice about a variety of problems, both legal and non-legal. This follows the logic of the everyday-legal-problems approach that views legal and non-legal problems as frequently inextricably intertwined in bundles of legal and non-legal issues. This is a counterpart to holistic service to individuals. LSC advisors assisting organizations report that they never say *I cannot help with that because it is not a legal problem*.

Types of Service Provided

The six LSC advisors were asked to characterize the types of advice provided in response to requests from external service providers. As one might expect from the types of problems, legal advice related to the problems of particular individuals was the most frequent kind of advice reported. Four respondents said this occurred very frequently and two said frequently. Two respondents said they provided general legal advice not specific to a client very frequently. Two LSC advisors said this kind of advice was provided sometimes, while two said it was provided very infrequently.

Responses from the six LSC advisors were equally divided on the extent to which basic public legal education (PLE) was provided in response to requests from service providers. Two said PLE was provided very frequently, two said sometimes, and two said not very frequently. The remaining responses describing advice provided are summarized in Table V.

Consistent with the data on types of problems, respondents said they frequently provided non-legal advice and strategic advice on steps that should be taken in dealing with a problem. Three respondents said they did not provide non-legal advice frequently. Notably, referrals to other agencies were reported as very frequent or frequent by only two respondents.

Case Note Data on Actions Taken

The case notes were analyzed to provide another perspective on the actions LSC advisors took in response to service providers' requests for advice. This produced 11 different actions,¹⁶ frequently involving multiple actions. The 11 possible actions produced 27 combinations of actions at the Brant clinic, 37 combinations at Guelph and 33 combinations at Halton. One to three actions were taken in most cases at all three clinics: 88.5% at Halton, 92.7% at Guelph and 97.0% at Brant. Table VI shows the most frequent actions or combinations of actions at the three clinics that add up to at least half of actions taken in all cases.

The profile of advice from the case note data varies among the three clinics. Overall, providing legal advice is a relatively infrequent

action. This contrasts with the qualitative data presented in Table V indicating that LSC advisors perceive they provide legal advice very frequently or frequently. This might be explained by the fact that the LSC advisors always assess the everyday problems presented by service providers for legal issues and, therefore, are more likely to perceive their advice as legal.

This apparent contradiction may be part of a more fundamental change occurring in legal services and access to justice. This project is on the cutting edge of that change. The definition of a legal problem has changed with the impact of contemporary legal problems research and the emergence of the everyday-legal-problems approach to legal problems and access to justice. The farther that access to justice moves from the front door of the main street lawyer's office, the greater the extent to which legal problems broaden to mean everyday problems with legal aspects. This latter concept, while providing

Table VI: Most Frequent Actions

HALTON	
Legal information + referral	12
Legal information + strategic advice	10
Legal information	9
Strategic advice	6
Review documents + strategic advice	6
Legal advice + strategic advice	4
Legal advice + referral	4
Total = 51 (55% of 97 cases)	
BRANT	
Strategic advice	7
Referral	6
Legal information	6
Strategic advice + legal information	6
Legal advice + strategic advice	4
General information and advice	3
Meet with client	3
Total = 35 (51% of 69 cases)	
GUELPH	
Referral	18
Legal information	13
Strategic advice + legal information	11
Legal information + referral	6
Legal information + strategic advice + referral	5
Strategic advice	5
General information and advice	5
Total = 63 (57% of 111 cases)	

a better perspective on legal problems, increases ambiguity and will require more careful effort to define operational terms for research as we move from large-scale legal problems surveys to the smaller fields of project-based research.

Table VI shows that most of the actions taken to resolve problems for which service providers request help do not involve, in the traditional sense, legal advice. However, the problems are justiciable in that they have a legal aspect and a possible legal solution. However, solutions other than legal action may be more effective, practical or even sensible.¹⁷ In the legal secondary consultation model being piloted by the three community clinics, advice is provided by lawyers or specialists with some legal training to help service providers in other agencies resolve justiciable problems. This places the LSC project in the vanguard of evolving concepts of legal problems and access to justice, and of evolving delivery models designed to increase the number of people receiving legal advice.

Objectives and Benefits of Legal Secondary Consultation

Objectives

The lawyers and the legal workers providing LSC were asked to describe the program objectives from their own perspective, based on their experience. Summarizing their responses, they said the service

- *builds stronger relationships with the community.*
- *provides a better and broader range of clinic services.*
- *builds stronger relationships with the community.*
- *provides a better and broader range of clinic services.*
- *increases the efficiency of service—a 10-minute phone call compared with a 45-minute intake.*
- *makes story-telling more efficient, with less repeat traumatization for vulnerable people.*
— Lawyer 1, Brant
- *helps service providers at the initial stage of a client's problem.*
— Paralegal, Guelph
- *breaks down service silos.*
— Lawyer, Guelph
- *builds relationships with community partners.*
- *expands outreach and extends service.*
— Lawyer 2, Brant
- *builds relationships with the community and familiar-*

izes people in the community with what the clinic does.

— Heath leads legal worker, Guelph

- *solves the client's problem.*
- *makes the service provider's work easier.*
- *improves access to justice.*
- *promotes holistic service.*

— Lawyer, Halton

One comment was insightful about community development and capacity building:

“*The greater community capacity becomes a resource available to the clinic. LSC leverages a network of access-to-justice services. It opens the possibility of reciprocal referrals; access [by the legal clinic] to their [the community organizations'] networks and leveraging their networks.*

— Lawyer, Halton

Benefits of Legal Consultation

The six respondents in the LSC advisors survey were asked a separate question about the benefits of LSC. Because the interviews took an open-response approach, the responses on objectives and benefits are similar. Benefits were listed as

- *a better service*
- *quicker outcomes; no lag time dealing with the problem as when the individual comes into the clinic*
— Lawyer 1, Brant
- *builds on the ongoing relationship between external service providers and their clients; the service is more holistic*
- *greater timeliness; service providers can obtain advice related to clients' problems within a day*
— Lawyer, Guelph
- *more accessible legal advice*
- *more efficient and timely advice*
- *builds ongoing trust and strengthens relationships between the clinic and community partners*
- *communicates a new perception of lawyers; breaks down the traditional view that lawyers only do appeals¹⁸*
— Lawyer 2, Brant
- *more accessible legal advice*
- *more efficient and timely advice*
- *builds ongoing trust and strengthens relationships*

- *between the clinic and community partners*
- *communicates a new perception of lawyers; breaks down the traditional view that lawyers only do appeals*¹⁸
— Lawyer 2, Brant
- *quicker service than having client call in for intake; treat immediately so quicker*
- *provides early intervention because service providers know where to get immediate assistance*
— Heath leads legal worker, Guelph
- *helps resolve multifaceted problems without going to a number of separate sources*
- *a more efficient way of resolving problems*
- *saves money because there is no intake*
— Lawyer, Halton
- *builds relations with community organizations*
— Community legal worker, Guelph

Several themes emerge from the LSC advisors' comments on objectives. LSC reflects the traditional broad objective of community legal clinics to build relationships with the communities they serve. The significant advance with LSC is that the relationship is collaborative, a partnership in which community organizations become partners in providing service. However, as noted above, it is not well understood in this research how the roles of partner providing service versus user of a service blend or take on special meaning with regard to the service providers working in community agencies and other organizations.

According to these respondents, the benefits of LSC are consistent with several long-standing legal aid objectives. LSC expands the number of people served and the types of problems addressed. It represents a more efficient service than the traditional clinic intake and subsequent service appointment. LSC breaks down service delivery silos, involving collaboration between legal aid and a variety of community agencies. In the view of one respondent, it enables early intervention at the initial stages of a client's problem. It saves money either because people who would become legal aid clients through intake have problems solved at the community agency level, or because of LSC's lower unit cost of dealing with problems.

Problems and Risks with LSC

Problems

LSC advisors noted only a few problems with the LSC service.

- *When I am out of the office doing other work, there is a delay of a few hours in responding to requests for advice.*
- *Communicating information about the availability of the service is sometimes difficult, especially with larger, multi-site agencies. It would be much harder if the clinic did not have a community development worker.*
— Lawyer 1, Brant
- *Only problem is when a secondary consultation [client] comes in and I am busy and away, it can be difficult to deal with it quickly.*
— Paralegal, Guelph
- *Balancing other work with the LSC can be difficult.*
— Lawyer, Guelph
- *Balancing other clinic work with the LSC service.*
— Lawyer 2, Brant
- *Systemic problems related to referrals. My ability to navigate depends on there being a system to navigate. However, this respondent added, We don't have many problems.*
— Lawyer, Halton

The main apparent problem, balancing LSC with other work, was not mentioned by the respondent from a clinic with a dedicated primary LSC lawyer.

Risks

There is a concern that providing LSC advice to non-legally trained service providers who then use it to assist clients poses the risk that the advice will not be completely understood, resulting in poor advice to the client.¹⁹ In the review of similar activities or programs in other clinics presented above, two clinics explicitly referred to this issue. One clinic provides advice to assist an individual client of an external agency only if the organization signs a waiver releasing the legal clinic from responsibility for any resulting harm to the client. Another clinic considers it inappropriate to provide advice to an external service provider who then uses it to assist a client.

The six LSC advisors interviewed for this study were asked if the accuracy of secondary advice passed along to a third-party individual was a concern. The four lawyers all responded that there is an inherent risk that advice or information passed from a lawyer to external service providers may be misunderstood. However, all four felt the problem can be managed in communication with the external service provider. The LSC lawyer at Halton said she assesses the language used by the service provider in describing the problem. If she suspects a potential legal problem, *I take the service provider along a journey,*

spending time to instruct the individual. She *never wants to take over the service provider's job; I don't want to make the client my own.*

Similarly, one of Brant's LSC lawyers said that he informally assesses the level of understanding of the service provider. He said that he usually does not have to address lack of comprehension on the part of service providers. On rare occasions, however, a language barrier raises doubts about a service provider's level of understanding. In this case he asks to see the client in person.

The LSC lawyer in Guelph shares the other lawyers' caution, but takes a somewhat different approach. She asks service providers directly *if they are comfortable doing this or if they wish to have someone from the clinic meet with the client directly.* This respondent added: *I am always concerned that I am missing some facts.*

The paralegal at the Guelph clinic also said she assesses the capacity of service providers. However, she added that she *becomes familiar with most of the service providers contacting her and with their capacity.*

The health leads legal worker in the Guelph clinic works exclusively with health care professionals and therefore has a different view. This LSC advisor does not attempt to assess service provider capacity, assuming the health care professionals have sufficient general competence to comprehend the LSC advice. This perspective raises an interesting point: there may be systematic differences among different types of advisors, possibly paralleling the distinction between professionally trained and volunteer service providers, that LSC advisors could flag at the outset. However, based on the information at hand, it is not clear if this would meaningfully enhance the case-by-case assessment that LSC lawyers already practise.

Internal Referrals to the Clinic

Analysis of the case notes revealed that 8.1% of LSC contacts in Guelph²⁰ and 10.1% of contacts in Brant²¹ resulted in referrals to the legal clinic. In contrast, no LSC cases were referred to the Halton clinic.²² The Brant and Guelph numbers may indicate a high degree of caution about providing advice to non-professional service providers. On the other hand, two important objectives of legal secondary consultation are to increase the legal capability of external service providers and to resolve as many problems as possible at the community agency level.

It is difficult to know how to interpret these numbers. The apparent high level of caution by LSC advisors in Brant and Guelph may have the effect of making the LSC program a conduit for intake. In Guelph, one LSC advisor is a lawyer, one is a paralegal, and one is a community legal worker. The service providers making requests for consultation from the Guelph clinic remarked that the LSC advisors appeared to have specific spheres of competence and questions could

be passed to the most appropriate advisor.²³ This could reflect a high degree of caution, not directed outward toward service providers but an effort to ensure the quality and accuracy of advice and information. However, both the LSC advisors at the Brant clinic are experienced lawyers, and therefore their large proportion of referrals to intake should not represent a lack of confidence about dealing with a variety of legal problems. Legal secondary consultation in Halton is provided primarily by an experienced lawyer but also by a licensed paralegal with considerable experience. At this clinic, no cases were referred to the clinic's intake.

There are no major differences at the three clinics in the types of problems about which advice is requested. The variations observed in referrals to clinics may reflect differences in how the three programs operate, regardless of their general agreement on the program principles delineated in the service charter.²⁴ A discussion among the clinics about the definition of secondary consultation and a common approach to counting legal secondary consultations would be necessary to assure consistent data.²⁵

Value to the Legal Clinic and to the Delivery of Legal Aid

The six LSC advisors at the clinics were asked about the value of LSC for the clinic and for the delivery of legal aid. Summarizing their responses:

“Engaging community partners to provide the [LSC] service to their clients has a very high value for the clinic. The external service providers have a very strong grasp of their clients' problems. LSC is a very efficient way of providing service.”

— Lawyer 1, Brant

“LSC is especially valuable in dealing with people having mental health problems. These situations require a high degree of trust that is usually present between the agency service provider and the client. LSC increases access to the legal clinic by building the legal capability of people in community organizations.”

— Lawyer, Guelph

“LSC changes the relationship between the clinic and community partners. The relationship is more interactive, a more continuous or fluid process. It also builds the legal capability of service providers in the community. LSC has preventative aspects. It represents

upstream intervention. LSC also is a holistic and integrated service. Problems are resolved before they reach the clinic, sparing legal aid resources.

— Lawyer 2, Brant

“The LSC process represents a huge opportunity to create a network of resources that can be used to resolve clients’ problems. The process is minimally bureaucratic, involving a quick communication with the service provider and the creation of a case note. The fact that the agency service does the ‘leg work’ is a huge factor. LSC is a very effective use of the legal aid clinic’s resources.

— Lawyer, Halton

“LSC builds the legal capability of community organizations. ‘They can put out the fires’ for clients.

— Heath leads legal worker, Guelph

“Another valuable tool under umbrella. Working with community partners and enriching community; more than just client-based.

— Paralegal, Guelph

The experience of the lawyers and legal workers providing legal secondary consultation suggests that its value as a part of the clinics’ delivery of legal aid is high. LSC introduces holistic and integrated aspects to the service. Service providers are more familiar with their clients, and often have bonds of trust with them. The whole person is more likely to be provided service. This may be especially important for people with mental health problems, when the trusted intermediary relationship is critical.

LSC introduces a degree of early intervention in agency service delivery, but the data collected in this research are not informative about how early the service providers are typically present in the life cycle of their clients’ problems. However, it is almost certainly earlier than if the clients went directly to a legal clinic. In the opinion of most service providers, some clients are unlikely to go to the clinic.

From these responses, it appears that LSC is an effective way to serve more people at a lower unit cost. It does this by engaging resources within the community to address unmet need. LSC is a very efficient form of legal aid. Workers in community agencies do much of the work to resolve clients’ legal problems. Legal aid lawyers and legal workers can leverage more problem-solving through LSC.

Outcomes

The data on outcomes of legal secondary consultation were derived from interviews with agency service providers and the community organizations in which they work. Improving the capacity of community service providers to serve clients is an important objective in itself, as the ultimate goal is to produce better outcomes for the clients. Outcomes focused on service providers and community agencies should be reflected in better outcomes for their clients.

The most robust measures of this would have been to directly measure outcomes for community agency clients. However, that would have posed difficult methodological, resource and logistical problems within the available time and resources. The service provider interviews do not indicate how often service providers used the LSC service; therefore, the degree of experience on which responses are based is uncertain. Data from the case notes show that one request for service was recorded for each of the majority of organizations.

The Value of LSC to Community Service Providers

Service providers were overwhelmingly positive about the value of the Legal Secondary Consultation Project in enabling them to serve their clients and in increasing organizational capacity. All 28 service provider respondents who had obtained LSC advice from the three participating clinics said the LSC was useful in serving clients. Twenty-seven of the 28 were unequivocally positive answering a second question about whether the LSC improved their organization’s capacity to meet client needs. One response was uncertain, but was not negative: this respondent indicated in other questions that she found nothing wrong with the LSC service, would use it in the future and would recommend it to colleagues.

The responses do not distinguish between the two questions clearly. Four responses to the question about whether the LSC improved service providers’ capacity to assist their clients illustrate the high value they place on the LSC:

“Absolutely. They have a knowledge base I don’t. They have an ability to explain things on a client’s level in ways I can’t. Brant is so good with ODSP appeals and explained thing[s] well in process terms and was empathetic to client concerns. The clinic is great at communicating.

— Front-line worker, St. Leonard’s Community Services, a Brant clinic partner

“ Yes. Definitely. There are so many situations where I don’t know the answer because it is legal. Whenever I call I get a response time within 30 min. from [LSC advisor]. She quickly tells me if there is a legal issue or she asks follow-up questions. If she wasn’t there to guide me in that way, I don’t know where else I would go, to be honest.

— Care navigator, North Halton Health Link

“ Yes, definitely. I know more about what I am talking about after talking with [LSC advisor]. If an issue doesn’t sound right, I call [advisor] and get an answer.

— Health guide, Guelph Community Health Centre

“ Absolutely. We can get answers so quickly, especially when there is a crisis.

— Resource coordinator, CMHA

A tendency in this sort of analysis is to select the responses of the most articulate service providers. While they may be the most coherent responses, they reflect the value placed on the three LSC programs by service providers in a variety of community agencies.

Increasing the Legal Capability of Service Providers

Service provider respondents tended to conflate responses to some questions. The question about building the capacity of community organizations to deal with their clients elicited responses indicating that the LSC process builds the service providers’ legal capability.

“ I can help clients without advice because of help in the past. For example: client on ODSP; [LSC advisor] walked through the ODSP process and developed a template; now I have a template to help with ODSP appeals, so now I can send it out to family doctors. I learned a lot from [advisor]; I don’t need to call her for the same things.

— Care navigator, North Halton Health Link

“ Yes. Gaining the knowledge, we can assist people more going forward. If there is an issue re eviction, I already have that knowledge from the LSC process with [LSC advisor]; [advisor] has made up letters for clients to give landlords, and I keep using those.

— Intensive case manager, Halton Housing Help

“ I don’t always have to call the clinic since I already know some of the answers because of previous contacts with LSC.

— Resource coordinator, CMHA

“ Absolutely, precedent-setting. Every time I deal with a situation, I am educated more about what to do next time. It does happen where one [secondary consultation] helps future clients without needing to call [the] clinic again.

— Community navigator, Links2Care

Problems Experienced by Service Providers

Service provider respondents were asked to identify any aspects of legal secondary consultation they especially liked or, alternatively, with which they had problems. All but one of the 28 respondents at agencies working with the three clinics volunteered positive comments about the LSC program. The positive comments are similar to those made in response to other questions, adding to the overall positive assessment of LSC by the community service providers who use it. Three responses are illustrative:

“ It gives me confidence in performing my job in a professional manner.”

— Intensive case manager, Halton Housing Help

Some comments focused on the receptive, personal nature of the LSC advisors. The brief comment below emphasizes the absence of legalese:

“ Up-front, welcoming, plain language.

— Community relations administrator, Brantford Native Housing

Another response commented on the character of the advice:

“ I like the thoroughness of their responses and the thoughtfulness. The speed makes a difference. LSC provides information we need to best serve our clients.

— Response coordinator, CMHA

Three of the four responses identifying problems commented on advice by telephone. The following brief comment is typical:

“ Too slow by phone.
— Case manager, Family Counselling Centre

In addition to difficulties with telephone contact *per se*, the following response indicates the need for communication between the legal clinic and the community organization in order to better understand each organization. In this case the service provider ordinarily deals with the client in person in his office, placing an obvious constraint on communication.

“ Phone thing is an irritant. I always call with the client in the office and if no one picks up, the client leaves.
— Case manager, St. Leonard's

Service providers may be able to modify the way they use the LSC service. If this cannot be done, the clinic and the organization may be able to arrange contacts that accommodate the service providers' operational needs.

Perceived problems with response times with telephone contact were not universal, however. One of the positive comments emphasized the value of telephone contact:

“ [It is] phenomenal that I can talk to someone right away. I am [an] outreach [worker] and never in the office, so phone tag is terrible. The fact that I can talk to someone right away is the best part of the process. Usually clients are transient and in crisis.
— Outreach support worker, CMHA Waterloo Wellington Drop-in Centre

The comments about telephone contact point to the value of communication between the clinic and service providers so both sides understand the other's operational constraints and can adjust their communication patterns.

Regarding other perceived problems, one comment focused on the desirability of the LSC service addressing questions about all aspects of law, even if a quick referral is the response:

“ I would like family and criminal services.
— Case manager, Family Counselling Centre

Another comment focused on the need for LSC advisors with a general and sufficient legal expertise to give advice or suggest action immediately:

“ They all have different areas of legal expertise, and it is hard to get them available.
— Case manager, Guelph Family Counselling and Support Services

An important caveat to interpreting these comments is that respondents may be giving impressions based on one, or only a few, contacts with the LSC advisors. The advice they required may be specific to particular clients, problems or situations, making generalization unreliable.

In two indicators of satisfaction, respondents were asked whether they would use the service again or refer a colleague to the LSC service. In both cases, service providers endorsed the LSC. Every respondent from community organizations connected with each of the three clinics also indicated they would use the service again and would refer it to colleagues.

Impact of LSC on the Clients of Community Agencies

The positive assessment of LSC is revealed again in service providers' comments about whether, in their view, the LSC assistance received resulted in better service to clients and improvements in clients' quality of life. The providers unanimously agreed that the LSC improved their capacity to assist clients:

“ 100%. Although I have a generalist's knowledge of some of the legal issues that clients have, having immediate access to more in-depth legal information and advice is second to none. My hands would be tied helping transient patients without having access to secondary consultation. I often find with ODSP they are a barrier-filled organization; I copy [LSC advisor] on emails to ODSP and that will get me a response.
— Social worker, Joseph Brant Memorial Hospital

An interesting aspect to this response suggests a tactical value in making the contact with a lawyer a visible part of efforts to resolve the client's problem. The respondent's experience is that including a lawyer into the e-mail chain adds a measure of power dealing with a “barrier-filled” organization.

In that response and in the following to the question about benefits to clients, service providers perceived benefits in terms of the provid-

ers' increased capacity:

“Yes, absolutely. I'm not a legal person, and they explain things and give direction on what needs to be done with the person who is accessing the service. They are very respectful and patient with people.”

— Case manager, CMHA

“Yes. Definitely. There are so many situations where I don't know the answer because it is legal. Whenever I call I get a response time within 30 min. from [LSC advisor]. She quickly tells me if there is a legal issue, or she asks follow-up questions. If she wasn't there to guide me in that way, I don't know where else I would go to be honest.”

— Case navigator, North Halton Health Link

Some respondents did not have sufficient follow-up contact with clients to have an opinion about improvements to clients' quality of life. Six of the 33 respondents said they did not know; one said no. Twenty-six service providers, distributed evenly among the three clinics (eight at Halton, nine at Brant and nine at Guelph) reported that in their experience the advice they obtained through the LSC resulted in an improvement to clients' quality of life.

The following response concerning a housing problem describes the benefits of improved peace of mind for the client. In this respondent's view, the speed with which the matter was addressed brought relief to the client:

“Resolved in 30 minutes: immigrant family with poor English signed an illegal lease; had to come up with all this money; client was worried and in fear. I emailed doc[ument] to HCLS; they sent a letter back and within 10-15 minutes I sent it to the landlord. The landlord backed down; this provided peace of mind and relief to the client.”

— Manager, Saint Vincent de Paul Society

Another respondent, answering from a health care perspective, generalizes about how stability brought about by resolution of difficult problems is one basic element in life:

“Yes. Any time the social determinants of health are stabilized or addressed, clients have better mental and medical health, and they are more stable. It has a ripple effect. If I know my income is stable I can buy

food, because I am a diabetic; otherwise, I have to go to the hospital.”

— Outreach worker, Rural Wellington Community Team, Guelph

The Importance of Community Service Providers in Access to Justice

The clients of service agencies and community organizations are not likely to identify their legal needs and seek help from legal aid; for many people, community organizations are essential in creating paths to justice. Most of the everyday problems for which people go to community organizations for help have legal aspects. This highlights the importance of collaborative partnerships such as legal secondary consultation that legal aid clinics create to advise community organizations on the legal aspects of assisting their clients.

Service provider respondents were asked a series of questions about whether the clients they serve would likely recognize legal problems and on their own directly obtain help from a legal clinic.

Asked whether they thought their clients would likely recognize that they had a legal problem and needed legal help, about 66% (21 of 32) felt this was not very likely or not likely at all (see Figure IV). Graphs in this section summarize responses for service providers connected with all three clinics.

Service providers were then asked if their clients expressed any reluctance for a contact with the clinic to be made on their behalf when

Figure IV: Clients Likely to Recognize legal Nature of the Problem

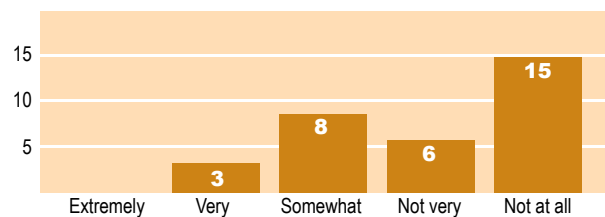
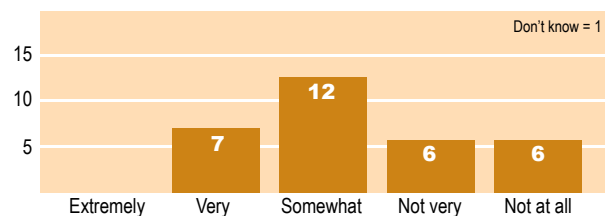


Figure V: Clients' Reluctance to Contact the Legal Clinic



it was suggested that the problem might have a legal solution or aspect and legal help might be needed. About 61% of service providers said that when it was suggested to clients that the problem might be legal, the clients were very or somewhat reluctant to have the service provider contact the community legal clinic on their behalf (see Figure V). These responses provided interesting insights about the reluctance of clients to acknowledge the legal nature of the problem and to take appropriate action, striking familiar themes from research literature.

“Clients don’t want to get involved in conflict and don’t have the motivation to seek out help; that’s why us helping them gets them moving along in the process.”
 – Community navigator, Links2Care

“Some are capable, some freeze at the thought of accessing the clinic. The barriers are lack of transportation, physical illness and mental health problems, lack of understanding.”
 – Case manager, CMHA

“Particularly with housing, our clients live precariously and experience a lot of abuse and don’t recognize that they have rights.”
 – Case manager, Guelph Community Health Centre

For the most part, service providers doubted that their clients would follow up a referral to the legal clinic on their own (see Figure VI). Almost half of respondents, 14, felt it was only somewhat likely

Figure VI: Likelihood of Clients’ Following a Direct Referral

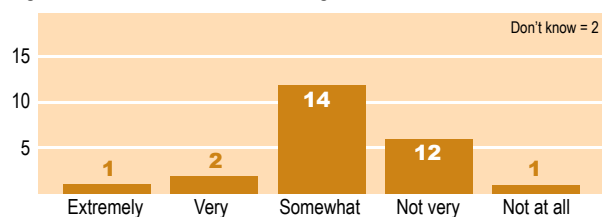
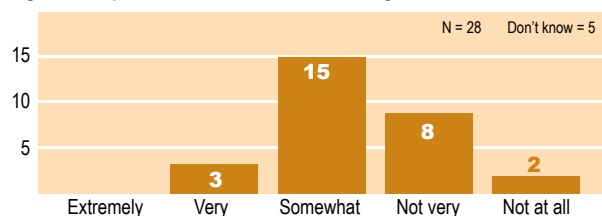


Figure VII: Importance of Service Providers Acting on Behalf of Clients



that a client would follow up on a referral to a legal clinic if that was all the service provider did. Taken together, 13 respondents said it was not very likely or not at all likely their clients would do so. In total, almost 84% of service providers said their clients would be only somewhat likely or not likely to follow up on a referral to a clinic.

These data strongly suggest that the service organizations from which people seek help with their problems are trusted intermediaries. Many clients might not seek help from the legal clinic even if they were referred by the primary service provider. The service providers, and their collaborative partnerships with LSC advisors in the clinics, create important pathways to justice for many of the clients who seek their help.

“They know they should have called the clinic, but [were] afraid of the answer or don’t have the number or [were] overwhelmed by the process; clients neglect stuff and are under a pile of issues.”
 – Community navigator, Links2Care

Several comments from service providers highlighted significant barriers posed by mental health problems to clients accessing legal aid on their own:

“Most of the clients we do sit down with have trouble following through. Barriers: addictions, mental health, cognitive issues, people don’t like to explain their story multiple times.”
 – Intensive case manager, Halton Housing Help

“A large proportion of clients are dealing with significant mental health concerns. They struggle following through with things; they would never just call the clinic.”
 – Outreach worker, Rural Wellington Community Team

Exploring in more detail the issue of barriers preventing clients from following up advice on their own, the service providers were asked if they believed their clients would follow up on their own the legal clinic’s advice without the assistance of the community service provider (see Figure VII). Three respondents, about 11%, thought their clients would follow through on the clinic’s advice without their involvement. On the other hand, 10 service providers, about 36%, felt it was not very likely or not likely at all that clients would independently follow the clinic’s advice. Fifteen respondents, about 54%, said it was somewhat likely that their clients would follow up on their own without the service provider’s assistance. Referring to a particular case, one service provider volunteered the following:

“Health and mental state [are important factors]; this client had lost all confidence to talk with anyone except [the clinic legal advisor] and his doctor. He gave consent and [the service provider] spoke with the [LSC advisor]. [Service provider] had to facilitate. He had unstable housing too and couldn't be reached by phone.

— Mental health therapist, Upper Grand Family Health Team

Another service provider said about clients in general,

“They are quite timid. Depending on what the clinic says, they may do it or not. They are withdrawn and afraid to approach agencies.

— Family support worker, Norfolk Community Help Centre

The data representing service providers' view of their clients suggest that clients are unlikely to recognize legal problems and, therefore, to contact the clinic for legal help on their own. They would be unlikely to follow up a referral to the clinic if the referral was the only assistance the service provider gave. Finally, most service providers felt it was only somewhat likely or not likely that their clients would follow up on their own with the clinic's advice. Overall, these data point to the importance of the service providers in community agencies partnering with the legal clinic through the LSC arrangement to build paths to justice for the people they serve.

Sustainability, Cost and Cost-Effectiveness

In an environment of financial constraint, what works and at what cost is a central question to ask about any innovation to expand access to justice. In all three clinics, legal secondary consultation was implemented along with broader changes in the service delivery model. Although no implementation costs were directly attributable to LSC in any of the three, funds were spent on related developments that cannot be ignored. It is also important to acknowledge that LSC is built on the clinics' existing infrastructure, which is a cost. However, the addition of LSC ideally makes the service delivery approach supported by that infrastructure more effective overall.

Implementation Costs

LSC was implemented in Halton in the second year of a multi-

year transformation program made possible by a substantial increase in overall funding from Legal Aid Ontario, which aimed to equalize funding to all clinics based on the proportion of the population within their catchment areas.

In the Halton clinic, no additional money was spent directly or indirectly related to implementing legal secondary consultation. The lawyer and the paralegal providing the service were able to incorporate LSC consultations without substantial changes to their ongoing work. However, it can be argued that the additional transformation funding allowed Halton the flexibility to implement LSC, which might not be possible at clinics under greater financial constraints.

In Guelph, additional funding was used to establish and staff the Health Leads Worker Program and to stabilize the Legal Health Check-up (LHC) position at the same time that LSC was being implemented. These two initiatives and other elements of outreach such as PLE sessions are inter-related with LSC. The legal worker in the Health Leads program was one of three people responding to requests for consultations. Part of the Health Lead and LHC funding was used to respond to requests for legal secondary consultations. However, ongoing funding is not required to sustain LSC. Health Links and LSC are mutually supporting programs; it would be difficult to allocate costs to reflect the synergy created between the two.

In Brant, additional funding was used to redesign the intake process and staff a lawyer position to carry out enhanced intake. This made available more time from one of the two lawyers providing LSC consultations. Similar to the situation in Guelph, additional funding was used primarily on other program elements, allowing one of the two lawyers providing LSC service to devote more time to it.

According to the executive directors of the Guelph and Brant clinics, LSC could have been implemented without additional funding, with the probable consequence that some LSC aspects might have evolved differently. All three clinics are able to continue LSC following the implementation period without additional funding.

Cost-Effectiveness

Cost-effectiveness refers to the value of the service in relation to its cost. Some implementation costs cannot be specified uniquely for LSC, which limits the ability to determine a cost-benefit balance during implementation. It would be possible to estimate operational costs by collecting time log data for the staff providing LSC and calculating the proportion of the salary of each advisor that could be attributed to LSC. But given the evolving nature of LSC in the three clinics, this was not done during the implementation phase.

The three LSC programs provided service to more than 100 community services, assisting them to resolve problems for about 235 clients. Service providers were highly positive about the programs'

value. LSC provides immediate assistance to service providers, and in the longer term builds community capacity. Although the cost-benefit cannot be quantified, it seems clear that LSC in the three clinics is cost-effective.

Sustainability

Sustainability is partly a matter of cost. Moving past the implementation phase, the best information is that LSC can continue to operate without additional funding. It would be useful to calculate operational costs once the programs have been in place long enough to stabilize.

The sustainability of LSC depends on the continued participation of the community groups that request consultations. An important lesson from the Legal Health Check-up Project was that many community organizations found the check-up questionnaire lengthy, which may have discouraged full participation. Some organizations had their own intake processes, making the LHC, if not redundant, added work. Some organizations said they often bypassed the LHC questionnaire, making direct referrals to the clinics. In contrast, legal secondary consultation costs community agencies nothing. It is all benefit at no additional cost, and it is highly valued. This aspect of LSC will fuel demand and the continued sustainability of LSC as an important part of the service delivery model of the three clinics.

Conclusion

Legal secondary consultation is a way in which legal aid can expand access to legal assistance by supporting service agencies and other organizations that assist mainly disadvantaged people. By supporting other organizations, providing them with legal advice to better serve their own clients, legal aid is strengthening the community, assisting other organizations that have core mandates to assist lower income people. By providing legal secondary consultation to assist other organizations, legal aid is also strengthening its own capacity to assist larger numbers of people who it probably could not reach on its own. This binds community organizations together in a network of access to justice services.

Access to justice is the dimension of community that binds the legal clinics and other community organizations together. LSC is one element of a larger strategy by the legal aid clinics to strengthen community, making access to justice not only the work of the clinic but also of the larger network of community organizations bound to the clinic by LSC. This is a significant step in the evolution of community legal service.

The three-clinic Legal Secondary Consultation Project has been a success during the seven months covered by this study, as indicated by growth in the service and acceptance by the community. The quantitative data show that the three clinics advised service providers from 103 different community agencies and service organizations. These 103 community organizations requested 235 separate consultations, assisting approximately that number of individuals²⁶ with 267 problems for which case notes were opened. Qualitative data show that LSC is highly valued by service providers. According to one provider who is connected with colleagues in other branches of a large organization operating across the province, *other communities are quite jealous of the LSC service* (resource coordinator, CMHA).

LSC is reaching a hard-to-reach population through the pathways to legal help created by the clinic–community agency partnerships. Service providers describe many of their clients as often suffering from mental health issues, in varying degrees unlikely to access legal services on their own and not likely to follow the advice provided without a trusted intermediary helping them navigate or doing it for them.

Service providers were nearly unanimous that LSC enabled them to serve their clients better. Some service providers said they don't have to call the clinic as frequently for advice involving similar problems, having obtained advice earlier. Several service providers said they retained letters, forms or templates provided by the LSC advisor for use with other clients, thus increasing their capacity. Finally, service providers said they felt greater confidence dealing with their clients by having the assistance of the LSC advisors.

Interviews with both service providers in the community organizations and LSC advisors indicated that LSC is efficient. Several service providers commented about how quickly a request elicited advice. One LSC advisor said *15 minutes on the phone was more efficient than the 45 minutes to complete an intake* (lawyer 2, Brant). One could add to this the additional resources required to provide direct service following intake.

LSC appears to be highly sustainable. The cost to clinics is low. All three clinics indicated they were able to implement LSC with existing resources, changing internal priorities and work allocation, and doubling up with funding for other aspects of program development. Sustainability also comes from the high value placed on LSC by service providers. LSC is a substantial benefit to service providers, but places no additional demands or costs on them.

A formal cost-benefit analysis was not carried out, and the time LSC advisors required and costs at different salary levels were not measured. However, the data suggest that legal secondary consultation is a low-cost, high-value service. It has the elements of partner organizations pushing and pulling in the same directions. However, the legal aid clinics at the centre of this initiative, and new clinics adopting the approach, should not be sanguine about early signs of success. A

small number of service provider interviews suggested that continuing systematic efforts to understand the needs of client organizations in their dual roles as partners in delivering and as intermediary users of secondary legal advice should be a strong focus of LSC management.

Two areas in which the LSC program could be improved were mentioned in service provider interviews. One was the lengthy response time in some cases (though some service providers commented that advice was provided quickly). When service providers are dealing with clients in crisis, a quick response from the LSC advisor is important. LSC advisors could use mobile phones to be more immediately and consistently available.

Second, delays in providing advice were also attributed to different LSC advisors having different areas of expertise, requiring referral of calls to other advisors. In response to a request, LSC advisors sometimes consult others within their professional network or conduct quick legal research. However, LSC advisors should have a sufficiently high level of legal training and general legal competence so that delays do not occur and follow-up delays are minimized.

Ongoing monitoring should aim at better understanding the strengths and limitations of different intermediary service providers in using LSC to the best advantage of their clients. The LSC advisors in the three legal clinics are aware that service providers may not fully comprehend the advice being provided. The lawyers all said they monitor conversations with service providers to compensate for any lack of understanding. LSC advisors report that they may recommend that the client come to the clinic if concern about the complexity of the problem and the capacity of the service provider is high enough. They may recommend a conference call with the service provider and the client. This study suggests confidence can be placed in the efforts of LSC advisors to minimize the risks of agency service providers passing on poor advice.

The agency service providers say that LSC advice enables them to serve their clients better. However, this research provides no further empirical evidence on how well service providers use the LSC advice. Further research on legal secondary consultation could examine LSC's impact on clients and the accuracy with which service providers convey LSC advice to their clients.

Legal secondary consultation is one example of extending the reach of legal aid, not only bringing the resources of the community to serve more people to the access-to-justice movement²⁷ but making the larger community part of it. The broader community development strategy of which legal secondary consultation is a part should be viewed in the same way as digital delivery of legal services. Although it is not driven by the same powerful forces of the broader digital revolution,

in the broadest terms LSC is a response to the same widening gap between demand and resources, and it has the same objectives.

Legal secondary consultation is located recognizably within the major currents of the access-to-justice movement in Canada. Legal secondary consultation being developed by the Halton, Brant and Guelph clinics occupies a recognizable place in the currents of change set in motion by the National Action Committee on Access to Justice in Civil and Matters in Canada. LSC embodies the need to create a culture change in legal services and an expansion of efforts to achieve access to justice called for by the Action Committee's report: to refocus efforts on everyday legal problems, to move away from old patterns and approaches, and to create collaborative partnerships with the social services sector.²⁸ Legal secondary consultation is implementing on the ground the directions for change encouraged by the Action Committee report.

Similarly, the essential aspects of LSC can be linked to the Canadian Bar Association's National Framework for Meeting Legal Needs. Legal secondary consultation is part of the process of breathing life into the fourth benchmark of the national framework, which calls for legal service providers to work in collaboration with non-legal service providers to offer a broad range of services from outreach to after-care.²⁹ The CBA report acknowledges that

Legal aid has often been synonymous with legal assistance and representation by a lawyer. Today most (legal aid) plans provide a continuum of legal information, assistance, dispute resolution and representation services, either directly or through referrals to other agencies. A range of services can better respond to the range of people's legal needs, but it can also reflect the reality of severe budgetary constraints for most public legal assistance providers, as demand continually outstrips capacity. We see the more inclusive term 'public legal assistance services' to reflect these developments and the full spectrum of resources necessary, without diminishing the importance of actual legal representation in meeting the legal needs of the people of Canada.³⁰

Legal secondary consultation is an innovative community development strategy, a tool in the service delivery kit with which legal aid supports and builds community, linking access to justice to community organizations in the pursuit of common objectives. LSC represents a step toward achieving the substance and spirit of recommendations for expanding access to justice in Canada contemplated by Action Committee's *Roadmap for Change* or by the CBA's *Benchmarks* report. It is making access to justice a dimension of community structure.

Appendix 1: Halton and Brant posters

Introducing Legal Secondary Consultation Service



People living in poverty are more likely to report multiple problems such as bad health, unemployment, low income, poor housing and family breakdown.



Did you know that the everyday problems your clients experience may have a **LEGAL** aspect?




We can help.

Contact Halton Community Legal Services

Halton Community Legal Services is a community legal clinic that helps low income people deal with their everyday legal problems. We are launching a new service for health care professionals and service providers to access legal information for their clients through a legal secondary consultation. We are available to speak directly with you about any question or concern you have about your client's situation.

Phone: **905-875-2069**
Email: haltonconsult@lao.on.ca



Introducing Agency Consultation Service



People living in poverty are more likely to report multiple problems such as bad health, unemployment, poor housing and family breakdown.



Did you know that the everyday problems your clients experience may have a **LEGAL** aspect?




We can help.

Contact Community Legal Clinic - Brant, Haldimand, Norfolk

Our clinic helps low income people deal with their everyday legal problems. We are launching a new service for agencies to access legal information for their clients. We are available to speak directly with you about any question or concern you have about your client's situation.

Phone: **519-752-8669** or **1-888-341-5021**
ext. 24 (Michael), or ext. 23 (Ian)
Email: dowm@lao.on.ca or aitkeni@lao.on.ca



Appendix 2: Community Organizations and Service Agencies Requesting Legal Secondary Consultations

Halton

Off the Wall Youth Centre of Acton
 Advocacy Centre for the Elderly
 Anglican Church of the Incarnation Oakville
 Bridging the Gap
 Canadian Mental Health Association
 Community Care Access Centre
 Halton Aids Network
 Halton Catholic District School Board
 Halton District School Board Milton HS
 Halton Hills Family Health Team
 Halton Housing
 Halton Multicultural Centre
 Halton Region Children's Services
 Halton Region Public Health
 Halton Region Social Services
 Halton Regional Police Service
 Halton Women's Place
 Housing First
 Housing Help Centre
 Joseph Brant Memorial Hospital
 Kerr St. Mission
 Private Lawyer
 Links2Care
 Mary Mother of God, Saint Vincent de Paul Parish
 North Halton Health Link
 North Gabriel Parish SSVF
 Peel District School Board
 Private Sponsor Syrian Refugee
 Restore – St. Jude's
 Anglican Church
 Restore Halton
 St. Joseph's Healthcare Hamilton
 Summit Housing
 Support and Housing Halton
 Centre for Skills Development and Training
 Thomas Merton ESL Training Centre
 Trillium Health Care
 Newcomer Information Centre

Guelph

Acquired Brain Injury Program, Guelph
 Brant Avenue Neighbourhood Group
 CBI Home Health Group
 Canadian Mental Health Association
 Family Counseling and Support Services
 Family and Children's Services Guelph
 Shelldale Community Centre Guelph
 Guelph Police Service
 Guelph Probation Service
 Guelph Community Health Centre
 Guelph Family Health Team
 Homewood Health Centre
 Lakeside Hope House
 Housing Stability Program, Ontario Works
 Immigrant Services
 Lutherwood (Community Services)
 North Wellington Health Care Centre
 Ontario Works
 Second Chance Employment Counselling
 Sanguen Health Centre
 Seniors Centre of Excellence
 Private Social Worker
 St. Vincent De Paul Society
 Upper Grand Family Health Team
 Wakepoint Mental Health Services
 Women in Crisis
 Wyndham House Homeless Service
 Victorian Order of Nurses
 Brant Neighbourhood Group
 Student Help and Advocacy (University of Guelph)
 ADHD Asperger's Association
 ARCH Disability Law Centre
 Centre Wellington Food Bank
 Community Living
 Guelph Welcome In Drop in Centre
 Specialized Outreach Services (SOS) Guelph
 Guelph Community Resource Centre
 Rural Wellington Community Team
 Upper Grand Family Health Team

Brant

Ontario Works, Brant and Haldimand Norfolk
 Labour Centre
 Canadian Mental Health Association
 Brant Assertive Community Treatment Team
 Salvation Army
 Pregnancy Centre
 Simcoe Caring Cupboard
 St. Leonard's Society
 Ontario Disability Support Program
 Brantford Welcome In
 Community Living Brant
 Brockville General Hospital – Mental Health and
 Addictions
 Six Nations Long Term Care
 Brantford General Hospital
 Haldimand & Norfolk Social Services
 Norfolk Community Help Centre
 Anxiety Clinic at St. Joseph's Hospital
 Family Counseling Centre
 Community Living, Haldimand
 Housing Resource Centre
 Aboriginal Health Centre
 Private lawyer
 Lansdowne Children's Services
 Brant Housing
 Salvation Army
 Brant County Health Unit
 Brant Family Counselling
 Brant Native Housing

Appendix 3: Questionnaires

1. Questionnaire for Executive Directors of Southwestern Region Clinics Concerning Legal Secondary Consultation Activities

1. Do you presently, or have you at any time in the past, provided advice or legal information on an ad hoc basis to external organizations?

Yes, or No

If you have answered “no” to question one, you have finished the questionnaire. Please save the completed questionnaire and return it as an e-mail attachment. Thank you.

2. If yes, please describe this service. (Please indicate if the activity was carried out on an ad hoc basis or whether it was, or became over time, an organized activity).
3. When did this service begin?
4. How did this service come about? Was it deliberately planned?
5. Was this service advertised in some way to external organizations?
6. What external organizations used the service?
7. What clinic staff provided the service? (Please specify lawyers, paralegals, community legal workers.)
8. How often did you provide the service (daily, weekly, monthly, a few times a year etc.)?
9. Did you have any objectives around this service? If so, please describe.
10. Did you limit this service to legal information or did you also provide legal advice? If you did not provide legal advice, please explain why.
11. If the service is no longer being provided, why did it end?

Thank you for taking the time to complete the questionnaire. Please save it and return it as an e-mail attachment.

2. Interview Guide for Legal Secondary Consultation Advisors in Clinics

1. What is your role at the clinic? [lawyer, non-lawyer, paralegal, community worker, receptionist etc.]
2. What is your clinic’s definition of secondary consultation?
3. How do service providers reach you for a secondary consultation?
4. Have you made any efforts to promote or advertise the secondary consultation process? OR How do secondary consultation users hear about the secondary consultation process?

[Prompt: PLEs, calls, advertising, promo materials etc.]

5. Describe the secondary consultation process at your clinic once a service provider contacts you [Prompt: how do service providers reach you; do they go through intake; dedicated email or phone number etc.; what about follow-ups]

6. What services do you provide?

- Legal advice specific to the client’s problem
- General legal advice (not client-specific)
- Provide basic legal information
- General non-legal advice, including ethical questions
- Strategic advice
- Provide a letter or other documentation
- Meet with the service provider or client in person
- Legal research
- Warm referrals to other agencies
- Access your network to answer a legal question or obtain a referral
- Case management (meeting with other service providers)
- Ask service provider to refer client to the clinic

7. Please indicate how frequently the following kinds of problems are presented by service providers?

- a. Legal issues that are clear at the outset

- very frequently frequently sometimes not very frequently
 very infrequently never don’t know

- b. Help with or guidance on applications, appeals, hearings

- very frequently frequently sometimes not very frequently
 very infrequently never don’t know

- c. Questions by the service provider about the appropriateness of their providing service.
- very frequently frequently sometimes not very frequently
 very infrequently never don't know
- d. Help with documentation
- very frequently frequently sometimes not very frequently
 very infrequently never don't know
- e. Help with non-legal problems
- very frequently frequently sometimes not very frequently
 very infrequently never don't know
- f. Ethical issues regarding the service provider's or the organization's involvement with the problem
- very frequently frequently sometimes not very frequently
 very infrequently never don't know
- g. General questions or requests for legal information?
- very frequently frequently sometimes not very frequently
 very infrequently never don't know
- h. Other type(s) of problem(s) (specify)
- very frequently frequently sometimes not very frequently
 very infrequently never don't know
8. What objectives are you trying to achieve by providing secondary consultation? (list all that apply)
- [Prompt: Halton's objectives are to better serve clients; expand access to legal services; promote holistic service; provide advice to people who are unable or unwilling to come to clinic; community development and capacity building]*
9. Assign priority for each of these objectives if you can.
10. For each objective, please indicate how well are you achieving it at this point.
- completely very well partly not very well
 not well at all don't know
11. Are you encountering any problems so far in providing a secondary consultation service?
- [Prompt: difficulty establishing rapport with first-time secondary consultation users; difficulty in establishing trust; difficulty contacting or finding secondary consultation users etc.]*

12. When dealing with secondary consultation users, do you assess their capacity to: (a) understand the legal advice/information you provide to them; and (b) support their client in following through on that advice/information?
- a. If so, what are your observations?
- b. If you find that they lack capacity, does this affect what you do?
13. Have you ever encountered a situation where the secondary consultation user disagreed with you or did not follow your advice? If so, what did you do?
14. Are there specific types of secondary consultation users with whom it seems difficult to establish rapport or trust?
15. Do you ever collaborate with some service providers to resolve related legal and non-legal problems? If "yes", can you provide an example?
16. What are the benefits of the secondary consultation approach?
17. What are the limitations of secondary consultation?
18. What is the value of providing advice to service providers through secondary consultation as opposed to having them refer their clients to a clinic?
19. In your view what is the contribution, or potential contribution, of secondary consultation to the delivery of legal aid in [clinic]?

3. Interview Guide for Service Providers in Community Service Agencies and Organizations

Questions for Service Providers

Date: _____
 Name of respondent: _____
 Name of organization: _____

1. What is your organization's mandate?
2. What is your role in the organization (or what is your role when you deal with clients)?

3. Briefly describe the kinds of services you provide to your clients.

4. How did you first learn that you could contact the clinic to get help for one of your clients?

[Prompt: saw a poster advertising legal secondary consultation, a colleague told me that I could call the legal clinic for help, learned about it from a presentation by or talking with a lawyer from the clinic, my manager told me about it, I had always assumed I could call the clinic to get help for my client]

5. How long does it take someone from the clinic to contact you when you ask for help?

- they pick up right away within 2 hours same day 2-3 days
 a week over a week

6. When you call the clinic, what type of help are you looking for?

7. Do clients ever suggest they have issues that might require legal help?

- always very frequently frequently sometimes
 very infrequently never

8. If you suggest to a client that you should contact the legal clinic for help, to what extent is the client surprised at being told she or he may have a legal problem?

- extremely very somewhat not very not at all
 don't know

9. If you were to simply refer your clients to the legal clinic, do you think they would be ready, willing or able to follow through on the referral and contact the clinic on their own?

- completely very somewhat not very not at all
 don't know

10. How likely is it that your clients would follow through on the clinic's advice and deal with their problem(s), if you did not act for them as an intermediary with the clinic?

- completely very likely somewhat not very likely
 not likely at all don't know

11. Does speaking with someone at the clinic help you better serve or work with your client?

12. Does the assistance you receive from consulting the clinic have an impact on your clients' quality of life?

13. Has speaking with someone at the clinic helped you or your organization to better help future clients?

14. In general, is there anything about your contact with the clinic or the process you especially liked? (record all that are mentioned)

[Prompt: trustworthy, approachable, helpful, easy to talk to, understands problems, identify new problems, provides practical advice?]

15. In general, is there anything about your contact with the clinic or the process you did not like?

[Prompt: client uneasy about accessing a lawyer? Secondary consultation advisor doesn't respect service provider or their relationship with client etc.]

16. Would you call the clinic to help with one of your client's problems in the future?

17. Would you refer a colleague to the clinic to get help for their clients?

If the respondent has not mentioned legal secondary consultation in the response to any question, ask if they recognize the term.

Endnotes

1. Some clients generated more than one LSC request.
2. Accessed at www.haltonlegal.ca/docs/service-charter-legal-secondary-consultation-service.pdf
3. *Engaging the Power of Community to Expand legal Services to Low-Income Ontarians*, <http://bit.ly/2zWITcj>
4. Rebecca L Sandefur, *Accessing Justice in the Contemporary USA: Findings from the Legal Needs and Services Study*, American Bar Foundation and the University of Illinois at Urbana-Champaign, 2014.
5. Ab Currie, *Nudging the Paradigm Shift: Everyday Legal Problems in Canada*, Canadian Forum on Civil Justice, Toronto, 2016.
6. T. Roberts and J. Currie, *PBLO at SickKids: A Phase II evaluation of the medical – legal partnership between Pro Bono Law Ontario and SickKids Hospital Toronto, Final Report*, Focus Consultants, Victoria, Canada, 2012. <http://www.probono.net/va/search/item.451249>; M. Noone and K. Digney, “It’s hard to open up to strangers – Improving access to justice; key features of an integrated legal services delivery model”, La Trobe University Rights and Justice Program, 2010. http://www.papers.ssm.com/sol3/papers.cfm?abstract_id=1799648; L. Gyorki, *Breaking down the silos, overcoming the practical and ethical barriers of integrating legal assistance into a healthcare setting*, Winston Churchill Memorial Trust, 2014. https://www.churchilltrust.com.au/media/fellows/Breaking_down_the_silos_L_Gyorki_2013.PDF.
7. L. Curran, “The underrated value of lawyers advising professional non-lawyers in reaching hard to reach clients and building professional capacity – i.e. secondary legal consultations”, paper for the National Conference of Community Legal Centres, Pullman on the Park, Melbourne, August 2015.
8. L. Curran, “Lawyer Secondary Consultations: improving access to justice: reaching clients otherwise excluded through professional support in a multidisciplinary practise”, *Journal of Social Exclusion* 8(1), 2017, pp.64–71.
9. The term used in the Ontario project has shifted to “legal secondary consultation” rather than “secondary legal consultation” or “lawyer secondary consultation” used in Australia.
10. Not all community organizations resolve specific problems for people. Some organizations may become aware of a problem experienced by a person to whom food is being provided, but may not help resolve the problem. The legal health check-up’s focus on identifying problems is appropriate to these organizations. Legal secondary consultation assists service providers in agencies and organizations who attempt to solve particular problems. Legal health check-up and legal secondary consultation are complementary aspects of a proactive, community-focused delivery model.
11. In both Halton and Brant, the executive directors occasionally respond to requests for LSC. See footnote 15.
12. Although formally the Agency Consultation Program, the program is referred to as legal secondary consultation. For common reference to all three clinics, this report refers to it as legal secondary consultation (LSC).
13. Based on 304 individual problems in 267 case notes.
14. Based on 267 cases
15. Interviewees were: one lawyer from Halton who provides most of the LSC advice, although some is provided by a licensed paralegal; two lawyers from Brant who provide LSC advice; and a staff lawyer, a paralegal and a community legal worker from Guelph. The executive directors in both the Halton and Guelph clinics occasionally respond to requests for LSC. However, they are not the main LSC advisors and were not included in the interviews.
16. 1) Legal advice, legal information, 2) referral, research on the topic, 3) access professional network for assistance, 4) strategic advice, 5) general information and advice, 6) follow-up with the service provider, 8) meet with the service provider and client, 9) review documentation, 10) refer the individual to intake, 11) assist service provider with documentation.
17. An analysis of the case notes suggests that up to 27% of the problems at Brant and 32% at Guelph for which service providers requested help did not have an apparent legal aspect. This may be influenced by how the case notes were written. Service providers do not screen for legal problems, but request help with immediate problems that they think the legal clinic might help with. LSC advisors do not turn requests away because they do not pass a screening test for legal content. Finally, these percentages of problems with no apparent legal content based on case notes emphasize the ambiguity of evolving concepts of legal problems and appropriate service provided by community clinics in a period of paradigm shift.
18. The mention of appeals likely refers to appeals of denials of Ontario Disability Support Payments, which has dominated the work of many community legal clinics. Often referred to as the “ODSP trap”, it is so time-consuming as to limit the clinics’ ability to go beyond traditional legal work. The executive director of the Brant clinic is one of the primary LSC advisors.
19. See the section above on LSC-related activities in other community clinics in the Southwestern Region.
20. 9 of 111 cases. A further 18 cases (16.7%) were referred to external organizations. 21 7 of 69 cases. A further 5 cases (7.4%) were referred to external organizations.
22. 19 of 97 cases (19.6%) were referred to external organizations.
23. *They all have different areas of legal expertise and it’s hard to get them available.* (case manager, Guelph Family Counselling and Support Services)

24. See footnote 2.
25. The research reported in this paper did not employ a common operational definition of a legal secondary consultation for the three clinics. An *ex post facto* review of secondary consultation cases to determine which might be considered LSC and which were not would be somewhat judgemental. An exercise like this might be of value for a discussion among the three clinics, but is not presented as part of this analysis.
26. Few consultations involved more than one person.
27. It is again becoming common to refer to access to justice as a social movement in this decade. An article titled “Has A2J become a social movement?” *NSRLP Newsletter*, September, 2017, National Self-Represented Litigants Project, University of Windsor, <https://representingyourselfcanada.com/has-a2j-become-a-social-movement/> declares that “The solutions to the A2J crisis will go beyond anything the legal profession can offer alone.” *Richard Zorza’s Access to Justice Blog* referred to the infrastructure of the access-to-justice movement on, July 31, 2017. If the essence of a social movement is individuals or organizations combining efforts to achieve a common end, legal secondary consultation is at the leading edge of the access-to-justice movement, as it is playing out on the ground revived from 50 years ago.
28. *Access to Civil and Family Justice: A Roadmap for Change*, Action Committee on Access to Justice in Civil and Family Matters, Ottawa, October 2013. See pp. 7, 11 and 14.
29. Melina Buckley, *A National Framework for Meeting Legal Needs: Proposed National Benchmarks for Public Legal Assistance Services*, report of the Canadian Bar Association Access to Justice Committee, Ottawa, August 2016, p.10.
30. *Ibid.*, p.6

Part 03 REPORT 02

Brandon D. Stewart and Ab Currie, **Legal Secondary Consultation, Expanding the Reach of Ontario's Community Legal Clinics Through Community Partnerships** (2020)

LEGAL SECONDARY CONSULTATION: EXPANDING THE REACH OF ONTARIO'S COMMUNITY LEGAL CLINICS THROUGH COMMUNITY PARTNERSHIPS

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Many people do not know when they have a legal problem. When they do seek help, they often turn to a range of community organizations and social service providers. Community legal clinics struggle to identify these individuals and address their unmet legal needs. This Article demonstrates that legal secondary consultation (LSC) is a successful innovation in legal aid delivery for addressing these problems. LSC occurs when a community legal clinic lawyer, licensed paralegal or experienced legal worker provides one-on-one advice by telephone or e-mail to a community organization or social service provider, helping them to resolve problems for their own clients. The authors find that the LSC service works for a wide range of community organizations and social service providers. It is based on the proposition that the problems for which these entities provide assistance have legal aspects that can be effectively addressed through collaborative partnerships with community legal clinics. Using data from a pilot study involving three community legal clinics in Ontario, Canada, three main benefits of the LSC service are identified: (1) it extends the reach of community legal clinics by identifying and addressing unmet legal need in the community that would otherwise go unnoticed; (2) it helps build legal capacity within community organizations and social service providers by involving them in direct legal problem solving for their clients; and (3) it is a cost-effective and sustainable approach, allowing community legal clinics to offer the service without significant additional costs. A key concern with secondary advice is also addressed: that the community organization or social service provider may misunderstand or misapply the LSC advisor's (legal) advice when assisting their client.

I. INTRODUCTION

Legal problems affect the everyday lives of individuals. People experiencing a legal problem often do not seek help because they do not recognize the legal aspect of the problem, or think that help is unavailable. When people do seek help, they frequently turn to a range of community organizations and social service providers and remain hidden to community legal clinics. The result: the access to justice gap remains wide and community legal clinics are unable to address the level of unmet legal need in their communities.

This Article demonstrates that the legal secondary consultation (LSC) has been a successful innovation in legal aid delivery to address these problems. LSC occurs when a community legal clinic lawyer, licensed paralegal or experienced legal worker provides one-on-one advice by telephone or e-mail to a social service provider or community organization, helping them to resolve problems for their own clients. The individuals experiencing problems do not become direct clients of the clinic unless the LSC advisor decides on a referral.

While many legal service providers may offer occasional assistance to organizations in their community, the LSC service under discussion is the first to be implemented as a component of a community legal clinic's service delivery model. The LSC service has two key features that makes it unique from other initiatives, such as medical legal partnerships, where legal professionals address legal problems that create or perpetuate poor health in a medical setting: (1) LSC is available to *any* organization in the community and captures a *broader* spectrum of unmet need; and (2) LSC advisors provide legal *and* strategic advice for a variety of *legal and non-legal problems*, even when these problems are outside of their practice areas. These features are based on the proposition that the problems for which community organizations provide assistance have legal and non-legal aspects that can be effectively addressed through collaborative partnerships with community legal clinics.

The LSC service was piloted at three community legal clinics in Ontario, Canada for a seven-month period between 2016 and 2017. The authors present the findings from their evaluation of this "Legal Secondary Consultation Pilot Project." The LSC service was found to work for a wide range of community organizations and social service providers. Three main benefits were identified. First, the LSC service extends the reach of community legal clinics by identifying and addressing unmet legal need in the community that would otherwise go unnoticed. The three clinics helped 103 organizations resolve up to 267 everyday legal and non-legal problems for clients over a seven-month period. Second, the LSC service helped to build legal capacity within community organizations and social service providers by involving them in direct legal problem solving for their clients. Respondents unanimously agreed that the LSC service increased their confidence and improved their capacity to help their clients. Some indicated that they do not need to use the LSC service as frequently for advice involving similar problems, while other retained letters, forms or templates provided by the LSC advisor for use with other clients. And third, the LSC service is cost effective; it does not require substantial costs to implement and the three clinics reported being able to offer LSCs following the pilot phase without incurring additional costs.

A key concern with secondary advice is also addressed: that service providers may misunderstand or misapply the LSC advisor's legal advice when assisting their client. LSC advisors at each clinic mitigated against this risk by informally assessing the capacity of service providers during a contact, or by directly asking social service providers or community organizations of their comfort level with following-through on the advice given.

The LSC approach has proven sustainable and remains well-integrated into each clinics' service delivery model. The level of requests for consultation from community organizations and social service providers has increased at each clinic two years following the pilot phase.

The remainder of this Article proceeds as follows. Section II discusses the origins and development of the LHC service within the three community legal clinics in Ontario. Section III presents the findings from the authors' evaluation of the Legal Secondary Consultation Pilot Project, including the benefits (III.B) and potential risks (III.C) associated with the service. Section IV presents updated data from each clinic and discusses the service's sustainability. Section V concludes.

II. LEGAL SECONDARY CONSULTATION WITHIN THREE ONTARIO COMMUNITY LEGAL CLINICS: ORIGINS AND DEVELOPMENT

LSC occurs when a lawyer, licensed paralegal or experienced legal worker provides assistance to community organizations and social service providers to help them resolve problems for their own clients or constituents. The assistance is provided by telephone or e-mail in response to a request for consultation by the community organization or social service provider. The individuals experiencing problems do not become direct clients of the clinic unless the LSC advisor decides on a referral (Currie, 2018, p. 1).

The LSC service under discussion was developed in 2015 by Halton Community Legal Services (HCLS) – a community legal clinic¹ that offers poverty law services to low-income people in Halton Region, located about 40 kilometers west of Toronto.² The Community Legal Clinic of Brant, Halidmand and Norfolk (the Brant clinic) and the Legal Clinic of Guelph and Wellington County (the Guelph clinic), both approximately 100 kilometers west of Toronto, joined HCLS during the planning stages to carry out a joint three-clinic initiative called the Legal Secondary Consultation Pilot Project (“LSC pilot project”). During the pilot, each clinic offered the LSC service on broadly the same terms, consistent with the definition discussed above (Currie, 2018, pp. 5, 9).³

The LSC service was part of a larger transformation at HCLS towards more holistic and integrated service delivery. Its impetus can be traced to an earlier initiative called the Legal Health Check-Up Pilot Project (“LHC project”). The initial goal of the LHC project was to identify people with unmet legal need and increase the number of clients HCLS served by partnering with “trusted intermediaries” in the community. HCLS developed an outreach tool called the “Legal Health Check-Up” (LHC) – a paper or electronic form that asks questions to uncover everyday legal problems in areas such as housing, education, employment, income support and social and health support (Currie, 2015, pp. 8-10). The LHC form was provided to seven trusted intermediaries and they were asked to administer the form to their clients.⁴ Through a conversation structured around the LHC tool, people might uncover potential legal problems and be referred by the trusted intermediary to the clinic (Currie, 2017, pp. 6, 8, 18). It was anticipated that people would be more willing to seek help from HCLS if they were referred by someone they already trusted, who themselves had a strong relationship with HCLS built on positive past experiences.⁵

¹ There are 78 community legal clinics in Ontario providing poverty law services to a variety of communities. Some are specialty clinics serving specific population groups such as Indigenous people or the elderly. Some serve specific geographic populations in Ontario.

² Halton Region is a major municipality located in Ontario, Canada, with a population of approximately 500,000.

³ For example, a lawyer at HCLS is primarily responsible for the LSC service and does not restrict the subject matter of LSC requests. The LSC service at the Guelph clinic is provided by a lawyer, paralegal and trained legal worker with different subject matter competencies and there is an emphasis on partnerships with health centers and supporting rural clients, particularly youth (Currie, 2018, p. 9).

⁴ An electronic copy of the tool can be accessed here: <https://www.legalhealthcheckup.ca/en/>.

⁵ Curran (2017, p. 51) describes this phenomenon as a “transferal of trust,” where the trust the intermediary has in the community legal clinic based on positive past experiences “transfers” to their client.

The LHC project ran for a three-month period beginning in October, 2014. An evaluation of this project by one of the authors concluded that the LHC form was an effective outreach tool: client intake at HCLS increased by a third during the pilot phase and 90% of clients presenting a problem at intake were not at a critical stage (Currie, 2015, pp. 14-15).⁶

A key finding from the evaluation was that “there is a considerable basis for *expansion of intermediary activities* beyond the gateway roles of problem spotting and making legal referrals to a wider range of advocacy and *supported self-help* [emphasis added]” (Currie, 2015, p. 26). HCLS realized that the LHC form helped build relationships with service providers throughout the community. HCLS responded by developing the LSC service to leverage these relationships. In fact, HCLS’s service charter for the LSC service lists purposes that are consistent with expanding intermediary activities through supported self-help. They include: (1) provide legal information and advice to non-legal professionals working for community social service agencies and organizations in Halton *to support them* to assist their clients with legal issues; (2) *support community-based intermediaries using the Legal Health Check-Ups*; (3) *build the capacity and knowledge of community partners* to recognize when their clients have legal problems; and (4) expand legal services to the community that will directly benefit more clients and answer unmet client need (Halton Community Legal Services, 2020).

When developing the LSC service, HCLS took inspiration from Curran’s work with health justice partnerships and the Consumer Law Action Center (CALC) in Australia. Curran coined the term “secondary legal consultation” and was retained as a consultant during the early stages of the LSC pilot project. HCLS was also aware of the medical legal partnership between the Hospital for Sick Kids in Toronto, Ontario, Canada and Pro Bono Law Ontario (Roberts, 2012).⁷ Medical-legal partnerships are collaborative partnerships between health care providers and lawyers to provide health and legal services at a single site of care such as a hospital or doctor’s office.⁸ The goal of these partnerships is to provide more holistic service by addressing legal problems that create or perpetuate a patient’s poor health.

The LSC service is unique and represents a significant innovation in legal service delivery. While many legal service providers may offer occasional assistance to organizations in their community,⁹ the LSC service is the first to be implemented as a component of a community

⁶ The LHC approach was successfully rolled out in twelve other community legal clinics in Ontario by 2016 (see, Currie, 2017).

⁷ This is Canada’s first medical legal partnership and was formed in 2009. MLPs or “health justice partnerships” first formed in the United States in the early 1990s and later in Australia (Ezer, 2017, p. 311; Teitelbaum & Lawton (2017); Nobel (2012); Curran (2017)). MLPs are still a “new model” in Canada, with only a handful of partnerships⁷ operating across the country, mostly within paediatric hospitals (Hayes, 2018, p. 69).

⁸ Some scholars describe looser relationships between health care providers and legal professionals, which have the goal of streamlining or increasing patient referrals, as medical-legal partnerships (see, eg, Miller-Wilson, 2015, p. 637; Hayes, 2018, p. 69, fn 7, 70). We prefer to describe these looser relationships as “referral-based partnerships.”

⁹ During the LSC Pilot Project discussed in Section III, Currie conducted a learning lab and circulated a questionnaire to 14 community legal clinics in Ontario to determine whether they had activities or programs that resembled the LHC approach. Discussions at the learning lab suggested that most, if not all, of the clinics were carrying out LSCs. Responses to the questionnaire, however, revealed that the LSC approach differs substantially from the activities and projects reported by the other clinics. For example, the other clinics used these similar activities to build relationships with community partners, while the LSC approach was specifically developed to address unmet legal needs (Currie, 2018, pp. 6-8).

legal clinic's service delivery model. The authors are aware of only one similar LSC service at CALC in Melbourne, Australia. There, financial counsellors, social workers and other community lawyers are able to access a "worker advice service" by email or a dedicated advice line to receive legal advice, information and referrals when their clients have a consumer law problem (Willcox, 2016, pp. 2, 11-12).¹⁰

There are two key features that separate the LSC service under discussion from existing service delivery models such as MLPs and the "worker advice service" at CALC. First, HCLS (and the other clinics) offered the LSC service to *any* community organizations or social service providers that assist individuals to resolve problems, in order to serve a broader spectrum of unmet need. Examples include: food banks, social service agencies, the police, shelters, family counseling centers, faith-based organizations, refugee organizations and women's support organizations.

This decision is supported by the assumptions and empirical findings from the legal problems research. Legal problems are part of the normal activities of everyday life (Pleasence & Balmer, 2019; Hadfield, 2010).¹¹ People experiencing legal problems often do not seek appropriate advice because they do not recognize the legal aspect of a problem, or think that help is available (Sandefur, 2014; Sandefur, 2014). When people do recognize that they have a problem, they often seek help from organizations within their community. They may go to whatever organizations exist in areas where resources are slim, or they may access a variety of specialist and other helping organizations in resource-rich regions¹² (Government of Canada, 2006; Currie, 2017, pp. XX). These people remain hidden from community legal clinics and their legal needs are left unmet.

The fact that legal needs exist as aspects of everyday problems and that people often go to organizations in the community for help, represents a convergence that lays the groundwork for the LSC service. The LSC service is not a form of outreach that HCLS designed to identify the greatest number of people with hidden legal need. It does, however, identify substantial numbers of people with unmet legal need by establishing partnerships between a legal clinic and community organizations and social service providers.

The second feature has to do with the holistic and integrated nature of the advice provided by LSC advisors.¹³ Legal service providers often focus on providing legal advice and information within their existing practice areas. By contrast, the goal of LSC advisors was to identify and work to resolve the *legal* and *non-legal* aspects of everyday problems. An LSC advisor would never say "we don't do that" or "I can't help with that." For example, an LSC advisor might receive a call from a social service provider whose client is at risk of being evicted

¹⁰ Initially, CALC would interview new clients with a volunteer financial counsellor who would discuss their cases with CALC staff. The support line was a natural extension of this more informal process (Curran, 2017, p. 61).

¹¹ This research is a part of the larger body of legal problems research that is based on the seminal work carried out by Genn (1999), which initially focused on "justiciable problems" before transitioning to the idea of everyday legal problems (see, eg, Currie, 2009).

¹² This was the case in Southwestern Ontario, where the Legal Health Check-Up was piloted.

¹³ The fact that the LSC service is provided by a range of legal professionals may be particularly appealing given ongoing discussions in Canada and elsewhere on the provision of legal and quasi-legal services by non-lawyers to address the access to justice gap (see, eg, Trabucco, 2018)

due to a hoarding problem, where the client's mental health is unsupported. An LSC advisor would help the service provider resolve the eviction (the *legal* problem) and recommend professional services and adequate supports to address the underlying mental health issue (the *non-legal* problem). Or an LSC advisor might receive an email from a service provider about a client who is not receiving child support from their ex-spouse and is worried about being able to pay their rent. An LSC advisor might provide a referral for the child support issue (the *legal* problem) since community legal clinics do not provide family law services. An LSC advisor would then provide information on applying for provincial social assistance and/or advice regarding the completion of the application and other documentation (the *non-legal* problem). This would ensure that the service provider's client has access to a source of income while the family law issue is being resolved, with the goal of avoiding an eviction (the *future legal* problem). This approach to problem solving is consistent with the everyday legal problems literature, which finds that everyday problems include a bundle of inter-connected legal and non-legal issues (source).

Strategic – and not strictly legal – advice was also intended to be a key component of the LSC service. Suppose that an LSC advisor receives a phone call from a service provider about a client residing in a retirement home. The client is at serious risk of eviction due to behaviour related to her mental health issues. The service provider asks for advice on what her client can do to prevent an eviction after receiving a legal notice. The LSC advisor would provide *legal information*: what the legal notice means, the rights and obligations of the client, the legal process to follow, how to prepare for a hearing, and so on. But in doing so, the LSC advisor would also discuss what actions could be *strategically taken now* (i.e., ensure the client takes her medications, document any efforts by the client to change her behavior) to mitigate against the risk of eviction and put the client in the best possible position to respond to any allegations about her behaviour at a hearing. The LSC advisor might also encourage the service provider to work with other members of the client's support team (family doctor, social worker, mental health professional, etc.) to carry out the strategy, or run a conference call with the support team to help coordinate a strategy.

The LHC pilot project also supported the development of these two key features. The LHC form circulated throughout the community and became HCLS's "calling card." A substantial number of community organizations and social services providers were now aware of HCLS and were willing to ask them for help. As a result, and by 2015, HCLS had built a strong network of community partnerships, which it could then offer the LSC service to. These partnerships also represented a referral network for the LSC advisors. And since the LSC form included areas of law (family, criminal, etc.) that did not form part of HCLS's practice areas, LSC advisors already had experience finding answers (or doors) to unfamiliar legal problems.

III. FINDINGS FROM THE LEGAL SECONDARY CONSULTATION PILOT PROJECT EVALUATION

The authors evaluated¹⁴ the LSC pilot project from September, 2016 to April, 2017.¹⁵ Data was collected from four sources: (1) data on the community organizations and social

¹⁴ One of the authors (Currie) was the evaluator, while the other (Stewart) provided evaluation and research support, including data collection.

service providers requesting the LHC service for each clinic; (2) interviews with LSC advisors;¹⁶ (3) interviews with social service providers and community organizations that used the LHC service;¹⁷ and (4) case notes from each clinic (Currie, 2018, pp. 8-9). Specific findings from the evaluation are discussed below.

A. FREQUENCY AND TYPE OF SERVICE

The LSC service was well-used by community organizations and social service providers in each community. The three clinics received 235 requests for service from 103 organizations over a seven-month period. **Table 1** breaks down these figures for each clinic. HCLS averaged 12.7 LSCs per month and 2.5 LSCs per organization; the Brant clinic averaged 6.9 LSCs per month and 1.7 requests per organization; and the Guelph clinic averaged 14 LSCs per month and 2.5 requests per service (Currie, 2018, p. 10).

Around 30% of community organizations and social service providers across the clinics made multiple requests for service at each clinic (Currie, 2018, p. 10-12).¹⁸ While health organizations were the most frequent users of the LSC service, the three clinics received requests from a wide variety of organizations. For example, the LSC service at HCLS was used by 36 organizations. This is a strong indication of the degree to which the LSC service diffused throughout each community.

LSC advisors supported community organizations and social service providers in resolving 267 legal and non-legal problems for their clients over the course of the pilot. Housing and access to government services represented almost two-thirds of the problems identified. The majority of LSCs involved only one problem. It appears likely that community organizations and social service providers prefer to deal with one problem at time, even when their clients are experiencing multiple problems (Currie, 2018, pp. 10-11)

Data from interviews conducted with six LSC advisors at the three clinics reveals that legal advice was the most frequent type of service provided during a consult. LSC advisors also reported providing non-legal and strategic advice to deal with a problem. A review of the case note data, however, suggests that most of the actions taken by LSC advisors did not involve legal advice in the traditional sense. One or more of the following actions were taken in most cases at each clinic: providing legal information, strategic advice and/or a referral (Currie, 2018, pp. 13-14; see also, **Table 2** for more detailed data).

One possible explanation for this apparent contradiction is that LSC advisors always assess the everyday problems presented during a consult for legal issues and are, therefore, more likely to perceive their advice as legal. Another has to do with the more fundamental change occurring in legal aid service delivery and access to justice. The LSC pilot project is at the

¹⁵ The data for each clinic covers slightly different time periods (Currie, 2018, p. 10).

¹⁶ We interviewed three respondents from the Guelph clinic, two from the Brant clinic and one from HCLS. Interviews were conducted in-person or by phone.

¹⁷ We conducted 10 interviews from service providers in Brant, 11 interviews with service providers in Guelph and 11 interviews with service providers in Halton. Interviews were conducted in-person or by phone.

¹⁸ The percentage of service providers making multiple requests by clinic are: 36.1% at HCLS, 27.6% at the Brant clinic and 41% at the Guelph clinic.

cutting edge of this change. The definition of legal problems has changed with the emergency of the everyday legal problems approach. The farther that access to justice moves from the clinic's door, the more likely that legal problems broaden to mean everyday problems with legal aspects. This latter concept increases ambiguity with respect to the type of legal problems and services offered and will require careful consideration in future research (Currie, 2018, pp. 14-15).

Critically, only 8.1% of LSCs in Guelph and 10.1% of LSCs in Brant resulted in referrals directly to either clinic. No LSCs resulted in a referral to HCLS. These figures speak to two of the main goals of the LSC service: increasing the legal capacity of community organizations and social service providers and resolving as many problems as possible at the community level. It is difficult to interpret the difference in referral rates between the three clinics. The higher rates at the Guelph and Brant clinics may simply indicate a high degree of caution when providing advice to non-professional service providers (Currie, 2018, p. 17).

B. RESPONSE BY COMMUNITY ORGANIZATIONS AND SOCIAL SERVICE PROVIDERS

Community organizations and social service providers were overwhelmingly positive about the value of the LSC service. Of the 32 community organizations and social service providers interviewed, 100% reported that the LSC service was “useful in serving their clients” and 96% reported that the service “improved their organization’s capacity to meet client needs.” Every respondent indicated they would use the service again and refer it to their colleagues (Currie, 2018, pp. 18-20).

Only four respondents identified problems with the LSC service, mostly with respect to telephone contact. Three respondents reported slow response times and/or difficulty in reaching a LSC advisor by phone.¹⁹ To address this problem, community organizations and social service providers may be able to modify the way they use the LSC service, or clinics may be able to arrange alternative forms of contact (email, etc.) to accommodate them (Currie, 2018, p. 19).

Another criticism had to do with the scope of the LSC service the three clinics provided. One respondent expressed the desire for the LSC service to address questions about all aspects of law (i.e., criminal and family law), while another sought access to LSC advisors with more general legal expertise. These issues speak to the value of communication between the clinics and their community organizations and social service providers to ensure that both sides understand the other’s operational constraints (Currie, 2018, pp. 19-20).²⁰

C. KEY BENEFITS

There is a paucity of literature on the value of LSCs (Currie, 2018, p. 6; Curran, 2017, p. 50). The present study addresses this gap in the literature by identifying three main benefits of

¹⁹ For example, one respondent ordinarily deals with clients in-person, which places an obvious constraint on when he can use the LSC service.

²⁰ For example, legal staff at the Guelph clinic are each experts in one area of poverty law, making it difficult to have generalist LHC advisors.

the LSC service at each clinic, which are consistent with Curran's research from Australia (Curran, 2016, p. 86-11; Curran, 2017, pp. 64-73).²¹ Our discussion of each benefit follows.

i. Expanding the Reach of Legal Aid

The LSC service allowed each clinic to extend the reach of their services to individuals that would otherwise remain hidden and not seek legal help. A majority of the community organization and social service provider respondents indicated that their clients were not likely to recognize that they had a legal problem, were reluctant to contact a clinic on their own, and were unlikely to follow-up on a referral or follow-through on the clinics advice.²² They noted several barriers that explain their clients' behavior, such as physical and mental health issues, trust issues and fear of approaching agencies. These responses strongly suggest the collaborative partnerships that formed between LSC advisors and community organizations and social service providers were essential to create pathways to justice, allowing each clinic to reach this potentially hard-to-reach population (Currie, 2018, pp. 21-23).

Based on the data from the case notes, the three clinics did help community organizations and social service providers resolve up to 267 everyday problems for their clients during the pilot (Currie, 2018, p. 24). A reasonable assumption is that a good portion of these problems would have remained hidden or unresolved without the LSC service and the support of trusted intermediaries.²³ However, client data was not collected during LSC contacts. It is therefore impossible to determine the exact number of people each clinic was able to help that would otherwise have remained hidden.

The impact of the LSC service on the clients or constituents of community organizations and social service providers appears to be positive. Client outcomes were not directly measured as this would have required resources beyond those available for the evaluation. However, a sample of community organizations and social service providers were asked for their overall assessment of the benefits of the LSC service for their clients. Almost 80% of them, distributed evenly among the three clinics, reported that the advice they obtained through the LSC service improved their clients' quality of life (Currie, 2018, p. 18). The comments from one respondent from the Saint Vincent de Paul Society are illustrative. The respondent noted that the speed with which the matter was addressed brought relief to the client:

“Resolved in 30 minutes; immigrant family with poor English signed an illegal lease; had to come up with all this money; client was worried and in fear. I emailed doc[ument] to HCLS; they sent a letter back and within 10-15 minutes I sent it to the landlord. The landlord backed down; this provided peach of mind and relief to the client” (Currie, 2018, p. 21).

²¹ Curran served as an advisor for the CALC evaluations and the evaluators referenced her research on LSCs.

²² For example, 84% of service provider respondents indicated that their clients would be somewhat likely or not likely to follow-up on a referral to a community legal clinic, even if it were provided by their primary service worker. Only 11% of service provider respondents thought that their clients would follow through on the legal advice received from a community legal clinic without their involvement.

²³ It is possible that some of the people would have ended up at one of the clinics, or already were clinic clients.

ii. Building the Legal Capacity of Community Organizations and Social Service Providers

Building the professional capacity and confidence of non-legal professionals to better help their clients has been cited by Curran (2017, pp. pp. 48-49, 58-59, 64-65, 67, 72) as a benefit of LSCs. There are at least two positive outcomes from this increase in capacity. First, it promotes earlier intervention. A non-legal professional is able to more easily identify or quickly verify that a problem their client has is capable of a legal solution, allowing for more effectively and timely referrals (Curran, 2017, p. 48). Second, it promotes efficiency. Following a LSC, a non-legal professional is able to assist future clients with the same problem without the assistance of a legal professional. This is more likely to occur for frequent and/or simple problems. For example, a LSC advisor may help a service provider fill out a form allowing her client to qualify for government-provided disability benefits, after which the service provider is able to independently complete the form for future clients (see, eg, Hayes, 2018).

Community organization and social service provider respondents unanimously agreed that the LSC service increased their confidence and improved their capacity to assist clients. Some respondents indicated that they did not need to use the LSC service as frequently for advice involving subsequent problems of a similar nature. Several respondents said they retained letters, forms or templates provided by the LSC advisor for use with other clients (Currie, 2018, pp. 19-20, 24).

iii. Cost Effectiveness

Community legal clinics increasingly work in an environment of financial constraint, meaning that any innovation to expand access to justice must be cost-effective. There were relatively minimal implementation costs directly attributable to the LSC service at each clinic. The service was built on existing clinic infrastructure, which has a cost (Currie, 2018, p. 23).²⁴ Significant time and effort must also be spent building relationships with community organizations and social service providers to ensure the LSC service diffuses throughout the community (Curran, 2017, pp. 58-59). And as the saying goes, “time is money.”

Cost-effectiveness refers to the value of a service in relation to its cost. Given the evolving nature of the LSC service at each of the clinics, the authors did not conduct a cost-benefit analysis.²⁵ The findings nevertheless support the conclusion that the LSC service is cost-

²⁴ During the project, each of the clinics also received additional funding from Legal Aid Ontario, which aimed to equalize funding to all clinics based on the proportion of the population within their service delivery areas. These funds were spent on related developments that, in some cases, supported the implementation of the LSC service. For example, the Guelph clinic used some of its additional funding to establish and staff a Health Leads Worker Program. The program’s legal worker responded to request for LSCs. At the Brant clinic, additional funding was used to redesign their intake process and staff a lawyer position to carry out enhanced intake. This allowed one of the staff lawyers to devote more time to the LSC service. Critically, the executive directors for the Brant and Guelph clinics reported that the LSC service could have been implemented without additional funding. And each clinic reported being able to offer the service without additional funding following the implementation period (Currie, 2018, p. 23).

²⁵ A cost-benefit analysis would be worthwhile now that the LSC service is well-established at each clinic. Operational costs could be estimated by collective time log data for the staff providing LSCs and calculating the portion of the salary of each advisor that could be attributed to LSC.

effective. The service allowed three clinics to help more than 100 community organizations and social service providers to resolve 250 problems for their clients, without substantially increasing costs. Service providers spoke highly of the service's value and reported that it improved their clients' quality of life. And LSCs have the potential to build legal capacity within the community in the longer-term, allowing service providers to better assist their clients without the support and cost of a legal professional (Currie, 2018, p. 23-24).

D. RISKS

A potential risk²⁶ with the LSC service is that non-legally trained community organizations or social service providers may misunderstand or misapply the LSC advisor's advice when assisting their client.²⁷ Six LSC advisors were asked whether contacts with outside community organizations or social service providers raised any concerns. Each respondent indicated that there is an inherent risk that advice or information passed from a lawyer to an external source may be misunderstood. However, they felt that the problem could be managed through communication.

Many of the LSC advisors used a common risk-management technique: they would *informally*²⁸ assess the community organization or social service provider's capacity to understand and/or carry out the advice provided during a consultation. For example, the LSC lawyer at HCLS would assess the language used by a service provider in describing their client's problem. If the LSC lawyer suspected a potential legal problem, she took time to instruct the individual. One of the Brant LSC lawyers reported that on the rare occasion his assessment raised doubts about the service provider's level of understanding, he would ask to see the client in person.²⁹ The LSC advisors noted that, over time, they became familiar with the capacity levels of the service providers over multiple contacts (Currie, 2018, p. 16-17).

There are always risks associated with providing legal advice. An interesting question is whether such risks are more likely to manifest when advice reaches a client through a community organization or service provider as opposed to directly from clinic staff. Service providers are possibly less likely to misunderstand or misapply the advice received from a LSC advisor than their clients, many of whom experience significant barriers such as mental health issues. Outside advisors are less likely to provide ineffective assistance to their clients if they have the benefit of the LSC advice. The advantage of the collaboration is that outside advisors often better understand the specific problems facing their clients than the LSC advisor would, even with direct contact.

²⁶ This risk was not mentioned in the evaluations of CALC's worker advice service (Willcox, 2016; Sanderson, 2017). But see, Gyorki, who notes that, in the medical-legal partnership context, "a number of...lawyers provide secondary consultations to health professionals...there is concern about non-lawyers giving legal advice. It is critical that non-lawyers do not give legal advice and that this is made clear through training" (2013, p. 81).

²⁷ Two of the fifteen Ontario clinics that were not involved in the project identified this risk as a concern. One clinic reported that it provides advice to external agencies only if the agency signs a waiver releasing the legal clinic from any liability. Another clinic indicated that providing secondary advice was "inappropriate" (Currie, 2018, p. 16).

²⁸ The LSC lawyer at the Guelph clinic uses a different approach: she asks service providers directly if they are comfortable carrying out the advice, or if they prefer to have someone from the clinic meet their client directly.

²⁹ The Brant LSC lawyer noted that this happens where there is a language barrier.

The risk that a client's identity or other confidential information is disclosed or improperly used during a LSC is quite low. The LSC service is focused on helping community organizations and social service providers, which are able to receive assistance from an LSC advisor without sharing any confidential information about their clients. The LSC advisor also does not have physical access to their clients. According to one of the LSC advisor respondents, when confidential information or documentation needs to be shared, the organization will always first obtain their clients' consent. And if a client is present during a phone consult, or decides to participate, they can provide their verbal consent directly.

IV. IS THE LEGAL SECONDARY CONSULTATION SUSTAINABLE?

Data on the number of LSC requests was collected from each clinic from 2018 to 2019. The data in **Table 3** reveals that the LSC service remains sustainable at the three clinics. Since the pilot, the level of requests increased substantially at HCLS in 2018 (+17 requests; +19%) and 2019 (+47 requests; +44%). The Guelph clinic saw a substantial increase in requests in 2018 (+75 requests (+77%)), which was maintained in 2019 (-2 requests (-1%)). Brant had a similar number of requests as the pilot phase in 2018 (-2 requests (-11%)), then saw a substantial increase in 2019 (+21 requests (+49%)). This data provides a strong indication that community organizations and social service providers continue to view the LSC service as valuable. Indeed, ongoing demand should not be an issue, since the service does not impose any costs on these entities; it is all benefit.

Interviews³⁰ with the Executive Directors of each clinic revealed that they each consider the LSC service to be valuable and sustainable. The service is low-cost, beneficial to clients and community organizations and social service providers, and complements other efforts by the clinics to engage with their communities. The clinics plan to continue to offer the service.

The Executive Director at HCLS and an LSC advisor identified another benefit that has emerged as the LSC service has evolved: it has brought different social service providers together in a teamwork approach to address client needs. This has led to an increase in reciprocity between the clinic and those community organizations and social service providers that use the LSC service. When the lawyer-instructor needs help with a client matter, she finds that she is in a much better position, as a result of the LSC service, to call on community organizations and social service providers for help and that they will go "above and beyond" to do so.

Two ongoing challenges were identified. The Executive Director of the Guelph clinic reported that, due to staff changes, the clinic is not always able to provide LSCs that are as extensive as they would like. The Executive Director of the Brant clinic reported that it remains challenging to maintain the clinic's connection with community organizations and social service providers that have significant front-line staff turnover and are under-resourced and over-staffed. He reported that regular contact with community organizations is required to keep the LSC service "top of mind" and maintain the clinic's current level of requests. This speaks to both the importance of, and time involved in, maintaining lasting relationships with trusted intermediaries.

³⁰ Emailed interview responses on file with the authors.

V. CONCLUSION

LSC has proven to be a highly successful form of outreach. The LSC pilot project has made significant progress overcoming several issues that have limited the three clinics to serve their communities and address the expanding access to justice problem. The strategy underlying the LSC is to become part of the community being served and that is the key to the success of this innovation in legal service delivery.

LSC has made significant progress in narrowing the access to justice gap. It has allowed the three clinics to more effectively meet the needs of more individuals and address a greater range of legal and non-legal problems. LSC has shown that engaging and leveraging community resources is an important resource for meeting unmet needs. Underfunding has been a perennial problem for community legal clinics. Funding from conventional resources will not likely increase. At the same time, our understanding of unmet legal and justice needs from the legal problems research has made clear that the level of need and access to justice gap is greater than had been previously realized. By developing collaborative partnerships with community organizations, the three clinics have been able to identify and assist more people with unmet needs, combining resources and expertise of community organizations and social service providers to resolve problems. The community is not simply a resource for the three clinics. LSC is a community development process through which the capacity of the community is strengthened. Community organizations become better able to serve their own clients and better able to work as effective partners with clinics in a network of access to justice services.

LSC is a highly sustainable form of outreach. The cost to the clinic is low. A free consultation with a LSC advisor is a valuable resource for community organizations and social service providers. Professionally-trained and volunteer service providers recognize that LSC helps them better assist their own clients. This is a winning combination that likely explains why the number of requests for consults has remained stable for two years after the intensive promotion of the project during the pilot phase.

LSC is a sound idea that is probably transferrable to other clinics, making allowances for the differences that will exist from one community to the next. The communities in which the LSC pilot project were carried out are resource rich with numerous, if not adequate, publicly and privately-funded services and voluntary organizations. However, even in less well-resourced communities, people will seek help from the organizations that exist. The LSC service would still help clinics to work with these organizations and build capacity to the benefit of the community.

Table 1: Requests for LSC service by clinic, September 2016 to April, 2017

Clinic	Organizations	Requests for LSC	Case notes created
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HCLS	36	89	89
Brant	28	48	69
Guelph	39	98	109
Total	103	235	267

Table 2: Most frequent actions by LSC advisor

HCLS	Count*	Percentage**
Legal information and referral	12	24%
Legal information and strategic advice	10	20%
Legal information	9	18%
Strategic advice	6	12%
Review documents and strategic advice	6	12%
Legal advice and strategic advice	4	8%
Legal advice and referral	4	8%
Brant Clinic	Count	Percentage
Strategic advice	7	20%
Referral	6	17%
Legal information	6	17%
Strategic advice and legal information	6	17%
Legal advice and strategic advice	4	11%
General information and advice	3	9%
Meet with client	3	9%
Guelph Clinic	Count	Percentage
Referral	18	29%
Legal information	13	21%
Strategic advice and legal information	11	17%
Legal information and referral	6	10%
Legal information and strategic advice and referral	5	8%
Strategic advice	5	8%
General information and advice	5	8%

Table 3: Comparing annual LSC requests by clinic, 2016 to 2019****

Clinic	Pilot Phase (Sept. 2016 – April 2017)	2018	2019
HCLS	89	106 (+19%)	153 (+44%)
Guelph	98	173 (+77%)	171 (-1%)
Brant	48	43 (-11%)	64 (+49%)

*counts based on a review of 51-57% of case notes for each clinic; **sums equal to above 100% due to rounding; ***data provided by the Executive Directors of each clinic by email.

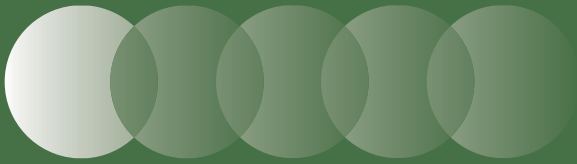
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Part 04

The Rural Mobile Law Van



The Rural Mobile Law Van

PROVIDING JUSTICE SERVICES TO PEOPLE IN RURAL AREAS IS A PERENNIAL PROBLEM FOR ALL PROVIDERS OF LEGAL AND JUSTICE SERVICES. The Rural Law Van project demonstrated an effective way to increase access to legal service in a large rural area, both in terms of the number of people served and the range of problems for which people requested assistance. The Legal Clinic of Guelph and Wellington County had long recognized that people living in rural Wellington County were not being well-served compared with the population in and around the city of Guelph where the clinic is located. In 2018 the clinic implemented a mobile rural law van project in an attempt to better serve the rural area, operating for six months between May and October. During the six-month period, the Van made regular one-day stops in 12 communities throughout the county. Arrangements were made to park the van in highly visible locations, placing a large sign offering “free legal help” at the end of a parking lot or alongside the closest street. This was a classic exercise in outreach, going out to where people live or spend much of their time in their own familiar places with a proactive, unconditional offer of service.

THE RURAL LAW VAN PROJECT DEMONSTRATED AN EFFECTIVE WAY TO INCREASE ACCESS TO LEGAL SERVICE IN A LARGE RURAL AREA, BOTH IN TERMS OF THE NUMBER OF PEOPLE SERVED AND THE RANGE OF PROBLEMS FOR WHICH PEOPLE REQUESTED ASSISTANCE.

THE IMPORTANCE OF THE COMMUNITY as a resource is reflected in the connections made with community organizations for referrals. During the 6-month pilot project the community legal workers at the Van referred people to 28 different community organizations. Referrals were received by 21 organizations. This represents a substantial connection with the community involving about 23% of all people requesting assistance at the van.

THE MOBILE RURAL VAN SUCCEEDED well in the small communities of rural Wellington County because the people living there took notice of what was happening in a place in which they lived and spent much of their time. This represents a more fundamental way in which the community enabled the work of the mobile law van. It appears to lie in the sociological nature of rural communities. The project became embedded in the rural communities in a way that may not have occurred in larger cities. Large cities are characterized by ordered segmentation. Specific areas of cities are characterized by social features such as ethnic and social class groupings. People live many aspects of their lives in those small areas within cities and exhibit a proprietary connection to them. They tend to notice things that go on there. In a large urban area people may travel to other parts of the large city for instrumental activities such as employment or shopping. However, by way of contrast there is a more organic quality to place in a small town or village because people live their lives there as a whole place. On balance, the attachment to community is more affective rather than instrumental. About 60% of people visiting the van learned about it by driving or walking past the location. This appears to reflect the way in which people in small rural communities connect with things that go on there. They notice what goes on because of the organic rather than segmented nature of the place and because of their affective rather than instrumental attachment to it. While a mobile law van may also work in a neighbourhood of a large city, the nature of the rural community allows the rural van to establish a significant presence in the communities being served.

THE CONNECTION WITH THE COMMUNITY developed in an important way in terms of patterns of communication through social media. The importance of social media as a means for people to learn about the van became increasingly more evident during the project. From the beginning of the project the location and dates of visits by the Van were announced on community Facebook pages, notices were placed in community newspapers and posters were placed in locations such as coffee shops, churches, grocery stores and filling stations. However, most people said they learned about the Van by simply walking- or driving by. Notably, the number of people indicating that

they learned about the Law Van through social media increased from 3% to about 30% from the beginning to the end of the project. The presence of the Van became a part of the normal patterns of communication among people in the community using social media. Visitors to the Van would sometimes make volunteered remarks such as *my mother or my friend saw you on Facebook and told me I should come in to see you.*

VISITORS TO THE VAN WOULD SOMETIMES MAKE VOLUNTEERED REMARKS SUCH AS MY MOTHER OR MY FRIEND SAW YOU ON FACEBOOK AND TOLD ME I SHOULD COME IN TO SEE YOU.

THE LAW VAN ATTRACTED PEOPLE who were first-time users of legal aid. Among the 464 visitors to the van asking for assistance, most had no previous contact with the community legal clinic in Guelph. During the first three months 93% and during the second three months 82% of people had not previously requested assistance from the clinic. People asked for help with a large variety of problems that extended far beyond the areas of law normally dealt with by the clinic. The numbers of visitors, the wide range of problems and percentage of people with no previous contact are strong indicators of success in expanding access to justice in rural Wellington County.

IN THE SUMMER OF 2021, the Guelph community legal clinic implemented Rural Law Van 2, this time in partnership with neighbouring Halton Community Legal Services. The summer service provided by Rural Law Van 2 will continue beyond the onset of inclement late fall and winter weather by establishing winter venues in fixed locations serving the same areas. Preliminary data for Rural Law Van 2 indicate the same success as the original project, suggesting that the project is a durable success.

Reports

1. Ab Currie, Someone Out There Helping: Final Evaluation of the WellComS Mobile Van Project (2020)
2. Ab Currie, Anthea Millikin, Max Leighton and Roseanne Vandermeer, The Power of Social Media (2020)

Part 04 REPORT 01

Ab Currie, **Someone Out There Helping: Final
Evaluation of the WellComS Mobile Van Project
(2020)**



SOMEONE OUT THERE HELPING: FINAL REPORT OF THE WELLCOMS MOBILE VAN PROJECT

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Senior Research Fellow
Canadian Forum on Civil Justice

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Someone Out There Helping¹: Final Report of the WellCoMs Mobile Van Project

A Report Prepared for the Legal Clinic of Guelph and Wellington County

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INTRODUCTION AND BACKGROUND

In May 2019 the Legal Clinic of Guelph and Wellington County (the Guelph clinic) implemented a project to enhance legal services in rural Wellington County using a mobile service called the WellCoMs van (the van). The project addressed a long-standing need that had been recognized by the Guelph clinic since its establishment in 2002 to provide a good level of service to rural Wellington County.

Providing legal services in rural and remote areas is a universal problem in legal aid. The lessons that have been learned in this project will hopefully not only be of benefit to the Guelph clinic but will contain useful lessons learned for legal services providers in Canada and elsewhere with mandates to provide access to justice services in areas outside main population concentrations. The WellCoMs mobile van project was developed taking into account the principle findings of the literature on unmet legal need. The central problem relating to geographical distance and dispersion is compounded by the basic accessibility problems which are now familiar from the results of legal problems research and clinical experience. The body of legal problems research has convincingly demonstrated that the prevalence of legal problems experienced by the public is high.² Further, these problems largely constitute hidden legal need. People tend to be reactive in the face of problems. They may not deal with them in a timely manner, sometimes waiting until the situation is desperate.³ In addition to the reactive character of experiencing legal problems, people view problems in substantive terms. They do not see their problems as legal issues and therefore do not take appropriate action. Further, they may not be aware that help is available or of where to obtain it. Because a project dealing with rural accessibility must also address these generic problems, the WellCoMs project was developed taking these issues into consideration.

However, somewhat paradoxically, people experiencing legal problems in their everyday lives are also eager and willing to deal with them if given the opportunity to overcome the barriers to accessibility. People know when they have a problem and they almost always want to do something to resolve it. Canadian research has shown that about 85% of people experiencing an everyday legal problem say that want to resolve it and 95% take some

¹ *He said it is good to see someone out there helping, He got the help he needed because of us.* Notes from the follow-up survey, a respondent from Drayton who visited the van in July.

² 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*, Canadian Forum on Civil Justice, Toronto, 2016.

³ Michele Leering, *Paths to Justice: Navigating with the Wandering Lost: Providing Access to Justice to Rural and Linguistic Minority Communities in South-Eastern Ontario*, March 2011.

action to do so.⁴ The van is intended to draw people out, helping them overcome the barriers that prevent them from obtaining timely assistance with their everyday legal problems.

Building service based on outreach is the key to extending the reach of legal aid in order to address unmet legal need, especially having this quality of hidden need. Two basic features of outreach are going out to where people live or spend much of their time and providing assistance to people who would not otherwise receive service. However, going out to one or more places in the community expecting that people will come into these central points may be only part of the solution. To make outreach most effective, it is assumed that the service delivery should become embedded in the community. This requires making legal aid part of the community. This involves making connections with community associations and service agencies in the community to which people turn for help when problems arise. It also involves making people aware of the legal help available by posting information in places where they normally spend time and engage in normal activities. These aspects of outreach build pathways to legal help, reaching out to an extent and into places that the presence of the mobile van in a particular location may not be able to do on its own. This connects the idea of outreach to the concept of embeddedness in the community; making legal aid a presence in the community, creating an awareness of legal issues in people's consciousness and becoming part of the social organization of helping in the community. Obtaining legal help thus becomes as much a part of everyday life as the problems they are experiencing.⁵ Starting with building pathways, collaborative partnering with other organizations in the community can lay the foundation for building a holistic and integrated service, engaging the considerable resources extant in the community to address multiple problems and complex needs.

THE PROJECT

The van began operating in May 2019, visiting 12 communities in Wellington County on a regular basis. The van is pictured in the Infographic shown in Appendix Two. Wellington County covers 2,657 square kilometers and has a non-urban population of approximately 91,000. Table 1 lists the 12 communities that were visited by the van with the population and percentage of the population below the Statistics Canada low income level for each location. The two most distant communities, Puslinch in the southern part of the county and Mount Forest in the North are about 83 Kilometers apart, approximately 1 hour 20 minutes driving time in good weather. The largest city in Wellington County and the location of the Guelph clinic is Guelph, located about 93 kilometers West of Toronto.

⁴ Ab Currie, *Nudging the Paradigm Shift: Everyday Legal Problems in Canada*, Canadian Forum on Civil Justice, 2016

⁵ Ab Currie, *The Legal Problems of Everyday Life* in Rebecca L. Sandefur (ed.), *The Sociology of Crime, Law and Deviance*, Vol 12, *Access to Justice*, Emerald Press, 2009

Table 1: Communities Served by the WellCoMs Van

Community	Population	% of the population below the low-income cut-off
Drayton	2111	7.6%
Erin	2647	7.4%
Clifford	823	13.3%
Hillsburgh	1124	1.3%
Arthur	2333	9.7%
Palmerston	2624	5.2%
Elora	7424	7.2%
Puslinch	7336	5.8%
Mt. Forest	4643	15.3%
Harriston	1797	13.5%
Rockwood	4629	5.8%
Fergus	20,767	7.2%

The van operated between May 1 and October 31, 2019. Two outreach workers were present at the van. Occasionally, a lawyer, paralegal or community legal worker would also attend the van, although the van was staffed only by the outreach workers for the great majority of the time. They provided referrals and legal information, mainly in print form, rather than advice. During the 6-month period, the van made a total of 128 visits to the 12 communities.⁶ On each community visit the van would park in a conspicuous place intended to maximize its visibility for passers-by. An open tent was erected alongside the van with signage indicating that free legal help was available. Before arriving, the outreach workers would post a notice on the community Facebook page. The presence of the van was “tweeted out” with the intention that community organizations would “retweet” the information. Frequently, but not for every visit, an Instagram was posted with video and some interesting commentary about the van. Posters with the schedule for all visits during that month were placed in locations where people go in the normal course of daily activities; coffee shops, the local library branch, the office of the elected representative in the Federal Parliament or the Provincial Legislature, local stores, the local food bank and other places where permission was given. At the beginning of the project news items about the van appeared in the major media in the region. Information about the van was also provided through churches, government services offices and community organizations. Invitations were extended to community leaders to visit the van. Occasionally, pastors of the local churches, town mayors or managers of local service agencies made impromptu visits. A number of community groups were consulted in the planning stages of the project. In July an infographic was prepared based on the first two months experience with the operation of the project.⁷ The infographic was widely distributed throughout the county.

Community partners consulted in the planning stages and throughout the project included the Rural Wellington Community Team, County of Wellington Social Services and Libraries, East Wellington Community Services, Legal Aid Ontario and Community Justice Initiatives.

⁶ A copy of the September schedule is provided in Appendix One.

⁷ See Appendix Two.

Data Sources

The quantitative data presented in this report was collected at the van by the outreach workers. Casual contacts in which the individual did not wish to discuss a problem were tallied on one form per individual. If any conversation occurred the individual was asked how they learned about the van and whether they were aware of the legal aid clinic. A second form recording more detailed information was completed for individuals who identified a problem and requested assistance.

The outreach workers compiled monthly journals recording observations and highlights. There was no predetermined format. The outreach workers provided original comments and observations about situations and events they considered significant and about changes they observed over time. Data collection began on May 15. Therefore, an undetermined number of visitors to the van were not recorded prior to this time.

During the first two weeks of November follow-up telephone interviews were carried out with a sample of people who had been provided with public legal information or a referral. The interviews were intended to learn whether people had used the information or referrals to attempt to resolve their problem, whether this had been useful in working toward a resolution and, overall, if the help they received had made their day-to-day situation easier.

COMMUNITY RESPONSES TO THE VAN

The van was highly successful in identifying unmet legal need in rural Wellington County.⁸ During the 6-month period from May to the end of October there were a total of 586 visitors to the van. 122 were casual passers-by who did not identify a problem or request any specific information. About 79%, of the total number of visitors, 464 individuals, identified a problem and were provided with some assistance.

There are no results available from similar mobile legal services projects to compare with the WellCoMs van. However, it is instructive in a general way to compare the results of rural Wellington van project with a highly successful urban outreach project, the Hamilton Legal Outreach Project, carried out by the Hamilton Community Legal Clinic. The Hamilton project provided half and full day outreach clinics at 8 organizations serving disadvantaged people in the city. Over approximately a two-year period between October 2016 and November 2018, 697 people were served by staff lawyers and 1,163 people were served by the community navigator.⁹ The assistance by the community navigator involved referrals to other organizations for assistance. In total, the Hamilton Legal Outreach project served a total of 1,860 people in two years. Keeping in mind that the two projects had different objectives, provided different services and operated in different environments, this compares favourably in terms of numbers with the WellCoMs van project. Projecting the 6-month totals for the van for one year, the van would have served an estimated 928 people (464 x 2). The Hamilton project served about 930 people during a one-year period (1860 ÷ 2).

People Who Might Otherwise Not Have Received Help

It is not easy to determine if people would not have taken some action. However, it appears that most of the people to whom the van provided assistance would not otherwise have received help with their legal problem.

⁸ The results presented in this report are not statistically representative of the population of rural Wellington County. However, because the van provided assistance to people in 12 communities throughout Wellington County, the research can be considered logically representative of the rural population of the county.

⁹ The Hamilton Outreach Project: Going Out to Where People Are At, Hamilton Community Legal Clinic, March 2019

Whether the person previously had contact with the clinic in Guelph was used as a proxy for likelihood of receiving assistance. Names recorded at the van were matched with records of previous contacts at the Guelph clinic. Over the entire six-month period, only 12.5% of the 464 people requesting assistance with problems had previously contacted the clinic. This percentage changed over time. Only 7% of people seeking help at the van during the first 3 months from May to July had previously contacted the Guelph community clinic. During the last 3 months from August to October 18% had contacted the Guelph clinic in the past. While much larger than the 7% figure, this still suggests that most people coming to the van for assistance would not have otherwise received help. Slightly less than 30% (29.0%) of the people contacting the clinic from the van using Skype previously had contact with the Guelph clinic. Finally, the 122 casual visitors to the clinic were asked if they were aware of the legal clinic. A minority of the casual visitors, 29.8%, said they knew about the community legal clinic in Guelph.

Number of Contacts with the Van by Community

Table 2 shows the number of visitors to the van by community, distinguishing people with problems and casual visitors.¹⁰ The table is organized around the number of visitors to the van with problems.

Table 2: Number of Visitors to the Van by Community

Community	Visitors Requesting Help			Casual Visitors			Total Visitors		
	Number	Percent	Rank	Number	Percent	Rank	Number	Percent	Rank
Mt. Forest	90	19.4%	1	14	11.6%	4	104	17.8%	1
Arthur	73	15.7%	2	11	9.1%	5	84	14.4%	2
Fergus	43	9.3%	3	9	7.4%	7	52	9.0%	3
Palmerston	39	8.4%	4	6	5.0%	9	45	7.8%	6
Rockwood	37	8.0%	5	10	8.3%	6	47	8.1%	5
Drayton	35	7.5%	6	8	6.6%	8	43	7.4%	8
Erin	33	7.1%	7	19	15.6%	1	52	9.0%	3
Harriston	33	7.1%	7	18	14.9%	2	44	7.6%	7
Clifford	32	6.9%	8	16	13.3%	3	48	8.4%	4
Elora	20	4.3%	9	3	2.5%	11	23	4.0%	9
Hillsburgh	16	3.4%	10	2	1.6%	12	18	3.2%	11
Puslinch	13	2.8%	11	6	5.0%	10	19	3.3%	10
Total	464	100.0%		122	100.0%		586	100.0%	

This is the most meaningful number for examining the assistance provided to visitors or users and is used below for other parts of the analysis. Mount Forest and Arthur are outstanding in terms of numbers of people seeking help from the van.

¹⁰ This distinction was better early in the project. Later on, people began making return visits. By the time this was noticed by the outreach workers it was too late in a very short project to begin collecting detailed data to document this trend more precisely.

Table 3 shows the number of visits to the van by people with problems over the 6-month period in each of the 12 communities, in absolute numbers and per capita. Per capita calculations have to be used cautiously because all of the people visiting the van in a particular location may not live in that community.

Table 3: Number of Visitors to the Van by Community Requesting Assistance, Absolute Numbers and Per Capita

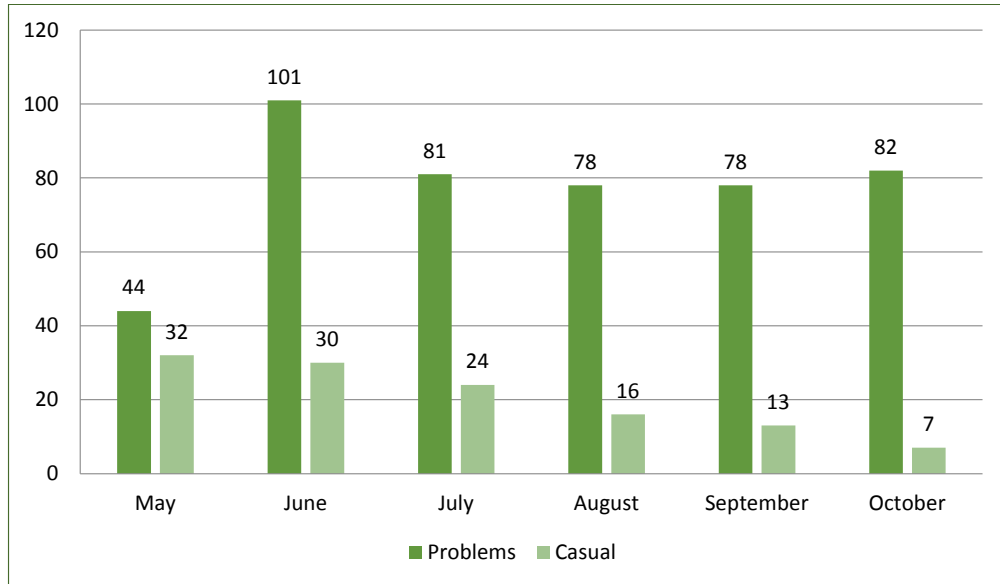
Community	Number of Visitors Requesting Assistance	Per Capita Visitors Requesting Assistance (per 1000)	Percent of the Population Below the Poverty Level
Mt Forest	90	19.4 per 1000	15.3%
Arthur	73	31.3 per 1000	9.7%
Fergus	43	2.1 per 1000	7.2%
Palmerston	39	14.9 per 1000	5.2%
Rockwood	37	8.0 per 1000	5.8%
Drayton	35	16.6 per 1000	7.6%
Erin	33	12.5 per 1000	7.4%
Harriston	33	18.4 per 1000	13.5%
Clifford	32	38.9 per 1000	13.3%
Elora	20	2.7 per 1000	7.2%
Hillsburgh	16	14.2 per 1000	1.3%
Puslinch	13	1.8 per 1000	5.8%

Nevertheless, with that caveat in mind, the per capita data reveal a tendency for the highest number of visits per capita to occur in the communities with the highest levels of poverty. This is a highly positive outcome for the project. The van is meeting the needs of the most disadvantaged people in Wellington County.

Visits over Time

Figure 1 reports the number of visits by month for all communities combined. The peak number of visits was in June. After that the number of people visiting the van overall stabilized at about 80 visits per month.

Figure 1: Visits to the Van by Month, All Communities Combined



The number of visits spiked in June signaling the initial awareness and interest in the van. It was expected that the number of visits might decline during October due to the colder fall weather. The fact that this did not occur is an indication of the extent to which the van is meeting people’s needs. The number of people dropping by the van casually and not identifying a problem declined steadily over the six-month period. The stability of the numbers of people approaching the van seeking assistance with problems is a good indication that the van had become embedded in the community; a place where people in the communities know that help is available.

The van made 12 visits to the various communities. Table 4 shows the range and average number of people visiting the van by order of visit for 9 visits. Attempting to represent a more detailed pattern would be complex, the number of people visiting the van on any given day being dependent on a number of idiosyncratic factors that might be in effect on any particular day, including the weather.

Table 4: Number of Visitors by Order of Visit, Nine Visits, People Seeking Assistance with Problems

Order of Visit	Range for the Number of Visitors Seeking Assistance with Problems	Communities with Highest Numbers of Visitors	Average Number of Visitors
1 st Visit	1 to 6	Mt Forest – 6 Drayton/Erin - 4	2.8
2 nd Visit	2 to 9	Arthur – 9 Fergus - 8	3.4
3 rd Visit	2 to 14	Clifford – 14 Mount Forest - 11	5.1
4 th Visit	4 to 16	Arthur – 9 Mt Forest - 16	4.9
5 th Visit	2 to 6	Arthur – 6 Mt Forest 6	3.3
6 th Visit	0 to 6	Mt Forest – 6 Harriston - 6	2.7
7 th Visit	0 to 9	Palmerston – 9 Mt Forest - 8	3.1
8 th Visit	0 to 9	Arthur – 9 Mt Forest - 8	4.2
9 th Visit	0 to 10	Fergus – 10 Mt Forest - 9	3.9

The average number of visits by order of visit for the first 9 visits remained high. From the sixth visit on, there were visits to communities that did not produce any visitors seeking assistance with problems. On the other hand, some community visits continued to produce relatively high numbers of visitors with problems. Mt Forest was one of the top two communities in terms of number of visitors in 8 of the 9 visits and Arthur was among the two highest communities with respect to number of visitors in 4 of the 9 visits.

Problem Types

Visitors to the van asked for help with 25 separate problem types. Table 5 shows the problem types with more than 5% of the total. Family law was the largest category of problems identified by people visiting the van. The top seven problem types made up almost 85% of all problems. People asked for assistance with twenty-five problem types overall.

Table 5: Types of Problems Identified

Type of Problem	Percent
Family Law	26.7%
Landlord-Tenant	13.6%
Civil Matters	11.2%
Wills and Powers of Attorney	10.8%
Criminal Charges	8.8%
Employment	7.8%
ODSP	6.0%
Other	15.1%
Total	100.0% (464)

These included a very wide variety of problems, for example; education, assisted dying, police action, identity theft, pensions and information about small claims court. This highlights the versatility and range of knowledge required by outreach or legal workers to meet the expectations and needs of people who come seeking assistance. With a proactive offer of service and, following the famously-stated Australian “no wrong door, no wrong number” approach, people coming to the van for help cannot be told *sorry, we don’t do that*. The Guelph clinic may not provide service in a particular area of law, but by listening and making thoughtful referrals the outreach workers always provided help and suggestions.

Consumer and debt problems are conspicuously absent from the list of problem types. People asked for help with only 1 consumer problem and 8 debt problems. However, consumer and debt problems consistently register as the most frequently occurring problems in national legal problems surveys carried out in Canada and in other countries. According to the 2014 national survey by the Canadian Forum on Civil Justice, Everyday Legal Problems and the Cost of Justice in Canada the five most frequently reported problems were consumer (22.6% of adult Canadians experienced at least one consumer problem), debt (20.8%), employment (16.4%), neighbourhood problems (9.9%) and family (5.3%)¹¹. This raises the possibility that people may not be identifying certain kinds of legal problems they are experiencing. One possible reason is that they do not see the problem as legal. The signage at the van indicated that help with legal problems was available. Second, people may erroneously feel that there isn’t anything that can be done about certain kinds of problems. Not discounting the success that the van has had in its initial six months of outreach to rural communities, there may be a deep layer of problems with legal aspects and potential legal solutions yet to be uncovered.

Gender

Men and women visited the van in about equal numbers. 46.5% of all visitors were men and 52.6% were women.

Age

Few people visiting the van were under 25 years of age. People were not asked their specific ages. Rather, the outreach workers reported their best guess about broad age categories. Based on this, only about 4.3% of people asking for assistance with a problem were under 25 years of age, about 65.3% appeared to be between

¹¹ Ab Currie, *Nudging the Paradigm Shift*, Figure 1

25 and 60 and 29.5% were judged to have been over 60. In future planning, some thought should be given to reaching younger people.

Types of Assistance

The outreach workers staffing the van were not legally trained and therefore no legal advice was provided. From time to time a lawyer, paralegal or community legal worker attended the van and were able to provide advice. For one two-week period, a caseworker replaced one of the outreach workers.

PLE was provided to 67.2% (312) of visitors to the van with problems. Generally, the assistance provided was PLE pamphlets produced by Community Legal Education Ontario (CLEO) or referral suggestions by the Guelph clinic dealing with topics such as family law, workers compensation, courts and tribunals, immigration and wills & powers of attorney (see samples in Appendix Three) including a referral list of county lawyers in each community who prepare wills and powers of attorney and the range of costs. The latter was prepared specifically for the van project.

Referrals to other community supports were provided to 12.9% of the 464 visitors seeking help. Referrals were made to 23 different organizations. These included the John Howard and E Frye societies, Women in Crisis, the Community Resource Centre and the Wellington County Office and Legal Aid Ontario offices. Notably, 13 people were referred to the offices of the Member of the Provincial Legislature and the federal Member of Parliament. Referrals could also be made to the Guelph clinic employment lawyer and case workers.

Skype

An important feature of the van project was the capacity for people to use Skype at the van to speak immediately with a caseworker from the clinic in Guelph at all times. Visitors to the van were informed about this option by the outreach workers and sometimes, on a case-by-case basis were urged to do so when the situation seemed appropriate and for types of legal problems for which the Guelph clinic provides service. Occasionally visitors to the van would decline an offer to connect with the Guelph clinic in this way. About 8.2% (38) of the 464 people who received some form of assistance used Skype to contact the Guelph clinic. Slightly more than one quarter (10) of all Skype contacts occurred in June. Otherwise, the use of Skype occurred in each of the other months, with between 4 and 7 contacts made. People visiting the van in Mt. Forest made the largest number of Skype contacts (10), followed by Harriston and Rockwood with 6 each and Arthur with 4 Skype contacts. The outreach workers observed in their journals that delays in reaching the caseworker in a particular problem area occurred occasionally when the Skype call was made, although connections were always completed. This issue of availability is an issue that should be addressed in subsequent iterations of this project, possibly with additional funding.

The Skype option for advice seems, on the surface, like a good idea. The types of problems for which people most commonly used Skype were disability benefits, 45.5% of people with this type of problem; ODSP, 39.3% of people with these problems and 19.0% of people with landlord-tenant problems. In future iterations of this project there should be consideration about how to optimize the use of Skype. Dedicated funding for a Skype caseworker could be considered.

CONNECTING WITH THE COMMUNITIES

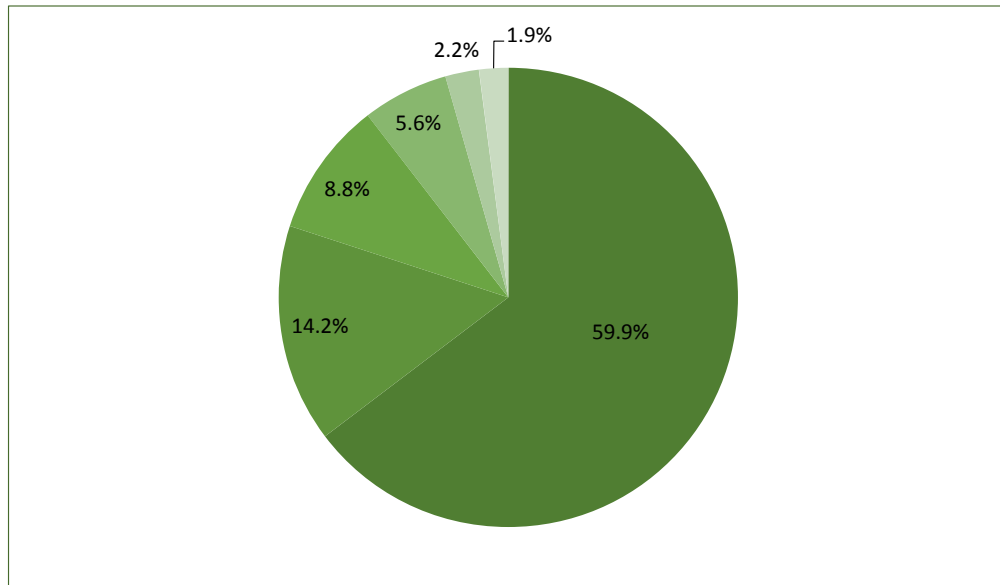
Most people connected with the van on a casual basis simply by passing by the location where the van was parked for the day. Locating the van in conspicuous places in small communities is clearly an important way of

connecting with the community. 59.9% of the people identifying problems and seeking help said they learned about the van from “passing by”. The other methods by which people connected with the van were:

- 14.2% said they learned about the van from the social media posts made by the outreach workers on community Facebook pages.
- 8.8% were referred by 20 different community agencies. These included a variety of organizations such as the Canadian Mental Health Association, food banks in different towns, local MP’s office, family health teams in two towns and a child and family services agency.
- 5.6% of visitors said they had been told about the van by a friend or relative or by a community organization (but not a referral). One source mentioned was a weekly church announcement
- 2.2% had learned about the van from a local newspaper
- 1.9% learned about the van by noticing posters placed in places such as coffee shops, convenience stores, libraries, and other places where people normally go in the course of daily activities.
- 7.4% in total were not sure, did not answer or said they were repeat clients

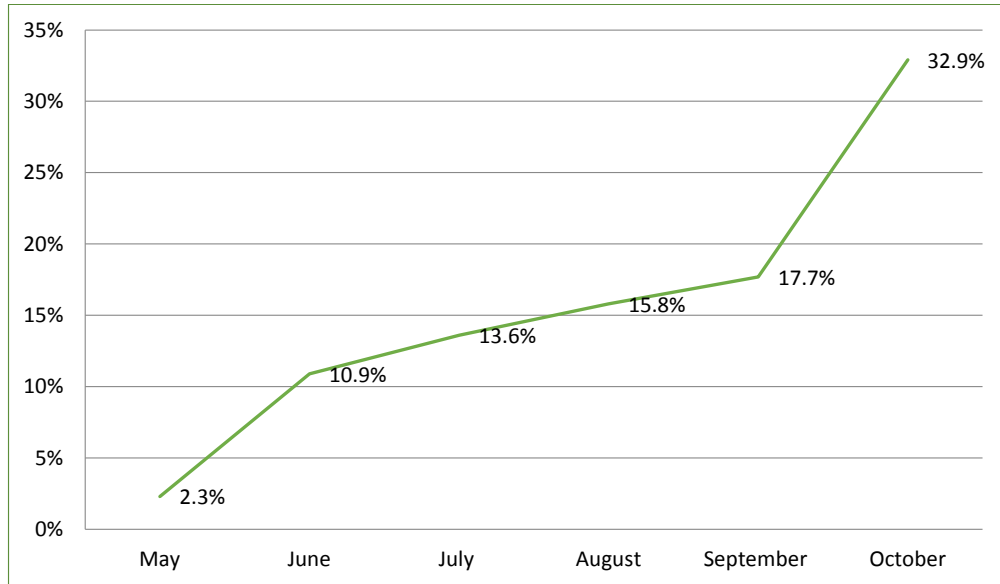
The numbers in Figure 3 are approximate. As the project became more embedded in the community the connection between the van and people in the communities became more complex.

Figure 3: Ways in Which People Learned About the Van



The importance of social media as a way to connect with the van increased over time. The data presented in Figure 4 show social media as a percentage of all ways of learning about the van by month.

Figure 4: Social Media as a Percentage of all Ways of Learning about the Van



As the project developed it became apparent that the ways of learning about the van that had initially been thought of as separate pathways were converging. Visitors to the van were mentioning to the outreach workers with increasing frequency things such as: *my mother or my friend saw you on Facebook and told me I come in*. By the time the more complex patterns of communication involving social media were noticed it was too late to revise the data collection instruments. The impact of tweets (discussed below) that were primarily intended for organizations in the community on referrals or on visits to the van could not be measured or observed. It is possible that, similar to Facebook posts, tweets increased visitors to the van through communications between people in the organizations seeing tweets and re-tweets and their own clients. The increase in the numbers shown in Figure 4 undoubtedly underestimates the growing impact of social media because of the multiple pathways mentioned in which social media was not recorded as the pathway or the primary pathway. The importance of social media bringing people to the van was observed in the journals maintained by the outreach workers.

Three social media platforms were used by the project; Twitter, Facebook and Instagram. Twitter and Facebook were used daily. Instagram was used occasionally. Twitter was used primarily to communicate with service providers, government offices, media outlets and other community organizations. Facts about the mobile legal service, schedules and “shout-outs” to supporters could be tweeted out to the community. Short videos could be included to raise interest levels. The tweet sent out on August 15 was retweeted 6 times and recorded 2,100 impressions (the count of the number of times people viewed the tweet) illustrating how effective Twitter can be for engaging community organizations.

Facebook was the primary social media vehicle for engaging with individuals. A very large number of people learned about the van on Facebook. The initial Facebook post on May 1 was viewed by more than 10,000 people. The other nine of the top 10 Facebook posts were viewed by 2,000 to 6,500 people.

Instagram was used only occasionally, compared with Facebook and Twitter. Instagram was used to give the cyber audience some interesting context and to inform them about developments in the project by posting interesting video clips, pictures or telling people about interesting situations that had occurred.

The data about the use of Facebook posts and tweets demonstrates the power of social media to reach the potential client base of an outreach project such as this one. While there is no direct proof, it seems that the power of social media played a major role in the increase in people reporting that social media was the way they learned about the van.

Social media is simply a digital technology set apart from the community. Social media represents the normal patterns through which people communicate. Information passed along channels of social media is the social organization of communication in the community. The van becomes part of the social organization through the use of social media and becomes part of the community it serves. In the future development of this kind of outreach project, expanding the potential of social media for reaching into the community should be a priority.

Connecting with the Van through Patterns of Social Interaction

There are other indications that the presence of the van and the availability of help with everyday legal problems is becoming part of the social fabric of the community. Among the 464 people who identified a problem and obtained some assistance, 21 people volunteered that they were told about the van by another person. This number includes 13 who were informed by a family member; a mother, partner, another family member such as a cousin or a friend. An additional 8 people were told about the van by an individual in an organization, although not a referral. These sources included a weekly church announcement, several family health teams, a Canadian Mental Health worker and the Mayor's office in one town. These people are a subset of the 4.9% of visitors with problems who said they learned about the van through word-of-mouth contact.

42 visitors to the van volunteered that they were asking for information on behalf another person. The others included friends (19), a partner or spouse (5), close family members such as a son, daughter, brother or sister (16) and other relatives (2). Presumably these inquiries led to conversations between the parties involved.

Visitors sent to the van by others and asking for information on behalf of others represent a different level of attachment to the community compared with actions such as passing by, taking note of a social media posting or taking note of a poster. These involve social interactions rather than individual actions. Similarly, the instances where information about the van is passed on by someone in an agency such as a CMHA worker, a parole officer, or in any community assistance centre, but not as a referral, is also a social interaction.

Connecting with Community Organizations

The outreach workers at the van referred 60 people to 28 different community organizations. The 60 people make up 12.9% of the 464 people with problems. The 28 organizations included 2 food banks, 4 family health teams, both the local MP's and MPP's offices, and 3 community legal clinics not including the Guelph clinic. The other referring organizations made up a wide variety from the county. The Elizabeth Fry Society, The John Howard Society, The Canadian Mental Health Association, East Wellington Community Services, The Community Resources Centre, and the Community Literacy Centre represent the variety of organizations making referrals.

A total of 45 people, 9.7% of people receiving help, were referred to the van by a total of 21 community organizations and agencies. The constituency offices of MP's and MPP's, 2 food banks, 4 family health teams were prominent among referring organizations. The Victorian Order of Nurses, The Canadian Mental Health

Association, a parole officer, the Guelph County Courthouse, Family and Child Services, The Community Learning Centre, Women in Crisis illustrate the variety of community organizations and agencies that referred people to the van.

Three observations emerge from the brief examination of referrals. First, in the brief six-month period of the pilot project the WellCoMs mobile van has become widely known throughout rural Wellington County and has been highly effective in connecting with the community. This is clearly illustrated by the number and variety of organizations referring people to the van and to which people were referred by the van.

Second, there is evidence of potential reciprocal relations between the mobile legal service and these community organizations. Food banks, MP's ad MPP's offices and family health teams stand out in terms of the numbers of people referred. Women in Crisis and the Community Learning Centre also appear on the lists of organizations making referrals and to which referrals were made. This suggests the potential for building collaborative partnerships and a broad network of access to justice services centered on the outreach services provided by the Legal Clinic of Guelph and Wellington County.

Third, reciprocal relationships and collaborative partnerships form the basis for holistic and integrated service. This requires holistic intake at the van for all clients who appear on their own volition or are referred. Having been an early adopter of the legal health check-up informed the approach taken at the van and this should be strengthened in similar projects. The collaborative services among community partners can deal with the legal problems that may in some cases be better resolved by non-legal means and the non-legal problems related to legal issues presented by clients. Often people present with interdependent clusters of legal and non-legal problems that can only be addressed effectively by combining the skills and resources of other professionals and experienced volunteers. This is a first step in identifying the complex cases that require more intensive intervention. The legal clinic can engage the extensive resources available in the community to build a network of access to justice services, extending the reach of legal aid to provide a range and level of service that legal clinics alone cannot provide.

Impact on Users¹²

Telephone interviews with a sample of 67 visitors to the van revealed that slightly over half of respondents, 54% (36 people) followed up on the advice or referrals provided at the van. However, the vast majority of those people who did make use of the assistance provided benefited from it. 82% (55 people) said they found the assistance to have been helpful. Over a quarter of the sample, 28% (19 people) said that as a consequence the problem had been resolved and 48% (32 people) said that the problem was closer to being resolved, 67% overall.

To a large extent the presence of the van encouraged people to overcome barriers to dealing with problems, although the nature of those barriers was not examined. When asked if the problem had occurred recently or whether it has persisted for a longer time, 71% of the sample (43 people) said that the problem was long-

¹² This section is based on telephone interviews with people who visited the van between May 1 and July 1, 2019. A sampling frame of 180 potential respondents was constructed using intakes at the clinic, excluding sensitive intakes, where there was an initial contact at the van. This made it important to obtain telephone numbers. Interviews were carried out between November 4 and 12, 2019. Calls continued until the time available expired, yielding a cumulative sample of 67 individuals. One call-back was made if the first attempt at contact was unsuccessful. The sample completion ratio was 37% (67 completed interviews out of 180 persons called). Interviews were carried out with respondents from all 12 communities served by the van.

standing. Further, 73% (50 people) felt that the presence of the van had encouraged them to get help, or more help, earlier than they probably would otherwise have done.

Less than half of the sample, 47% (32 people) said they had previously taken some action to deal with the problem. Viewed against the finding that 67% said the problem had been resolved or was now closer to being resolved suggests that the van has achieved some success in helping people deal with the legal problems they were experiencing.

It is well-established in the legal problems literature that experiencing legal problems is often related to stress or other consequences that diminish quality of life. In this sample 82% of the 36 respondents who followed up with the advice or referrals (30 people) said that they felt better about their situation overall.

When asked what would improve the service provided to them at the van the largest percentage of the 40 people who responded to the question, 37% (15 people) said they would have preferred to have been given more specific advice about the problem. These volunteered (unprompted) responses were:

- Actual help – 9
- Better help – 2
- Direct advice about the issue – 2
- Given advice - 1
- Help with paperwork – 1

Two people said they would like legal representation.

- Representation – 1
- Legal support in court – 1

This could be a reflection about the range of advice in areas of law available through the van and the clinic versus other service providers such as Legal Aid Ontario and/or the private bar. This represents a possible future expansion for this type of project, to have access to a broader range of providers, possibly through the use of technology.

The other suggestion for improvements in the service were an eclectic mix.

- More advertising – 3
- A broader variety of services – 1
- More tenant's rights PLE material – 1
- Difficult to get through to referrals – 1
- Traffic noise at the location is too loud – 1

A large number of respondents (15 people) said they could think of nothing to improve the service and there was one no answer.

These results are drawn from a very small sample, so any conclusions are tentative at best. Against that caveat, there is some indication that a mobile service can be a way to provide more immediate legal advice, possibly through the use of technology and access to providers in more areas of law: family, immigration, and criminal, for example.

COSTS

The question of what works and at what cost is always important. It must be kept in mind, however, that this project is not simply a pilot but, rather, a first stage pilot. Like good research, good innovations answer questions and raise new ones. This short six-month pilot has raised issues that have to be explored further. A way has to be found to continue the outreach that has been so successfully established from November to April.

For the six-month period that the van was operating, the project costs were \$50,335¹³. Based on the 586 visitors to the van, both casual visitors and people seeking advice, the unit cost of serving each individual was approximately \$86. Based only on the 464 visitors seeking assistance with problems the unit cost was approximately \$108.

These cost figures should not be viewed simply as direct costs per person. The money spent represents the cost of developing a presence in the community. It is not possible to calculate the value of building the presence for legal aid in rural Wellington County communities that has been accomplished during this phase of the project. This will pay dividends in increased access to for years to come if the clinic continues to develop and refine the outreach service, building on the momentum gained in these first six months. As the outreach matures over the next year or more unit costs would likely diminish.

CONCLUSIONS AND DISCUSSION

Urban areas create their own efficiencies through population concentration. Rural areas do not. The van project has been successful in overcoming the rural geography of Wellington County. The mobile legal services van has been a highly effective form of **outreach**, attracting a substantial number of people seeking assistance with legal problems. The vast majority of these people had not previously contacted nor been clients of the Guelph legal clinic, suggesting that many of them would not likely have otherwise sought legal help with their problem.

Based on responses to the follow-up survey, most users said they had been experiencing the problem they brought to the van for a lengthy period of time. However, the van did appear to promote **early intervention**. Most of the respondents to the survey said the presence of the van had encouraged them to seek advice earlier than what they might otherwise have done. This type of outreach project has the potential to produce an even greater early intervention effect by creating more extensive community contacts.

The van mainly provided public legal information and referrals and, also, offered users the opportunity to obtain legal advice from the Guelph clinic using Skype. Responses to the follow-up survey suggested that some people would have preferred actual **legal advice about their problem**. This confirms an observation recorded in the journals maintained by the outreach workers. In future projects, the capacity to increase the types of legal advice available should be developed, through more enhanced Skype capacity and access to a broader range of providers in more areas of law.

A key question is how to provide service in different areas for of law for people with multiple problems, at the van and at the Guelph clinic. The clinic currently uses a holistic approach to intake, exploring legal and non-legal problems related to the presenting problem. This was also done to the extent possible at the van during the pilot project. The Guelph clinic does not provide service in all areas of law. However, the referrals made by the

¹³ These costs included salaries of the outreach workers, rental of the van and operating costs such including gasoline and incidentals. The total cost of the project was approximately \$85,000.

van during the pilot project were to the private bar for powers of attorney and wills, to LAO for criminal and family law, to other community clinics and to a number of community services. Going forward, subsequent phases of this project could extend the idea of a fully integrated “one-stop shop” to deal with the complex realities of everyday legal problems faced by the public.

The van **established a strong presence** in rural Wellington County, becoming well-known in the communities that were visited. One of the important accomplishments of the van project was having laid the foundation for **making legal aid part of the community it serves**. The van received referrals from community organizations and made referrals to voluntary organizations and community services. This is the foundation for building a potential **network of access to justice services** in rural Wellington County. **Engaging the resources** within the community extends the capacity of legal aid to deal with problems beyond the limits of the funding available from conventional sources and the skills resident in the clinic. This is the foundation for building a **holistic and integrated** service through collaborative community partnerships, especially including the capacity to identify and assist people with complex needs.

The strong presence of the WellCoMs van in the community was not only built on connections with community organizations and services. Knowledge about **the presence of the van and that help was available there seemed to become part of peoples’ everyday lives**. People visiting the van were asked how they learned about it. They would often say that a friend or family member told them about the van and suggested they should stop by. People would sometimes tell the outreach workers that they were asking for information or a referral on behalf of a friend or family member.

From the outset the deliberate strategy to inform people about the van was to follow one of the basic principles of outreach, to **go out to where people live or normally spend their time**. Posters informing people about the location and the monthly schedule of the van in a particular community were placed in libraries, food stores, coffee shops, garages, food banks and other places where people carry out their normal day-to-day activities. **Social media was used extensively**. Each day, a notice was posted on the community Facebook page. A tweet was sent out each day. Occasionally, an Instagram post with an interesting community-related anecdote, a video or a picture was posted in order to build community knowledge about and interest in the van. The use of social media appears to have been a powerful tool for making the legal aid part of the community. Tweets were retweeted and had thousands of views. Facebook posts were viewed thousands of times. Social media is an important part of normal patterns of communication among people.

Becoming **embedded in the community being served** began to take concrete meaning as the project developed. The patterns of referrals make legal aid part of the social organization of helping in the community. The use of social media was instrumental in making knowledge about available legal help part of the normal patterns of information, generally and among friends and family, circulating in the community. Knowing that help is available when I have a problem and also that I know where to get it are the most basic elements of **legal empowerment**. Learning more about how to make legal aid part of the community should be an important aspect for future projects of this type.

The **momentum** achieved during the first 6 month of the mobile legal help van should not be squandered. The presence in the community that has been developed by the project is extremely valuable. Operating the van in inclement weather during the late fall and winter months is not feasible. However, regular one-day or half-day mobile legal clinics providing access to advice in a wider range of areas of law by different providers could be developed in at least some of the communities, using community facilities such as church halls, food banks or

MP's or MLA's offices. Since continuity and maintaining momentum may be important for the development of this type of project, it should be made clear that this is, in effect, the "winter van".

There was extensive consultation with key partners when the mobile van project was first being planned and throughout the project. Further consultation processes should be undertaken building on the demonstrated success of the van. Emphasis on **building collaborative relationships** focused on problem solving could be a focus. Similar to the basic message underlying the legal health check-up and the legal secondary consultation projects, the problems with which other organizations assist people are the same everyday problems for which a legal clinic provides assistance. They are the normal, and frequently occurring, problems of everyday life. This may help community organizations that are already invested in helping people understand that they have a common and shared interest with legal aid provided by a community legal clinic.

Although the van attracted a substantial number of people seeking help, it is not certain that the outreach process extended into the more remote areas of the county. In a subsequent stage of the mobile legal services project a van, with periodic stops in places other than town centers might be combined with regular stops in fixed locations. Social media might again be a tool to extend the reach of legal aid. A **chat** capability might enable people in more remote areas of the county to access legal help.

Like good research, good innovation answers questions and raises new ones. The Guelph clinic has learned much about and has achieved success in expanding legal services to rural Wellington County. It has also made clear that the clinic should **continue to explore expanding legal aid to hard-to-reach rural populations**.

Cost should not be ignored. Although the unit cost of persons served was high, put in broader perspective the money spent achieved the more basic and valuable objective of building a strong presence in the communities being served, an accomplishment that will lay the foundation for increasing services to individuals experiencing legal problems. The WellCoMs project has been about ways to deliver services to rural areas and connecting rural regions. Continued work will be increasingly complex and costly. An examination of **cost-benefit** should be included in subsequent work, recognizing the special challenges of bringing increased access to justice to rural areas.

Appendix One

September Legal Van Schedule



Legal Clinic
OF GUELPH & WELLINGTON COUNTY

September Legal Van Schedule

The Legal Clinic of Guelph and Wellington County provides free legal services for low income residents in Guelph & Wellington County. The van is visiting communities throughout Wellington County until the end of October. *Ask us how we can help!*



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Guelph Office: 519-821-2100; 1-800-628-9205 Email: gwlegalclinic@lao.on.ca Website: gwlegalclinic.ca					
1	HOLIDAY No Van	2 Clifford 10-3:30 Parking lot at Allen/Elora	3 Harriston 10-3:30 Mill St. behind Evergreen Variety	4 Palmerston 10-3:30 Lot next to Foodland	5 Mt. Forest 10-3:30 St. Mary's church lot off Queen St	6 7
8	9 Drayton 10-3:30 Freshmart parking lot	10 Arthur 10-3:30 Parking lot behind Post Office	11 Elora 9:30-12 By the LCBO Fergus 12:30-4 Beside Library	12 Erin 10-12:30 Main/Millwood Hillsburgh 1-3:30 Across from Arena	13 Rockwood 10-3:30 Waterside Park lot off of Hwy 7	14
15	16 Puslinch 10-3:30 Puslinch Community Centre lot	17 Clifford 10-3:30 Parking lot at Allen/Elora	18 Harriston 10-3:30 Mill St. behind Evergreen Variety	19 Palmerston 10-3:30 Lot next to Foodland	20 Mt. Forest 10-3:30 St. Mary's church lot off Queen St	21
22	23 Drayton 10-3:30 Freshmart parking lot	24 Arthur 10-3:30 Parking lot behind Post Office	25 Elora 9:30-12 By the LCBO Fergus 12:30-4 Beside Library	26 Erin 10-12:30 Main/Millwood Hillsburgh 1-3:30 Across from Arena	27 Rockwood 10-3:30 Waterside Park lot off of Hwy 7	28
29	30 Puslinch 10-3:30 Puslinch Community Centre lot					

This mobile van project is funded by The Law Foundation with support from Legal Aid Ontario

Appendix Two

Infographic

WellCoMs Wellington County Mobile Legal Service

Meeting the Legal Needs in Rural Wellington County
A project of The Legal Clinic of Guelph and Wellington County



What:

A mobile clinic that travels across Wellington County

When:

We started on May 1st and our project runs until Oct. 31

Where:

Small and large communities in Wellington County

Who:

Max and Rose use technology to connect with the rest of the team back at the Legal Clinic in Guelph



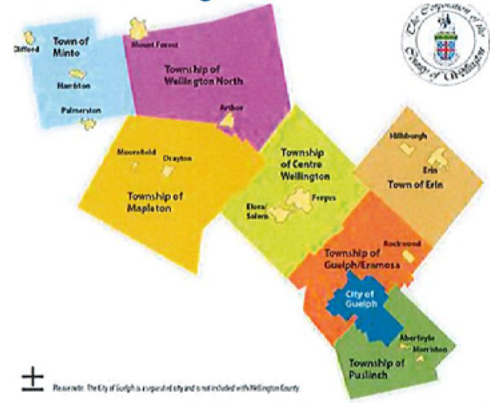
We park the van in the morning and set up a table, chairs, coffee and snacks. People come by and ask us questions, and we do our best to help them!



Photo credit: Alexandra Heck/Tostar

After 8 weeks we have driven over 3000 km, met with over 173 people offering them advice and help with everyday legal issues

Connecting with Community



Used with permission from the County of Wellington

The WellCoMs van visits 12 communities throughout Wellington County. We set up in convenient locations in each town, hoping people will notice our van and stop in for a chat.

In addition to social media, we post our travel schedule at different places in each town such as the library, churches, food banks and other community agencies.

We've met some great people in:
Arthur, Clifford, Drayton, Elora, Erin, Fergus, Harriston, Hillsburgh, Mount Forest, Palmerston, Puslinch and Rockwood!

Follow our van travels on Twitter, Facebook and Instagram

The legal workers in the van are great listeners. Once they understand your issues they can refer you to the Legal Clinic in Guelph and other helpful resources. We can even connect you with a caseworker at the Clinic in Guelph using skype on the spot from the van!

We can also connect you with the support you need through other community agencies like the family health teams, community and social services and the library.

Here to Help



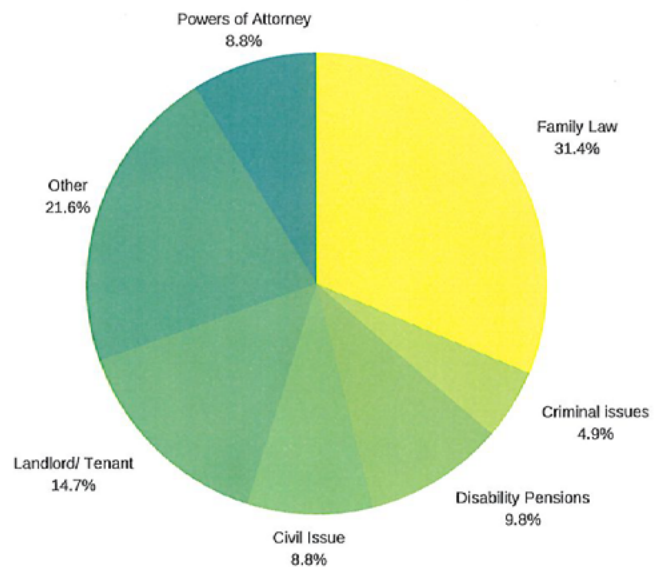
Practical Help

Over 90% of the people served by the WellCoMs van had no previous contact with the Legal Clinic of Guelph and Wellington County. Great to meet you!

We give people as much help as we can. This includes really understanding needs and directing people to appropriate legal help. We have a wide range of info sheets to help people access family law, criminal law, civil law and other services.

Making Impact & Finding Solutions

Our friendly team is ready to talk about anything! Between May 1 and June 20, 173 people visited the van. 70% of people wanted to discuss a specific problem. People looking for legal advice wanted information about:



Many of life's challenges such as family breakdown, debt, poor housing conditions and health problems are all connected. We know that legal issues can trigger other legal problems and create more non-legal problems. The WellCoMs Wellington County Mobile Legal Service listens to the needs of our community to find legal and non-legal solutions



Our thanks to The Law Foundation for their funding and support of this innovative project
The Legal Clinic of Guelph and Wellington County is funded by Legal Aid Ontario and governed by a local volunteer Board of Directors

Appendix Three

1. Family Law Referral Sheet
2. Workers Compensation Referral Sheet
3. Wills and Power of Attorney Referral Sheet
4. Courts Referral Sheet
5. Employment Law Referral Sheet
6. Immigration Referral Sheet

Family Law

Family Law Information Centre (FLIC) Advice Lawyers

FLIC offers general legal information on family law matters free of charge. You must meet Legal Aid Ontario's financial eligibility requirements to speak with duty counsel.

- Friday mornings from 9:00 am – 12:00 pm at the Courthouse located at 74 Woolwich Street, Guelph.

Legal Aid Ontario (LAO)

<http://www.legalaid.on.ca>

Legal Aid Ontario provides a number of different programs for those who qualify financially, including: (a) certificates to cover the cost of lawyer, (b) summary advice and information from a lawyer for up to 20 minutes; (c) Separation Agreement Certificates which cover the cost of a family lawyer to help negotiate and prepare a separation agreement, for those who qualify financially; (d) legal advice on mediation services; and, (e) expanded certificates for individuals who identify as First Nations, Metis, and Inuit. If you self-identify as First Nations, Metis or Inuit advise Legal Aid Ontario staff.

Telephone: 1-800-668-8258 (collect calls are accepted) or visit LAO courthouse staff at the courthouse at 36 Wyndham Street South on Monday, Tuesday afternoons, Wednesday, Thursday and Friday afternoons for assistance with your Legal Aid application.

Guelph-Wellington Women in Crisis (WOMEN ONLY)

<http://www.gwwomenincrisis.org>

This organisation provides safe shelter and 24 hour staffing for women and their children experiencing violence and/or abuse, including physical, emotional, sexual, verbal and/or financial. Other programs include the Sexual Assault Centre, the Rural Women's Support Program and the Transitional Support Program. Telephone: 519-836-1110 24 hour Crisis Line: 519-836-5710 or 1-800-265-7233

Victim Services Wellington

<http://www.vswguelph.on.ca/>

Victim Services Wellington assists police and emergency services, as well as the community, in providing short-term emotional and practical assistance to the victim(s) of crime, trauma and tragic circumstances.

Telephone: 519-824-1212 ext. 7304 (Guelph) or 519-323-9660 (Wellington County)

Law Society Referral Service

<https://www.lsuc.on.ca/lrs/>



Legal Clinic
OF GUELPH & WELLINGTON COUNTY

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This is an online service for referrals to lawyers or paralegals who provide a free, up to 30 minute consultation. A crisis line is available Monday to Friday, 9:00am to 5:00pm. The crisis line is intended for people who are unable to use the online service, such as those in custody, in a shelter, or in a remote community without access to the internet. You can ask to be referred to a lawyer or paralegal who speaks languages other than English or French, or a lawyer who accepts legal aid certificates. Toll-Free Crisis Line: 1-855-947-5255

Steps to Justice

<https://stepstojustice.ca/>

Steps to Justice gives reliable, and practical information on common legal problems for residents of Ontario. It gives comprehensive online information on common legal problems that people experience in family, housing, employment and other areas of law.

Family Counselling and Support Services

<http://www.familyserviceguelph.on.ca/>

Provides counselling, education, support and advocacy services.

109 Surrey Street East, Guelph

Telephone: 519-824-2431 or 1-800-307-7078

Couple and Family Therapy Centre: University of Guelph

<https://www.uoguelph.ca/family/couple-and-family-therapy-msc>

The Couple and Family Therapy Centre (CFTC) provides ongoing therapy to individuals, couples and families with a wide range of concerns. We offer a negotiable sliding scale based upon household income and ability to pay. Session fees range from \$5.00 - \$100.00 per session (50-60 minutes).

(519) 824-4120 ext. 56335

Justice Ontario

<https://www.attorneygeneral.jus.gov.on.ca/english/family/>

Legal information is available regarding Family Law issues in different languages.

Telephone: 1-866-252-0104

Family Law Education for Women

<http://www.onefamilylaw.ca/>

Legal information on women's rights on family law issues in 11 languages.

Your Legal Rights

www.yourlegalrights.on.ca

Information to help individuals better understand and exercise their legal rights.



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Workers Compensation

Law Society Referral Service

<https://lsrs.lso.ca/lsrs/welcome>

This is an online service for referrals to lawyers or paralegals who will provide a free, up to 30 minute consultation. A crisis line is available Monday to Friday, 9:00am to 5:00pm. The crisis line is intended for people who are unable to use the online service, such as those in custody, in a shelter, or in a remote community without access to the internet. You can ask to be referred to a lawyer or paralegal who speaks languages other than English or French, or a lawyer who accepts legal aid certificates.

Toll-Free Crisis Line: 1-855-947-5255

Ministry of Labour and Employment Standards Call Centre

<https://www.labour.gov.on.ca/>

Advice about your pay, hours of work, overtime, vacation or holiday entitlements and termination or severance pay, if you are not represented by a union.

Human Rights Legal Support Centre

<http://www.hrlsc.on.ca/en/welcome>

The Human Rights Legal Support Centre is an independent agency funded by the Government of Ontario to provide legal services to individuals who have experienced discrimination.

Telephone: 1-866-612-8627

Industrial Accident Victims Group of Ontario (IAVGO)

www.iavgo.org

IAVGO is a Community Legal Clinic that serves the injured worker community in Ontario. They provide free services to injured workers, including legal advice, legal representation, and public legal education. Telephone: 1-877-230-6311

Workplace Safety and Insurance Appeals Tribunal (WSIAT)

<http://www.wsiat.on.ca/>

The Tribunal which hears final appeals in workplace safety and insurance claims.



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Office of the Worker Advisor

<http://www.owa.gov.on.ca/en/Pages/default.aspx>

Free services to *non-unionised* injured workers and their survivors, including summary advice, self-help materials, and representation on appeals. If you are a unionized injured worker, the OWA can advise you of any relevant time limits for action in your case, and refer you back to your union for assistance.

Telephone: 1-800-435-8980 (English) or 1-800-661-6365 (French)

Workers Health and Safety Legal Clinic

www.workers-safety.ca

Free information, legal advice and representation to low-income workers who face health and safety problems at work, including employment standards and wrongful dismissal.

Telephone: 1-877-832-6090

Injured Workers' Community Legal Clinic

<http://www.injuredworkersonline.org/>

This is a province-wide specialty Community Legal Clinic dealing with injured worker matters. The IWC provides advice regarding all employment law related issues and can provide representation regarding Workers' Compensation and Canadian Pension Plan related cases. Telephone: (416) 461-2411

Steps to Justice

<https://stepstojustice.ca/>

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Your Legal Rights

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Wills and Power of Attorney

Law Society Referral Service

<https://srs.lso.ca/srs/welcome>

This is an online service for referrals to lawyers or paralegals that will provide, a free, up to 30 minute consultation. A crisis line is available Monday to Friday, 9:00am to 5:00pm. The crisis line is intended for people who are unable to use the online service, such as those in custody, in a shelter, or in a remote community without access to internet. You can ask to be referred to a lawyer or paralegal who speaks languages other than English, or a lawyer who accepts legal aid certificates.

Toll-Free Crisis Line: 1-855-947-5255

Office of the Public Guardian and Trustee, Ministry of Attorney General

<https://www.attorneygeneral.jus.gov.on.ca/english/family/pgt/>

The Office of the Public Guardian and Trustee has produced a Power of Attorney Kit. You can obtain this kit by calling the Office of the Public Guardian and Trustee, or by downloading it from the website:

<https://www.attorneygeneral.jus.gov.on.ca/english/family/pgt/poakit.php>

Telephone: 1-800-366-0335

Advocacy Centre for the Elderly

<http://www.advocacycentreelderly.org/>

This Legal Clinic specialises in senior's issues.

Telephone: 1-855-598-2656 (toll free) or 1-416-598-2656

Advance Care Planning Waterloo Wellington

<http://acpww.ca/>

Visit the website for further information on advance care planning, and making decisions regarding your health.

Justice Net

<https://www.justicenet.ca/>

This is a not-for-profit organization that helps people access legal services when their income is too high to qualify for legal aid but too low to afford legal fees. If your net family income is less than \$59,000, they will refer you to a directory of lawyers, paralegals, and mediators who provide help at reduced rates depending on income.

You must register and pay a \$25 fee to use the website. This fee may be returned to you if you do not find a professional to work with.



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Steps to Justice

<https://stepstojustice.ca/>

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Your Legal Rights

<https://yourlegalrights.on.ca/>

Your Legal Rights is a project of CLEO (Community Legal Education Ontario) and is funded by the Law Foundation of Ontario. This is a great online resource that offers a variety of information that will help individuals better understand and exercise their legal rights.

Consent and Capacity

If you have a matter before the Consent and Capacity Board you can contact Legal Aid Ontario at 1-800-668-8258 or the Hamilton Legal Aid office at 1-905-528-0134 ext. 0.

Pro Bono Ontario

<https://www.probonoontario.org/hotline/>

Pro Bono Ontario is committed to helping Ontarians with their everyday civil legal needs. If you can't afford a lawyer, call our Free Legal Advice Hotline for up to 30 minutes of free legal advice and assistance. We currently help with creating Powers of Attorney.

Toll Free: 1-855-255-7256



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Civil Litigation

Ministry of Attorney General – Small Claims Court

<http://www.attorneygeneral.jus.gov.on.ca/english/courts/scc/>

- [What is Small Claims Court?](http://www.attorneygeneral.jus.gov.on.ca/english/courts/guides/What_is_Small_Claims_Court_EN.pdf)
http://www.attorneygeneral.jus.gov.on.ca/english/courts/guides/What_is_Small_Claims_Court_EN.pdf
- [Guide to Making a Claim](http://www.attorneygeneral.jus.gov.on.ca/english/courts/guides/Guide_to_Making_a_Claim_EN.pdf)
http://www.attorneygeneral.jus.gov.on.ca/english/courts/guides/Guide_to_Making_a_Claim_EN.pdf

The Law Society Referral Service

www.lawsocietyreferralservice.ca

This is an online service for referrals to lawyers or paralegals who will provide, a free, up to 30 minute consultation. A crisis line is available Monday to Friday, 9:00am to 5:00pm. The crisis line is intended for people who are unable to use the online service, such as those in custody, in a shelter, or in a remote community without access to the internet. You can ask to be referred to a lawyer or paralegal who speaks languages other than English or French, or a lawyer who accepts legal aid certificates.

Toll-Free Crisis Line: 1-855-947-5255

Pro Bono Ontario

<https://www.probonoontario.org/>

Pro Bono Ontario assists residents of Ontario who have essential legal needs but can't afford a lawyer. If you are unable to afford a lawyer you can contact their legal hotline to receive up to 30 minutes of free legal advice and assistance.

Legal Advice Hotline: 1-855-255-7256

Justice Ontario

<http://www.attorneygeneral.jus.gov.on.ca/english/justice-ont/>

Legal information in 170 different languages regarding civil law matters, including filing a civil suit, appeals, mediation, and arbitration.

Telephone: 1-866-252-0104



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OF GUELPH & WELLINGTON COUNTY

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Employment Law (non WSIB)

Legal Clinic of Guelph and Wellington County

<https://www.gwlegalclinic.ca/>

As a partner in the Mobile Legal and Social Justice Initiatives you can speak to an employment lawyer regarding your employment matter. This service is for people who financially qualify and for non-unionized workers whose workplaces are provincially regulated. For more information contact the Clinic or visit our website. Telephone: 519-821-2100

Human Rights Legal Support Centre

<http://www.hrlsc.on.ca/en/welcome>

The Human Rights Legal Support Centre is an independent agency funded by the Government of Ontario to provide legal services to individuals who have experienced discrimination. Telephone: 1-866-612-8627

Ministry of Labour

<https://www.labour.gov.on.ca/>

Advice about your pay, hours of work, overtime, vacation or holiday entitlements and termination or severance pay, if you are not represented by a union.

Your Guide to the Employment Standards Act

<https://www.ontario.ca/document/your-guide-employment-standards-act-0>

Information regarding your rights and obligations under the Employment Standards Act. The guide has information regarding minimum wage, hours of work, termination of employment, public holidays, pregnancy and parental leave, and vacation pay.

Steps to Justice

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Law Society Referral Service

<http://lawsocietyreferralservice.ca/>

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Toll-Free Crisis Line: 1-855-947-5255

Pro Bono Ontario

<https://www.probonoontario.org/>

Pro Bono Ontario is committed to helping Ontarians with their everyday civil legal needs. If you can't afford a lawyer, call our Free Legal Advice Hotline for up to 30 minutes of free legal advice and assistance. If you need legal advice related to any work-related issue in a non-unionized workplace, we offer free legal advice.

Toll Free: 1-855-255-7256



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Immigration

Guelph- Wellington Immigrant Services

<http://www.is-gw.ca/>

Immigrant Services provides new immigrants to Guelph and Wellington County with many services, including translation and interpretation, settlement services and workshops.

104 Dawson Rd #102, Guelph, ON N1H 1A6

Telephone: 519-836-2222

County of Wellington Settlement Services

<https://www.wellington.ca/en/social-services/settlementservices.aspx>

Settlement services assists newcomers to Canada access community services and adjust to life in their new community. Services are available to Permanent Residents, Convention Refugee, or Live-In Caregiver status in the County of Wellington.

138 Wyndham Street North, Guelph-other locations also available in the County

Telephone: 519-823-7887

Refugee Law Office Hamilton

The office provides summary advice and legal representation to those who financially qualify for their services. They provide summary advice and review of permanent residency applications including those based on Humanitarian and Compassionate Grounds. The office also provides assistance and representation to those participating in refugee hearings, sponsorship and deportation appeals, and detention reviews.

110 King Street West, Suite 780, Hamilton, L8P 4S6

Telephone: 905-528-0134

Legal Aid Ontario

www.legalaid.on.ca

Telephone: 1-800-668-8258

Government of Ontario

<https://www.ontario.ca/page/citizenship-and-immigration>

This Government of Ontario website provides information about immigrating to Ontario.



Legal Clinic
OF GUELPH & WELLINGTON COUNTY

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Citizenship and Immigration Canada

<https://www.canada.ca/en/services/immigration-citizenship.html>

The Citizenship and Immigration Canada Call Centre answers questions on all aspects of immigration to Canada.

Telephone: 1-888-242-2100

Settlement

<https://settlement.org/>

This website, funded by the Government of Ontario, contains information about immigrating to Ontario and advice for newcomers on topics such as finding a job, housing, healthcare, English as a Second Language and many others.

Law Society Referral Service

<https://www.lsuc.on.ca/lrsr/>

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Part 04 REPORT 02

Ab Currie, Anthea Millikin, **Max Leighton and
Roseanne Vandermeer, The Power of Social Media
(2020)**

Discovering the Power of Social Media in the Guelph WellCoMs Mobile Legal Service Project

Ab Currie, Anthea Millikin, Max Leighton and Rosanne Vandermeer¹

The Legal Clinic of Guelph and Wellington County has just completed what appears, based on a preliminary analysis of the data, to have been a highly successful pilot project to expand legal aid services to rural Wellington County in Southwestern Ontario. The project is being funded by the Law Foundation of Ontario. The project involved using a van to provide outreach services to 12 small communities spread throughout the 2657 square kilometers of the county, visiting each community 10 or more times on a regular schedule between May and October. The van, staffed by two outreach workers, would park in conspicuous place in the town for a day, putting out signage announcing the availability of help with legal problems. People requesting assistance could connect via Skype with the clinic in Guelph, were provided with public legal information and with referrals to other sources of assistance in the county.

A basic objective was to make the presence of the van part of the everyday activities of the community being visited. The project did this in a number of ways. The main strategies were going out to and being visible in places where people live or spend their time, placing information about the van in community newspapers, placing posters with the monthly schedule in cafes, libraries, grocery stores, hardware stores, garages, food banks and other places around town where people are likely to normally go in their daily round of activities and using social media to let people and community organizations know about the van.

The research report for this project is presently being written. Here are a few preliminary results. The van was visited by 586 people over the six month period. There appear to be no similar projects with evaluation data with which to compare. However, this number compares favourably with a few other types of outreach projects for which data are available. Slightly more than 80% (464) of visitors requested help with a problem, suggesting that people are not reluctant to ask for help. A few people said they had come to visit the van in that particular town because he did not want to do so in their own town. A number of people said they had passed by the van a few times before deciding it was time to drop in, but eventually they did.

Another remarkable finding is that about 87.5% of visitors to the van had not previously contacted or been clients of the legal clinic in Guelph. The van is not only going out to where people live or spend their time, it is evidently assisting many people who possibly would not otherwise receive service.

Although the van has made considerable progress expanding legal aid in rural Wellington County, we do not know the extent to which the project has plumbed the depths of unmet need. The van parked in conspicuous places in the towns, choosing locations calculated to optimize visibility for attracting street traffic. Other measures described above were taken to inform people about the van. However, we do not know how successfully the presence of the van in the towns reached outward to the more remote back roads and side roads of the county where people may have limited access to transportation or experience other barriers.

¹ Ab Currie, Ph.D. is a Senior Research Fellow, Canadian Forum on Civil Justice. Max Leighton and Rosanne Vandermeer are the Outreach Workers who worked on the WellComS van.

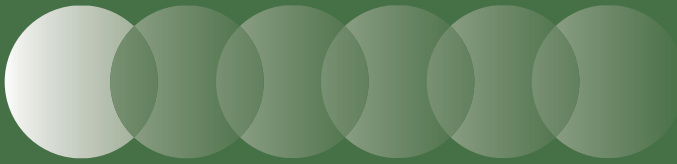
Social media was one of the most important ways in the mix of efforts to inform people about the van. At the beginning of the project in May 2.3% of people requesting assistance said they learned about the van through social media. In October, 33.0% of visitors requesting help with a problem said they learned about the van through social media. As time went along, comments made by visitors showed how the van was tapping into the patterns of everyday communication among people via social media. Many people said that a friend or relative heard about the van on Facebook and suggested they should go there for help. People who heard about the van on social media came asking for help on behalf of others, presumably taking information back to friends and family members. This suggests how legal aid can become embedded in, or part of, the fabric of the communities they serve, as is expressed in two commonly used evocative phrases. By using social media, knowledge that *help is available and I know where to find it* is passed along from one person to another through social networks of friends and family. In that way the presence of the van becomes part of the patterns of communication that make up the everyday life of the community.

Three social media platforms were used by the project; Twitter, Facebook and Instagram. Twitter and Facebook were used daily. Instagram was used occasionally. Twitter was used primarily to communicate with service providers, government offices, media outlets and other community organizations. Facts about the mobile legal service, schedules for visits by the van and “shout-outs” to supporters could be tweeted out to the community. Short videos could be included to raise interest levels. The tweet sent out on August 15 was retweeted 6 times and recorded 2100 impressions (the count of the number of times the tweet was viewed), illustrating how effective twitter can be for engaging community organizations.

Facebook was the primary social media vehicle for engaging with individuals. A very large number of people learned about the van on community Facebook pages. The initial Facebook post on May 1 was viewed by more than 10,000 people. The other nine of the top 10 Facebook posts were viewed by 2000 to 6500 people.

Instagram was used occasionally to send out interesting video clips or pictures or to tell the cyber audience about the van by relaying stories about interesting situations. Instagram was an attempt to give people some interesting context and to inform them about the project.

The experience during the pilot phase of WellComS project shows how effective a service delivery strategy based on outreach can be and how powerful social media can be in expanding legal aid. Embedding legal aid in the community and using digital technology are not alternative ways to extend the reach of legal. They can be highly complementary. We think that the use of social media has been instrumental in the success of the WellComS project.



Part 05

Newcomer Conversations: Building Trusted Relations Through Interactive Public Legal Education



Newcomer Conversations: Building Trusted Relations Through Interactive Public Legal Education

CONNECTIONS BETWEEN the Halton Community Legal Clinic and trusted intermediaries in the community made possible the Newcomers PLE Conversations project. Moreover, because of the strong preference for newcomers to first approach trusted intermediaries the intermediaries often determined the paths to justice followed by them. The Newcomers Conversations PLE project informed newcomers in the Halton region of Southwestern Ontario about the law and their legal rights in several areas of Canadian law relevant to their experience integrating into the society. This was done through a series of interactive PLE workshops hosted by trusted intermediaries in the community that provide services such as English language training to refugee and immigrant populations. Participants were encouraged to talk about problems they were experiencing. This interactive, conversational format was an important feature of the workshops, intended to encourage people to talk about problems they were experiencing, to tell their own story in their own words thus making the workshops immediately relevant to them. The participants were encouraged to contact the Halton clinic for assistance with the problems identified in the workshops.

THE NEWCOMERS CONVERSATIONS PLE PROJECT INFORMED NEWCOMERS IN THE HALTON REGION OF SOUTHWESTERN ONTARIO ABOUT THE LAW AND THEIR LEGAL RIGHTS IN SEVERAL AREAS OF CANADIAN LAW RELEVANT TO THEIR EXPERIENCE INTEGRATING INTO THE SOCIETY.

WORKSHOP PARTICIPANTS did not seek help directly from the clinic in the numbers expected. An unanticipated outcome of the project was the extent to which trusted intermediaries were instrumental in shaping the paths to justice followed by newcomers. Newcomers mainly went first to a trusted intermediary when needing assistance with a problem. The service providers in the trusted intermediary organizations would sometimes attempt to

resolve the problem, would refer the individual to another organization they thought could help or would refer the person to the community legal clinic. This degree of influence by community organizations over the paths to justice travelled by newcomers to Canada emphasizes the importance of building strong collaborative partnerships between community clinics and trusted intermediaries so that the clinics can assess the legal aspects of the problem and, along with the service provider in the community organization who may have intimate knowledge of the situation, assess an appropriate course of action.

PART WAY THROUGH THE PROJECT, the COVID-19 pandemic made necessary a shift from in-person to virtual workshops. The virtual workshops were not as effective as the in-person format. The high levels of participant engagement in the in-person workshops were not reached in the virtual PLE conversations. Instructors said that it was far easier to interact with participants in the in-person settings.

Reports

1. Brandon D. Stewart, Building Trusted Relationships Through Interactive PLE Conversations (2021)
2. Brandon D. Stewart, The Limits of Virtual Delivery For Interactive PLE Programming for Newcomers (2021)

Part 05 REPORT 01

Brandon D. Stewart, **Building Trusted Relationships Through Interactive PLE Conversations** (2021)

BUILDING TRUSTED RELATIONSHIPS THROUGH INTERACTIVE PLE CONVERSATIONS

A Report on the Newcomer Conversations: Learning Canadian Law Project



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September 2021



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Acknowledgements

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All errors are my own.

— Brandon D. Stewart

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1. OVERVIEW



This report presents the main findings from the *Newcomer Conversations: Learning Canadian Law Project*, a three-year public legal education (PLE) project for newcomers. The project was developed and run by Halton Community Legal Services (HCLS) and partly funded by Immigration, Refugee and Citizenship Canada (IRCC). HCLS is a community legal clinic funded by Legal Aid Ontario that provides free legal services to Halton’s low-income community.

The project consisted of two phases. Background activities, such as developing and promoting the conversations and recruiting advisory committee members and host organizations, occurred from September 2018 to February 2019. The conversations were piloted from March 2019 to August 2019 (the pilot phase). Adjustments were then made before the conversations went live from September 2019 to August 2021 (the rollout phase).

During the data collection period of March 2019 to April 2021, lawyers from HCLS held 144 free, highly interactive in-person and virtual “newcomer conversations” with 2,063 newcomers living in Halton. Participants were encouraged to ask questions throughout a conversation, completed activities such as a Legal Health Check-up and legal problem scenarios, and chose the specific legal issues the lawyer covered under the conversation’s broader legal topic. Hosted by nine community organizations that serve newcomers, the conversations covered legal topics relevant to newcomers’ daily lives, including workers’ rights, tenants’ rights, wills/powers of attorney (POAs), family law, public benefits and human rights and discrimination.

The project included research and evaluation components with two objectives: (1) to gain a better understanding of the legal problems newcomers living in Halton experience and the legal pathways they take to solve them; and (2) to determine whether the newcomer conversations improved settlement outcomes for newcomer participants by increasing their knowledge of Canadian law and their awareness of, and access to, HCLS’s free legal services. A variety of methods were used to collect data from key project sources, including newcomer participants,

service provider hosts, and the lawyer-instructors who facilitated the conversations. The main project findings are:

1. Refugee participants, especially those newer to Canada, reported experiencing more potential legal problems than permanent residents and citizens. Refugee participants were also one-and-a-half times more likely than non-refugee participants to request a call from HCLS for help with potential legal problems.
2. Language was the most significant barrier preventing newcomer participants and newcomers living in Halton from accessing and/or receiving legal help from HCLS.
3. The everyday legal problems that newcomer participants and newcomers living in Halton were most likely to experience related to tenants’ rights, public benefits and workers’ rights. The need for free access to family law and immigration law services, however, remains high within Halton’s newcomer population.
4. Most newcomer participants and newcomers living in Halton turn to their trusted settlement specialist or English as a Second Language/Language Instruction for Newcomers to Canada (ESL/LINC) instructor for help with a legal problem. This is likely to occur even if newcomers know about HCLS and its free services, know that HCLS offers free and immediate interpretation services, receive from the clinic an open offer for help, and/or have a positive interaction with the lawyer-instructor when attending a conversation.
5. Recent PLE programming for newcomers in Ontario has focused on non-interactive print and online materials such as specialized websites, webinars and comics. It also uses trusted intermediaries such as ESL instructors and settlement agencies to deliver public legal information. Feedback from newcomer participants, however,

suggests that diverse groups of newcomers, including those with lower English language skills, still value receiving legal information through highly interactive in-person conversations with lawyers.

6. In-person was the preferred conversation format. Virtual newcomer conversations were less engaging, more work for the lawyer-instructors, and less likely to create legal pathways and improve access to justice for newcomer participants.
7. Immediately after attending a newcomer conversation, nearly every newcomer participant reported an increase in knowledge of their legal rights and responsibilities and where to go for help with a legal problem. But the newcomer conversations did not create a direct legal pathway to HCLS for most newcomer participants: only one percent of them became new or returning clinic clients during the data collection period.
8. Having lawyers deliver highly interactive PLE programming supported newcomer access to justice and better settlement outcomes in three ways. First, they helped build trust with newcomer participants to create new legal pathways to HCLS for some newcomers. Second, they served as a powerful outreach tool, helping HCLS build and strengthen trusted relationships with service provider hosts to indirectly improve newcomers'

settlement outcomes. Third, they promoted community development and upstream service by helping build the service provider hosts' legal capability to independently solve some of their newcomer clients' legal problems.

HCLS should continue to build relationships and partnerships with newcomer service providers to increase newcomers' access to justice. To achieve this goal, this report recommends that HCLS should: (1) add newcomer conversations to its permanent roster of PLE programming; (2) allocate internal resources and/or secure external funding to continue the family law conversations and consider developing immigration law conversations; (3) use the conversations as an avenue to build and strengthen partnerships with newcomer service providers related to its existing services; and (4) continually look for new ways to create partnerships with newcomer service providers, such as creating satellite clinics at one or more of the host organizations.

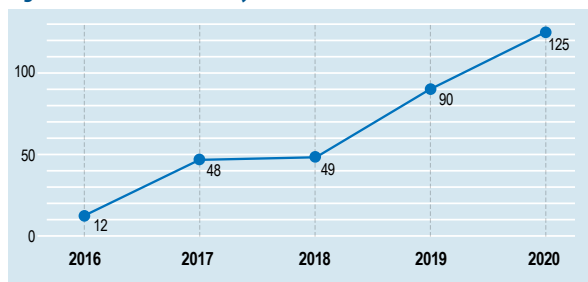
The remainder of this report proceeds as follows. Section 2 briefly backgrounds the project. Section 3 explains how the newcomer conversations were developed and their main features. Section 4 describes the project phases, including the transition to virtual delivery during the COVID-19 pandemic. Sections 5 and 6 describe the scope of the project's research and evaluation, including data and methods, and the challenges to data collection that emerged. The project's main findings are presented in Sections 7 to 10. The report concludes with several recommendations in Section 11.

2. BACKGROUND



Public Legal Education (PLE) has always been a component of HCLS’s mission and mandate. Beginning in 2014, the clinic prioritized PLE programming to extend its reach in the community and encourage upstream intervention as part of its transition towards a more holistic, integrated and community-oriented service delivery model¹. The result: PLE sessions provided to the community increased by 942% from 2016 to 2020 (12 to 125) (Figure 1). In the past five years, HCLS has offered 372 PLE sessions² to at least 6,120 people³ on a range of legal topics including housing, social assistance and public benefits, human rights and discrimination, wills/POAs, employment and, most recently, COVID-19 and the law.

Figure 1: PLE Sessions Held by HCLS from 2016 to 2020



The Newcomer Conversations: Learning Canadian Law Project (“the project”) grew organically out of this broader PLE momentum and two earlier PLE projects. When Syrian refugees began arriving in Canada in December 2015, HCLS discovered an influx settling in Halton with the support of private sponsors.

In June 2016, HCLS secured funding from the Oakville Community Foundation⁴ (OCF) to offer a series of workshops to private sponsors to increase their settlement skills and legal capability to improve outcomes for the refugees they sponsored.⁵ The workshops covered topics such as: trauma-informed advocacy; housing stability; employment; and the social safety net. Ninety-four individuals affiliated with a private sponsorship group and six service providers with refugee clients attended the workshops. Feedback from participants was overwhelmingly

positive: 93-100% reported that their knowledge about legal issues facing refugees in their community had increased; that they learned about legal resources and supports for refugees; and that the workshops would help them assist the refugees they sponsored.⁶

About the same time, HCLS was delivering PLE programming to English as a Second Language (ESL) classes at Thomas Merton Centre for Continuing Education (TMC), and to groups that received settlement services at Halton Multicultural Council (HMC Connections). HCLS discovered a need for PLE programming offered directly to refugees living in Halton—in their first language—that explained their rights and responsibilities under Canadian law.

In May 2017, HCLS secured further funding from the OCF to offer a short series of “newcomer conversations” to 49 newcomers in Oakville. The workshops were hosted by two organizations—HMC Connections and Achēv (Centre for Education & Training/CET until 2020)—that offered services directly to newcomers and already had a strong relationship with HCLS.⁷ These organizations were able to leverage their trusting relationship with their newcomer clients to effectively advertise the conversations and endorse HCLS as a partner and ally. In addition to providing a safe and accessible space for the conversations, both organizations offered free interpreters, childcare and travel subsidies to newcomer participants.

When designing these initial newcomer conversations, HCLS was guided by:

1. The principles of adult learning, which suggest that adults “learn best when they are active participants in the learning process.”⁸
2. The spiral model, developed by social change educators in line with adult education principles to empower marginalized communities. The model suggests that:

... learning begins with the experience or knowledge of participants; after participants have shared their

experiences, they look for patterns or analyse that experience; to avoid being limited by the knowledge and experience of people in the room, [the teacher and participants] also collectively add or create new information or theory; participants need to try on what they've learned: to practice new skills, to make strategies and plan for action; afterwards, back in their ... daily work, participants apply in action what they've learned in the workshop.⁹

3. The “Seven Steps to Solving an Everyday Legal Problem” guide, which was developed in the United Kingdom¹⁰ and has been used in other PLE programming in Canada,¹¹ including at HCLS’s Halton Tenant School.¹² The guide is based on the idea that people can solve any everyday legal problem if they follow these seven steps: (1) discovering your problem; (2) knowing your rights; (3) knowing what you want; (4) knowing who to speak to; (5) communicate clearly; (6) be organized; and (7) knowing when to get help.

Each workshop consisted of a semi-structured, interactive conversation about discrimination and human rights in employment and housing. Newcomer participants sat in a circle with an HCLS lawyer and at least one interpreter. To facilitate the conversation, newcomer participants first watched two short video clips from the Ontario Human Rights Commission’s Living Rights Project.¹³ Newcomer participants were then encouraged to share their experiences of discrimination and any struggles they encountered while settling in Oakville. HCLS heard “stories of pain, sadness, perseverance and determination.” PowerPoint slides were used to display legal information about employment rights and to help newcomer participants learn about community resources.

Through these conversations, HCLS learned that many newcomer participants had not heard of HCLS, and did not know that the clinic offered interpreters or that its services were free. At the end of each conversation, participants approached HCLS staff to discuss potential legal problems. Newcomer participant feedback was strongly positive, with all reporting that the clarity and quality of the discussions, materials and length of the conversations were good, very good or excellent.¹⁴

After learning from Halton Newcomer Strategy members of a strong community appetite for additional conversations, HCLS secured funding from IRCC in 2018 to expand the newcomer conversations over three years. The goal of the expansion (and the conversations, generally) was to improve settlement outcomes for newcomers in Halton.¹⁵

A Project Team was responsible for developing, facilitating and evaluating the conversations. Its members included: the HCLS Executive Director; the HCLS community worker; three HCLS staff lawyers; a local family law lawyer; two researchers/evaluators; three HCLS intake workers; and the HCLS legal assistant.¹⁶

Consistent with its collaborative and community-focused approach to research, outreach and service delivery,¹⁷ HCLS also recruited members for two advisory committees to advise on the project and work with the Project Team. The Service Provider Advisory Committee (SPAC)¹⁸ consisted of eleven employees of community agencies that serve newcomer communities in Halton. The Participant Advisory Committee (PAC) consisted of seven newcomers from different cultural and linguistic backgrounds living in Halton.¹⁹ The Project Team met quarterly with these committees to obtain their feedback on different aspects of the project, including outreach strategies, workshop development, research and evaluation, and any project modifications. SPAC members also helped to recruit community agencies to host the workshops.

3. DEVELOPING THE NEWCOMER CONVERSATIONS



The Project Team developed the project’s newcomer conversations based on learnings from HCLS’s OCF newcomer conversations and experience serving newcomer clients, and through consultations with the advisory committees. The sub-sections below describe the key features of the newcomer conversations.

A) Having a Conversation

HCLS designed the workshops to be highly interactive 90-minute conversations based on the same principles that guided HCLS’s OCF newcomer conversations. The project conversations, however, were more structured and included several key features to promote meaningful adult learning and interactions between the lawyer who facilitated the conversation (the lawyer-instructor) and newcomer participants:

Figure 2: Conversation Features Applying the Principles of Adult Learning²⁰

Adult Learning Principle 1:

Adults are autonomous and self-directed; they learn best when they are active participants in the learning process.

● Application

Involve participants in the learning process and serve as a facilitator, not just a supplier of facts.

Limit lecturing and provide opportunities for sharing experiences, questions and exercises that require participants to practise a skill or apply knowledge.

● Conversation Feature

When host organizations contacted the HCLS community worker to book a conversation, they could choose the legal topics most relevant to their clients. The HCLS community worker would contact the host organization a few days before the conversation and ask if there were specific questions or sub-topics their clients wanted the lawyer-instructor to address during the conversation.

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Immediately before the conversation, newcomer participants completed a pre-conversation survey that included questions about everyday legal problems related to the conversation topic. This mini-Legal Health Check-Up was included to: (1) facilitate participation by requiring newcomer participants to think about experiences relevant to the conversation topic; and (2) collect important legal problems data from newcomers in Halton.

At the start of the conversation, the lawyer-instructor asked newcomer participants what they wanted to learn and what questions they had. Responses were written on a whiteboard or chalkboard. The lawyer-instructor then used these responses to decide what legal topics and information to cover during the conversation. This approach is consistent with the spiral model, which posits that learning begins with participants sharing their knowledge and experiences.²¹

Adult Learning Principle 2:

Adults have accumulated a foundation of life experiences and knowledge.

● Application

Connect life experiences and prior learning to new information.

● Conversation Feature

Newcomer participants were presented with common legal problems that they or other newcomers in Halton may have experienced. The lawyer-instructor then asked participants for their input on whether the scenario engaged legal rights in Canada and how to solve the legal problem(s) presented. The goals of these problem-based scenarios were to: (1) have newcomer participants apply what they learned in the conversation to new information; (2) connect the scenario problems to their own lives; and (3) encourage participation.

By “adding new information” and allowing participants to “try what they’ve learned,” these scenarios were consistent with the spiral model approach to learning.²²

Appendix J features a copy of the scenarios used in the workers’ rights conversation.

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Adult Learning Principle 3:

Adults need to be respected.

● Application

Acknowledge the experiences of adult participants, allowing opinions to be voiced freely.

● Conversation Feature

The lawyer-instructors listened to newcomer participants, encouraging them to share their experiences and respectfully respond to one another's stories, questions and answers.

Adult Learning Principle 4:

Adults are relevancy-oriented and practical.

● Application

Help learners see a reason for learning something.

● Conversation Feature

The lawyer-instructors explained why learning about legal rights in Canada and knowing where to go for help with a legal problem mattered, consistent with steps 1, 2, 4 and 7 of the "Seven Steps to Solving an Everyday Legal Problem" guide.

B) An Expanded and Shifting Curriculum

The Project Team decided to expand the curriculum used for HCLS's OCF newcomer conversations based on feedback from service providers with newcomer clients and the advisory committees on the legal topics most relevant to the daily lives of newcomers in Halton.²³ Conversations were developed for six legal topics: workers' rights; tenants' rights; human rights and discrimination; public benefits; family law;²⁴ and wills/POAs.

Since the conversations were designed to be highly interactive, the curriculum for each conversation was fluid. The Executive Director and lawyer-instructors developed conversation materials, such as PowerPoint slide decks and legal problem scenarios, that introduced participants to HCLS and/or covered important legal information on each conversation topic.²⁵ These materials were intended to support the lawyer-instructor's conversation with newcomer participants; certain slides with relevant information would be covered, while others were skipped depending on newcomer participants' interest and questions.

C) Lawyer-Instructors as Expert Facilitators

Three HCLS staff lawyers and the Executive Director led most of the conversations. HCLS also hired a local family law lawyer to facilitate the family law conversations since HCLS does not practise in this area.

HCLS decided to have lawyers facilitate the conversations for two reasons. First, HCLS believed that lawyers were best suited to navigate the conversations' 'shifting curriculum,' which required a high level of knowledge and the ability to answer complex questions from newcomer participants. Second, HCLS recognized that lawyers have a level of prestige in the community and hoped that free access to these lawyer-instructors would help draw newcomers to the conversations. According to the HCLS Executive Director, involving the lawyer-instructors was intended to convey to newcomer participants that "even though this is a PLE [session], you are worthy of [our lawyer's] time" and deserve the "dignity and respect of [receiving information from] our experts."

D) Using Safe and Accessible Spaces

To develop and deliver PLE programming, HCLS has always partnered with community service providers in order to respond to their clients' everyday problems. This project was no exception. HCLS learned two lessons from the OCF newcomer conversations: (1) newcomers are hard to reach; and (2) service providers can best create safe spaces to help overcome newcomer clients' reluctance to meet with lawyers. Having service providers host the conversations was also consistent with a key principle of adult learning: that adults learn better in an environment that is informal and personal and that promotes group interaction.²⁶

Nine community organizations with newcomer clients served as host organizations (*Figure 3*). HCLS was able to recruit three hosts (HMC Connections, TMC and Achēv) by the start of the project. These organizations had offered free space for HCLS's OCF newcomer conversations, had a strong pre-existing relationship with HCLS, and/or were members of Halton Newcomer Strategy that had supported the expansion of the conversations. Peel Career Assessment Services (PCAS) emerged as the fourth host organization because one of its staff learned about the project while offering services at Achēv. As knowledge of the project spread in the community, five additional service providers with newcomer clients (the

MPL, the Halton District School Board/HDSB Welcome Centre, the Centre for Skills Development, the Halton Catholic District School Board/HCDSB Welcome Centre, and the Women's Centre of Halton/WCH), requested conversations and became host organizations.

HCLS also learned during HCLS's OCF newcomer conversations that newcomers were more likely to attend the conversations and actively participate if they were provided support. As a result, the Project Team offered free interpreters to participants upon request and subsidies for child care and transportation.

Figure 3: The Project's Host Organizations

Organization	Newcomer-Related Services	Location(s)	Newcomer Client Types
Halton Multicultural Council (HMC Connections)	Helps newcomers access settlement services such as orientation programs and language and skills training; provides needs assessments and short-term referrals to community agencies.	Oakville (2) Milton Burlington	Immigrants and refugees
Halton Catholic District School Board (HCDSB) Welcome Centre	Provides newcomer students and their families with guidance and support as they become familiar with Halton Region and their new school.	Oakville Milton	New to the school board or Canada
Thomas Merton Centre for Continuing Education²⁷ (TMC)	ESL/LINC classes, Canadian employment language training, youth settlement programming, citizenship test preparation course.	Oakville Burlington Milton	Same as HCDSB
Centre for Skills Development	ESL/LINC classes, Enhanced Language Training, newcomer home renovation program, access to settlement information specialists and newcomer support coach/crisis support.	Milton Oakville (2) Burlington	New to Canada and Halton
Achêv	Settlement services, monthly information sessions on immigration, citizenship, labour market, education, self-employment and finances, seniors and women's circles.	Oakville ²⁸	New to Halton
Peel Career Assessment Services (PCAS)	Settlement services to help newcomers identify and resolve settlement issues that may pose barriers to employment.	Oakville ²⁹	Landed immigrants, permanent residents, convention refugees, live-in caregivers
Milton Public Library (MPL)	Settlement worker drop-ins, ESL class outreach, newcomer parent class outreach, multilingual story time for children, ESL class, newcomer business programs, citizenship test preparation.	Milton	Newcomer residents of Milton
Halton District School Board (HDSB) Welcome Centre	School registration for newcomers, language and math assessment, orientation to HDSB and settlement support.	Milton	New families to Canada/Halton Region
Women's Centre of Halton (WCH)	First point of entry to services and programs for women in crisis, distress or transition; offers counselling, peer support, workshops and employment help.	Oakville	Newcomer visible minority women

4. THE PROJECT PHASES



The project consisted of two phases. Background activities—such as developing and promoting the conversations, creating a research and evaluation plan, and recruiting the Advisory Committees and host organizations—occurred from September 2018 to February 2019. The conversations were then piloted from March 19, 2019, to August 31, 2019 (the pilot phase) to determine whether any adjustments needed to be made. Twenty-seven in-person conversations (19%; 27/144) were held with 414 participants (20%; 414/2,063) during the pilot phase, with the family law (33%) and wills/POAs (26%) conversations most frequently requested by the host organizations (Figures 4-5; Appendix K, Table 1).

The roll-out phase ran from September 1, 2019, to August 31, 2021. A total of 117 conversations (81%; 117/144) were held with 1,649 participants (80%; 1,649/2,063) from the start of the rollout phase to April 30, 2021. The most frequently requested conversation topics were wills/POAs (34%), workers' rights (19%) and family law (16%) (Figures 4-5; Appendix K, Table 1).

Fifty-five (47%) in-person conversations were held from September 1, 2019, to March 12, 2020. Shortly thereafter, the host

organizations started delivering their services virtually due to the spread of COVID-19, and cancelled any scheduled in-person conversations. The Project Team and one host organization held two workers' rights conversations virtually using videoconferencing software, which enabled newcomer participants to interact with the lawyer-instructor and ask questions. HCLS received positive feedback from both the host organization and newcomer participants regarding the virtual format.

Soon thereafter another host organization inquired about holding virtual conversations. There was significant uncertainty about when the pandemic would end, but given the success of the two earlier virtual conversations, the Project Team decided to continue offering them using two videoconferencing platforms—Zoom and Google Meet—until in-person services could safely resume. The lawyer-instructors, host organizations and newcomer participants needed roughly a month to learn to comfortably navigate these videoconferencing platforms.

Figure 4: Number of Virtual and In-Person Conversations by Project Phase

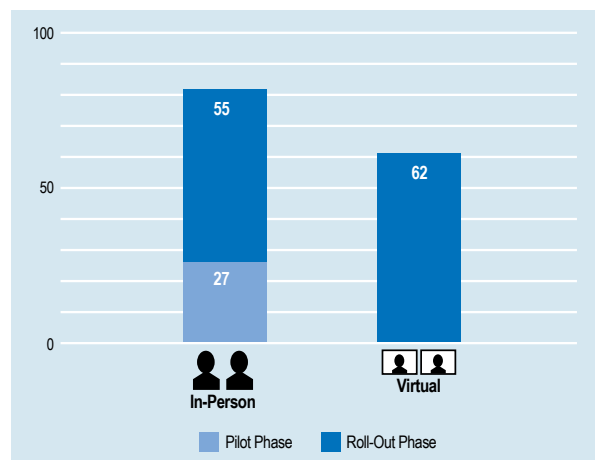
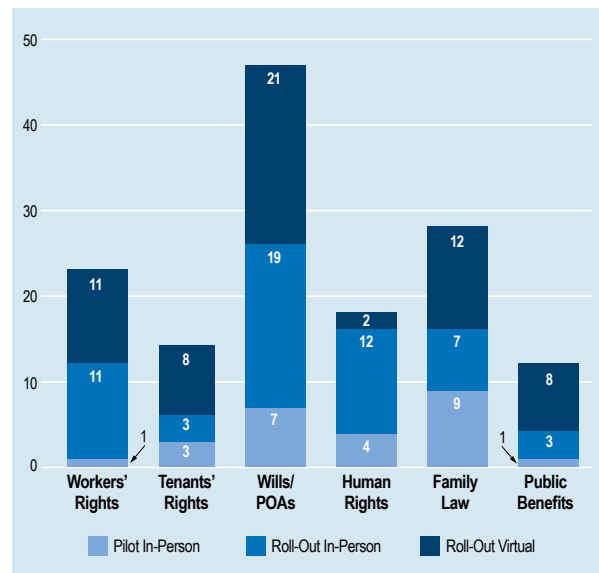


Figure 5: Number of Conversations by Legal Topic, Delivery Format and Project Phase



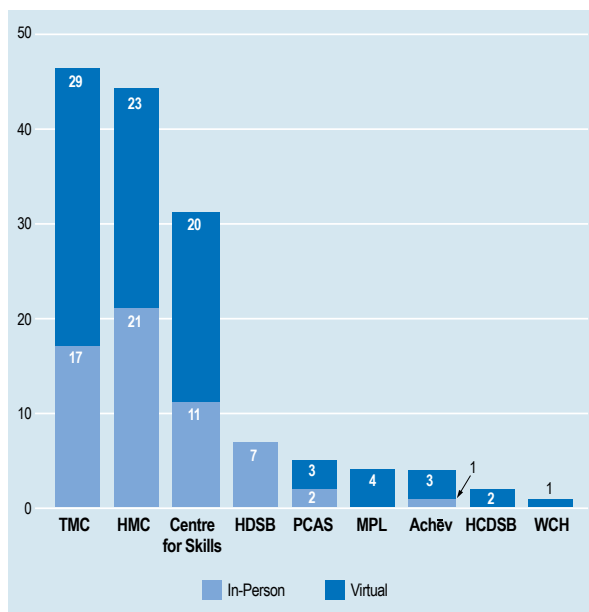
Adjustments were made to ensure that the virtual conversations remained highly interactive. For example:

- A link to an online version of the pre-conversation survey, which included the LHC questions, and the post-conversation survey was distributed to participants using the chat feature on Zoom and Google Meet;
- The lawyer-instructors asked newcomer participants what they wanted to discuss using Zoom’s whiteboard feature;
- PowerPoint slides were shown using the share screen function on Zoom and Google Meet; and
- Participants were allowed to choose how to participate (using their computer’s microphone and webcam, typing a question into the public chat, or sending a private chat to the lawyer-instructor).

Sixty-two (53%) virtual conversations were held between March 23, 2020, and April 30, 2021. The running of these conversations during a pandemic was not without challenges. Sections 6 and 9.B of this report detail how COVID-19 affected the project, including data collection and virtual delivery.

A total of 144 conversations were held with an estimated 2,063³⁰ participants with the help of the nine host organizations from March 19, 2019, to April 30, 2021. Eighty-two of these 144 conversations were in-person (57%), while 62 were held virtually (43%). The wills/POAs (33%; 47/144) and family law conversations (19%; 28/144) were most frequently requested by host organizations over the entire project (*Figures 4-5; Appendix K, Table 1*).

Figure 6: Number of Virtual and In-Person Conversations Held by Host Organization



TMC, HMC Connections and the Centre for Skills Development hosted a majority of the project conversations (84%; 121/144; *Figure 6; Appendix K, Table 2*). HMC Connections and the Centre for Skills Development most frequently requested the wills/POAs conversation, while TMC most frequently requested the workers’ rights conversation (*Appendix K, Table 3*). A majority of the in-person conversations were hosted in Oakville (57%; 47/82), followed by Milton (27%; 22/82) and Burlington (15%; 12/82).³¹

5. DATA AND METHODS



Research and evaluation were critical components of the project; both are recognized as best practices for creating PLE programming that is responsive to the needs, learning styles and preferences of the target audience.³² The Project Team had two objectives. The first was to gain a better understanding of the legal problems that newcomers living in Halton experience and the legal pathways they take to solve them. The second was to determine whether the conversations improved settlement outcomes for newcomer participants by increasing their knowledge of Canadian law and their awareness of, and access to, HCLS's free legal services.³³

The Project Team developed five research questions (RQs) related to these objectives:

1. What are the everyday legal problems experienced by newcomers living in Halton? Which of these problems do they seek help with and who do they turn to?
2. What are the potential best practices for delivering PLE workshops to newcomers?³⁴
3. Do the newcomer conversations increase newcomer knowledge of laws, legal rights and legal responsibilities in Canada, particularly in the Canadian work environment?
4. Do the conversations help newcomers make informed decisions about possible legal problems and enforce their legal rights?
5. Do the newcomer conversations create pathways for clients to solve their legal problems?

Because newcomers are a difficult population to study,³⁵ a methodological approach called triangulation was used to answer the five research questions. Triangulation involves using different methods to collect data from a hard-to-reach population (newcomer participants) and from key sources connected to that population (host organizations, service providers with newcomer clients, the lawyer-instructors, the HCLS Executive Director, HCLS intake staff, etc.). A research question is then investigated and findings validated

when the data is consistent across the population and key sources.³⁶

The evaluators and/or the HCLS community worker collected quantitative and qualitative data between March 19, 2019, and April 30, 2021 (the data collection period) from participants and other key sources using the following methods:

1. A pre-conversation survey asked newcomer participants about potential legal problems and collected demographic information (RQ1).³⁷ Approximately 76% of newcomer participants (1,567/2,063) completed this survey for the in-person and virtual conversations offered during the data collection period. Appendix A features a sample pre-conversation survey from the workers' rights conversation.
2. A post-conversation survey collected newcomer participant feedback on the conversations (RQ1), and asked whether they wanted to receive resources from HCLS or a call from an HCLS intake worker for help with a potential legal problem (RQ5).³⁸ Approximately 65% of newcomer participants (1,345/2,063) completed this survey for the in-person and virtual conversations offered during the data collection period. Appendix B features a sample post-conversation survey from the workers' rights conversation.
3. Observational data on the conversation features described in Section 9, and participation rates for the in-person and virtual conversations, were collected by the HCLS community worker³⁹ and/or one of the evaluators for 34% of the conversations (49/144) offered during the data collection period (RQ2). Appendix C features a copy of the HCLS community worker's coding sheet.
4. In-person and/or virtual focus groups⁴⁰ were held with newcomer participants to measure the conversations'

- longer-term impact on settlement outcomes and any associated benefits. Focus groups were held on January 8 and 9, 2020, and March 10, 2021, with 36 newcomer participants from three ESL classes held at TMC three months after a workers' rights conversation.⁴¹ Data was collected from participants to determine: (1) what they recalled from the conversation they attended, including where to go for help with a legal problem; (2) whether they still understood and were confident about their legal rights and responsibilities; (3) whether they had experienced legal problems since the conversation; and (4) what they did to solve the legal problems and whether what they learned during the conversation helped them to do this (RQ1-5). Appendix D features a copy of the focus group guide.
5. Zoom chats were held with seven newcomer participants on March 10 and April 9, 2021, with questions similar to those asked of the focus groups (RQ 1-5).⁴² Appendix E features a copy of the chat guide.
 6. Zoom interviews were held with 49% of the service providers (22/45) that hosted 60% (86/144) of the conversations during the data collection period, or that provided services to newcomers at the host organizations.⁴³ The purposes of these interviews were to: (1) collect service provider feedback on the conversations; (2) identify the legal needs and problems of their newcomer clients; (3) gain a better understanding of where their newcomers clients go for help with potential legal problems; and (4) determine whether the conversations had longer-term impacts on the service providers who hosted one or more conversations (RQ1-5). Appendix F features a copy of the service provider interview guide.
 7. Case notes from any legal secondary consultation requests⁴⁴ HCLS received from any service providers on behalf of a newcomer were reviewed. Data on actual legal problems and the actions taken was collected for 97 case notes from May 20, 2016, to March 18, 2019 (the pre-project period) and March 19, 2019, to April 30, 2021 (the data collection period) (RQ1, RQ5).
 8. Case notes for any newcomer participants who became new or returning clients of HCLS following their attendance at a conversation were reviewed. Demographic information and data on actual legal problems and actions taken by HCLS was collected for 22 participants from March 19, 2019, to April 30, 2021 (RQ1, RQ5).⁴⁵
 9. Zoom interviews were held with each lawyer-instructor (100%; 5/5) in April 2021 to collect their feedback on the conversations and newcomer client pathways (RQ1, RQ2, RQ5). Appendix G features a copy of the interview guide.
 10. Zoom interviews or phone calls were held with every other member of HCLS's staff, including the Executive Director, for background information on the project. The three intake staff members and the HCLS legal assistant were asked about their experiences with newcomers and their efforts to track participants who were new or returning clients (RQ1, RQ5). A formal questionnaire was not developed for these interviews/phone calls.

6. DATA LIMITATIONS AND CHALLENGES



The findings discussed in this report are specific to newcomers living in Halton who attended one or more conversations during the data collection period, and/or who sought assistance from the host organizations and/or HCLS during the project. Several challenges arose during the course of the project that affected data collection; thus some findings are tentative and/or require further exploration. Some challenges were related to newcomers being a difficult population to study. Others were related to the COVID-19 pandemic, which affected the second half of the project. Each major challenge is discussed below.

Measuring Increases to Newcomer Participants' Knowledge of their Legal Rights:

The conversations were designed to increase newcomer participants' knowledge on two levels: (1) knowing that they have protections under Canadian law; and (2) knowing when 'something is wrong' (at work, with their housing, etc.) and where to go for help (HCLS). These levels were measured by asking newcomer participants perception-based questions in the post-conversation survey, and by asking about the conversation they attended during the follow-up focus groups and participant chats. A more robust measure based on newcomer participants' knowledge of the material covered in the conversations was impractical because: (1) the content of each conversation was largely unstandardized and driven by newcomer participants' questions and interests; (2) newcomer participants were generally assessed at a basic to intermediate Canadian Language Benchmark (CLB) level, and would have found it difficult to complete a formal assessment; and (3) the advisory committees said formal assessments can cause high levels of stress for newcomers, and the Project Team chose to conduct all aspects of the conversations in a barrier-free manner.

Newcomer English Language Skills and Survey Misunderstandings: The Project Team designed the pre- and post-conversation surveys for newcomers with different English language skills. The surveys were short and used simple vocabulary to facilitate

completion in under 10 minutes. During the pilot phase, HCLS received feedback from the evaluators, lawyer-instructors and host organizations that participants with basic English language skills in reading, writing, listening and speaking (CLB levels 1-4)⁴⁶ were taking up to 20 minutes to complete each survey and struggling to understand its vocabulary. The Project Team addressed this problem by translating the surveys before the rollout period into four common languages: Arabic, Urdu, Mandarin and Spanish. Some ESL/LINC instructors, however, continued to use the English version of the surveys as a teaching tool. HCLS made vocabulary sheets available to these ESL/LINC instructors to help their newcomer students become more familiar with the survey vocabulary before a conversation.

The host organizations provided CLB data for 40% of the conversations (58/144) held during the data collection period. Approximately 43% of these conversations (25/58) were held with at least some participants assessed at CLB levels 1 to 4. The survey data from these newcomer participants may be less reliable, including when only the English version of the surveys was used and an interpreter did not verbally translate questions in real time.

Difficulty in Tracking Newcomer Participants: The Project Team anticipated that newcomer participants would attend multiple conversations on different legal topics. This assumption was confirmed during the pilot phase, based on the feedback received from newcomer participants on the post-conversation survey,⁴⁷ service providers and the lawyer-instructors. The Project Team attempted to track newcomer participants since they might fill out multiple pre-conversation surveys. This would create duplicative demographic and legal problems data, and make it difficult to determine the total number of participants. The lawyer-instructors circulated paper slips (*Appendix H*) with the pre-conversation survey (and questions were added to the online pre-conversation survey) that asked newcomer participants to provide information such as their full name and phone number. However, the lawyer-instructors told newcomer

participants that filling out the slips was entirely voluntary to ensure that the conversations were barrier-free and reached as many newcomers living in Halton as possible.

However, newcomer participants rarely filled out the slips, and the evaluators later identified two main sources of duplication in the pre-conversation survey data, addressed as follows:

Source of Duplication	Steps Taken
Part 1 and 2 of the family law conversations were held typically over two weeks. An identical pre-conversation survey was used since the Project Team was not sure if newcomer participants would attend both parts. The lawyer-instructor who facilitated these conversations reported that between 80% and 100% of newcomer participants attended both parts and likely filled out two pre-conversation surveys.	The demographic and potential legal problems data ⁴⁸ from every family law 2 pre-conversation survey (n = 87) were excluded before results were tabulated for sub-sections 7.A and 7.B. Every survey was excluded because it was impossible to match the part 1 and part 2 pre-conversation surveys to specific participants.
Some service providers — particularly ESL/LINC instructors — booked several conversations for the same class of students. These students would have filled out multiple pre-conversation surveys asking the same demographic questions, but different legal problems questions.	Demographic data from 138 pre-conversation surveys completed by ESL/LINC students was excluded for the demographic profile in sub-section 7.A. ⁴⁹

Despite these efforts, duplication in the demographic data may not have been fully excluded.⁵⁰ Readers should review any demographic-related findings with this in mind.

Relatedly, the Project Team found it difficult to track newcomer participants who may have become new or returning HCLS clients, but did not ask for a call from an HCLS staff member on the pre-conversation survey. The Project Team anticipated that some newcomer participants would simply call the clinic directly, or be referred directly to HCLS by a service provider. The Project Team attempted to identify these newcomer participants by having the HCLS receptionist ask every person who called the clinic: “How did you hear about us?” If the caller indicated that they were a newcomer and/or had attended a conversation, the HCLS legal assistant made a note in their file on the Clinic Information Management System (CIMS) for the staff member who conducted the client intake. However, it was impractical and inconsistent with HCLS’s com-

mitment to barrier-free services for the HCLS legal assistant to ask callers directly — or use probing questions to determine — if they were a newcomer or attended a conversation.⁵¹

The HCLS community worker and/or an evaluator also collected data on legal secondary consultation (LSC) requests⁵² on behalf of newcomers, and on referrals⁵³ from service providers from the host organizations. While this data would not identify specific participants as new or returning clinic clients, the Project Team anticipated it might provide evidence of the conversations extending HCLS’s reach. Despite these efforts, some participants may have been missed, and the number of participants who became new or returning clinic clients may be higher than reported in sub-section 7.E and Section 10.

The Impact of COVID-19: The COVID-19 pandemic significantly affected the Project Team’s data collection efforts and necessitated several adjustments:

1) Limiting data collection for in-person conversations:

The pandemic prevented roughly a year’s worth of data collection for the in-person conversations, which were discontinued after March 12, 2020. The pandemic did, however, present a unique opportunity to evaluate the virtual delivery of the conversations and compare delivery methods.

2) Focus group adjustments and recruitment challenges:

The Project Team intended to conduct in-person focus groups at the host organizations with a representative sample of newcomer participants. Focus groups offer richer data than more structured group interviews by allowing participants to build on one another’s feedback. They are also more practical and less time-consuming than follow-up interviews with individual newcomer participants. The original plan was to conduct two in-person focus groups with participants in January 2020, make necessary modifications, and then conduct multiple in-person focus groups throughout the project’s final year-and-a-half.

The two pilot focus groups were held as planned, but further in-person focus groups were impossible once the host organizations transitioned to operating virtually in mid-March 2020. The Project Team, in consultation with the advisory committees, decided to transition to virtual focus groups. The HCLS community worker asked service providers who hosted conversations with strong partici-

pation rates if they would host a virtual focus group and help recruit participants. Despite significant effort, only one virtual focus group, for a workers' rights conversation, was held, on March 19, 2021, since many service providers were unable to host because of the pandemic.⁵⁴ These service provider hosts, however, were willing to help the HCLS community worker recruit participants for individual follow-up Zoom interviews; the Project Team decided to pursue this option.

The HCLS community worker attempted to contact 144 newcomer participants from a sample of nine conversations held between December 1, 2020, and January 31, 2021, that had high participation rates and a diversity of newcomer groups.⁵⁵ Newcomer participants were offered a \$10 gift card to participate. Initially the HCLS community worker was able to book only five participant interviews (3%; 5/144) on March 10, 2021, from a public benefits conversation held at PCAS on December 15, 2020. While each participant attended their interview, some had to be reminded and/or showed up late.

Recruiting newcomer participants for interviews was challenging for several reasons. First, PAC members suggested the word "interview" used during the recruitment might have caused stress or anxiety for newcomers and reduced the likelihood that they would agree to participate. Second, the HCLS community worker reported that the newcomer participants she was able to contact seemed preoccupied and stressed by the pandemic. This observation is consistent with feedback from the service providers, who told the HCLS community worker that they struggled to reconnect with their clients to secure feedback on their own services, even in non-pandemic times. Third, the interviews were booked at least two months in advance to ensure enough time had passed to assess the conversations' longer-term impacts on settlement outcomes. This time gap might explain why some newcomer participants required a reminder or did not show up to their interview on time.

The Project Team, in consultation with the advisory committees, attempted to improve its recruitment strategy by: (1) using the term "chats" to reduce stress or anxiety that newcomers might associate with the word "interview;" and (2) booking closer to the time

of the actual "chat" to minimize changes in participant schedules or circumstances.

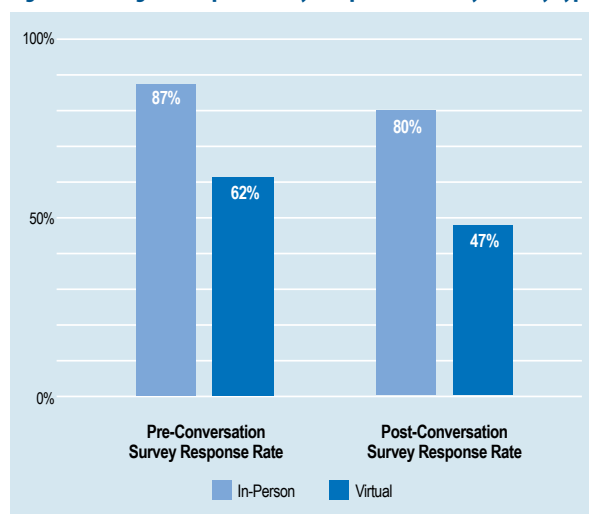
These steps had little impact. Only one additional participant from each of a wills/POAs conversation held on January 6, 2021, and a workers' rights conversation on January 19, 2021, were recruited, for a total of seven chats during the data collection period (5%; 7/144).⁵⁶

3) Impacting survey completion rates: Collecting participant data using surveys was more difficult for the virtual conversations. The average completion rate for the pre-conversation survey was 87% for in-person conversations (1,001/1,155) but 62% for the virtual conversations (566/908), a decrease of 25 percentage points. Similarly, the average completion rate for the post-conversation survey was 80% for in-person conversations (919/1,155) but 47% for virtual conversations (426/908), a decrease of 33 percentage points (*Figure 7*).

Feedback from the lawyer-instructors indicated that newcomer participants appeared less interested in completing the surveys in a virtual environment and could easily avoid doing so, unlike when the conversations were held in-person.

The Project Team, in consultation with the advisory committees, initiated the following measures to address this problem in November 2020: (1) an official script

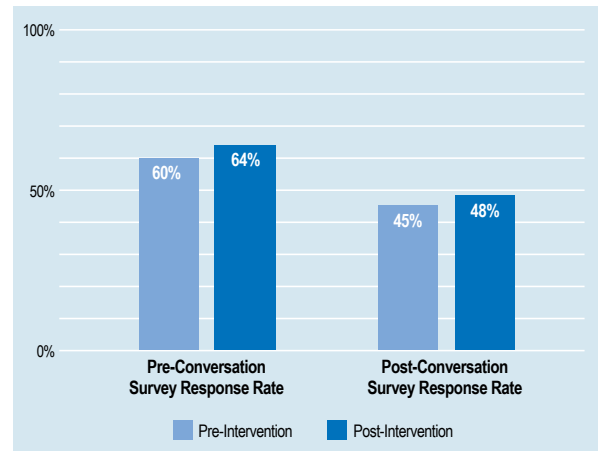
Figure 7: Average Participant Survey Completion Rates by Delivery Type



was developed to help the lawyer-instructors explain to participants why the surveys were important and how they would benefit future conversations and participants; (2) the lawyer-instructors or the HCLS community worker monitored survey completion rates in real time, and asked participants to confirm their completion of the pre-conversation survey using their microphone or the chat feature; and (3) the lawyer-instructors remained in the Zoom room while participants were completing the post-conversation survey and encouraged completion.

These interventions had almost no impact, improving average completion rates by four percentage points for the pre-conversation survey and by three percentage points for the post-conversation survey (*Figure 8*).

Figure 8: Average Survey Completion Rates for Virtual Conversations Pre- and Post-Intervention



7. NEWCOMER PARTICIPANTS' EVERYDAY LEGAL PROBLEMS



Little is known or reported about the everyday legal problems experienced by newcomers living in Halton;⁵⁷ a comprehensive investigation has yet to be conducted.⁵⁸ However, at least one provincial study from 2008 reports that linguistic minorities in rural or remote Ontario communities, including newcomers, have legal informational and service needs related to consumer protection, employment, family law, human rights, housing and income support.⁵⁹ Anecdotal evidence from community agencies and lawyers further suggests that newcomers in Ontario may face common legal problems related to housing⁶⁰, human rights⁶¹ and employment.⁶²

The existing data does make clear that Halton's newcomer population is generally more vulnerable than its non-newcomer population. The Halton Poverty Roundtable estimates that one in four newcomers in Halton was living in poverty as of 2018.⁶³ The Halton Newcomer Strategy similarly reports that Halton's newcomers are more likely to live in inadequate and unaffordable housing⁶⁴ and tend to earn less than non-newcomers.⁶⁵ This suggests that Halton's newcomers may be at elevated risk of experiencing employment and housing-related everyday legal problems.⁶⁶

Sub-sections 7.B and 7.E provide the first point-in-time snapshot of the potential and actual everyday legal problems experienced by up to 1,838 newcomer participants.⁶⁷ Novel data is also presented on the actual legal problems experienced by newcomers living in Halton. Sub-section 7.C identifies which newcomer participants were more likely to ask HCLS for help with a legal problem. And sub-section 7.D discusses the main barriers preventing newcomer participants and newcomers living in Halton from receiving the legal help they need.

A) A Newcomer Participant Profile

Demographic data collected on the pre-conversation survey reveals that the typical newcomer participant was: Arabic- or Mandarin/Chinese-speaking (56%; 659/1175), female (73%; 969/1,333), between the ages of 35 and 54 (66%; 883/1,329),

a permanent resident (69%; 906/1,318) who had lived in Canada at least three years (48%; 635/1,313), married or had a spouse (85%; 1,115/1,316), unemployed or a stay-at-home caregiver (71%; 903/1,276), and lived in a home she owns (48%; 624/1,305) with her partner/spouse and children (45%; 577/1,272).

This profile reveals that the population under investigation was less vulnerable than expected. This is likely attributable to the fact that HCLS offered the conversations to anyone who decided to attend,⁶⁸ and that some newcomers may seek services from host organizations for years.⁶⁹ In fact, 31% of participants (408/1,313) were no longer newcomers⁷⁰ because they had lived in Canada more than five years.⁷¹ Readers should keep this in mind when reviewing the legal problems data in the sub-sections below.

B) Frequency and Types of Reported Everyday Legal Problems

Nearly 1,400 newcomer participants reported on the pre-conversation survey that they were experiencing, on average, two potential everyday legal problems (3,031 problems among 1,392 participants, an average of 2.2). This average is inflated by the high number of newcomer participants who attended a wills/POAs conversation (39%; 541/1,392) and reported, on average, 3.7 potential legal problems. The remaining averages by conversation topic were roughly at or below the overall average (Figure 9).

Some newcomer groups within the demographic variables for immigration status, family status and living situations had the largest differences in average number of reported potential everyday legal problems. The average for refugee participants (2.7; n = 130) was almost a full legal problem higher than the average for citizens (1.9; n = 214); the average for newcomer participants who were separated or divorced (3.4; n = 75) was a full legal problem or more higher than married (2.2; n = 1,015) and single (2.1; n = 109) newcomer participants; and the average for newcomer participants who lived only with their

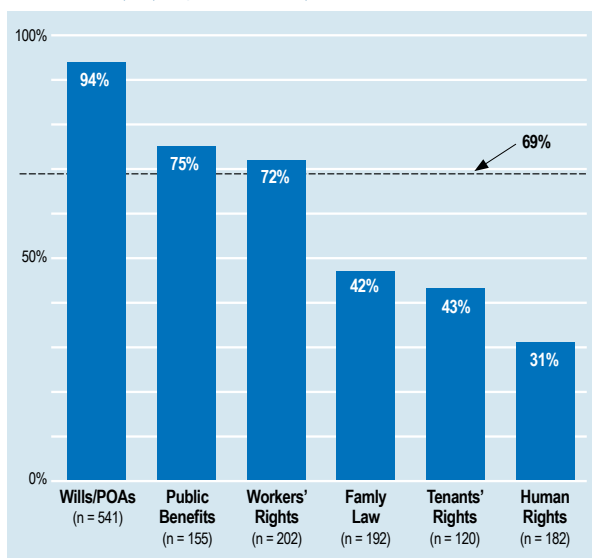
Figure 9: Average Number of Potential Everyday Legal Problems Reported by Newcomer Participants by Conversation Topic

Conversation Topic	Problems	Participants	Average
Wills/POAs	1,993	541	3.7
Public Benefits	346	155	2.2
Workers' Rights	305	202	1.5
Tenants' Rights	125	120	1.0
Family Law	164	192	0.9
Human Rights/Discrimination	98	182	0.5
All Conversations	3,031	1,392	2.2

children (2.9; $n = 281$) was roughly one legal problem higher than newcomer participants who lived with a partner or spouse (1.8; $n = 204$). Mean differences were small for the remaining demographic variables, or sample sizes were too small to report meaningful differences between newcomer groups.

A majority of newcomer participants (69%; 967/1,392) reported experiencing one or more potential everyday legal problems on the pre-conversation survey. Most newcomer participants reported at least one potential everyday legal problem in the wills/POAs (94%) and public benefits (75%) conversations, compared with roughly a third of participants in the human rights conversations (31%) (Figure 10).

Newcomer groups within the family status variable reported the largest percentage differences. Separated and divorced

Figure 10: Percentage of Newcomer Participants Reporting One or More Potential Everyday Legal Problems by Conversation Topic

newcomer participants were somewhat more likely to report experiencing at least one legal problem than single newcomer participants (83% vs. 66%). Percentage differences were small for newcomer groups within the other demographic variables, or sample sizes were too small to report meaningful differences.

Newcomer participants were also asked on the pre-conversation survey to report whether they had experienced any specific legal problems relevant to each conversation topic (*Appendix A, Questions 1-9; Appendix I, Table 1*). They frequently reported specific legal problems that were connected to their experience as newcomers. For example, the most frequently reported legal problem for the workers' rights and human rights conversations was "trouble finding work due to a lack of Canadian experience" (89%, 17%). For the public benefits conversations it was needing "help with taxes" (44%).⁷² A majority of newcomer participant respondents from the wills/POAs conversations reported not having a will (81%) or a POA (76%). Some service providers and participants mentioned that these legal documents do not exist in some cultures, or said newcomers may be concerned that their foreign will or POA is unenforceable in Canada.

Newcomer participants who attended a family law, workers' rights, tenants' rights or human rights conversation rarely reported experiencing urgent or more serious legal problems. For example, most of these participants did not report: facing an eviction or receiving eviction papers (96%, 93%); working in an unsafe environment (96%); being hurt at work (93%); living in an unsafe or controlling relationship (94%); dealing with a divorce or separation (91%); or needing help with child support (91%). And most newcomer participants (90% or more) did not report experiencing discrimination from an employer, co-worker or landlord.

The level of legal need reported by newcomer participants—particularly for the tenants' rights, employment and human rights conversations—was lower than might be expected given the existing newcomer-specific data from Halton related to poverty, housing insecurity and income insecurity. However, a fairly stable group of current and former newcomers completed the legal problems questions on the pre-conversation survey: many were citizens or permanent residents (87%; 1,040/1,201), married or had a spouse (85%; 1,015/1,199), had lived in Canada at least three years (47%; 561/1,195) and owned their home (46%; 551/1,188).⁷³ That more high-needs newcomers did not attend the conversations is understandable, since the research suggests that newcomers are more interested in accessing public legal information once their most pressing needs are met.⁷⁴ Common sense also suggests that PLE programs are not frequented by newcomers hoping to solve urgent and serious legal problems.

The level of legal need increases, however, when responses are broken down for the newcomer groups under the two demographic variables (immigration and family law status) that showed larger percentage differences for both average number of legal problems and one or more legal problems reported. Unsurprisingly, a higher percentage of divorced and separated participants reported certain family law problems than single and married newcomers participants did (Figure 11). A much

higher percentage of refugee participants similarly reported some family law, public benefits and tenants' rights problems compared with citizens and permanent residents (Figure 12).

Response rates for some of the legal problems questions were also low (under 30%). Participants may not have understood⁷⁵ or felt comfortable answering some of the legal problems questions, or connected one or more legal problems to a specific survey question.⁷⁶ Thus the true level of legal need within the larger newcomer participant population may be higher than reported.

This report cannot further contextualize participants' self-reported data. Nor can it reach conclusions with respect to newcomer participants' level or type of legal need relative to the non-newcomer populations in Halton or Canada. The participants' self-reported data is not comparable to the legal needs data collected using the four national legal problems surveys⁷⁷ for several reasons: (1) the newcomer participant data is point-in-time, while the reference period for the national studies was three years; (2) the national studies included surveys covering a different and larger number of problem categories; and (3) the national studies focused on serious and difficult-to-resolve legal problems, while the pre-conversation surveys simply asked newcomers to identify any potential legal problems related to the conversation topic.⁷⁸ The newcomer participant data is also not comparable to the everyday legal problems data HCLS collected from low-income Halton residents during the Legal Health Check-up (LHC) Project because a different methodol-

Figure 11: Percentage of Participants Experiencing Select Family Law Problems by Family Status

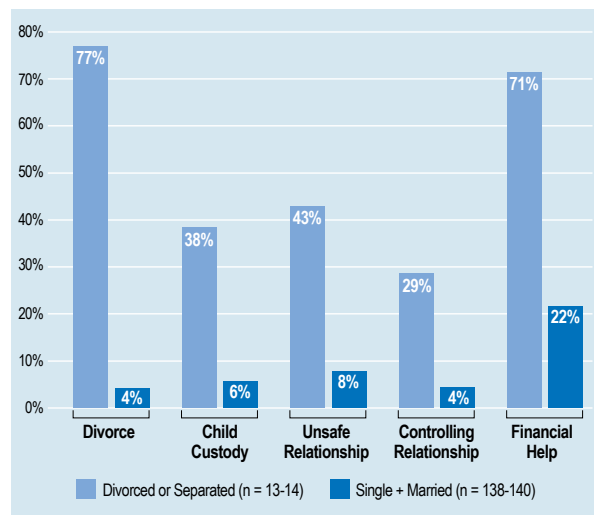
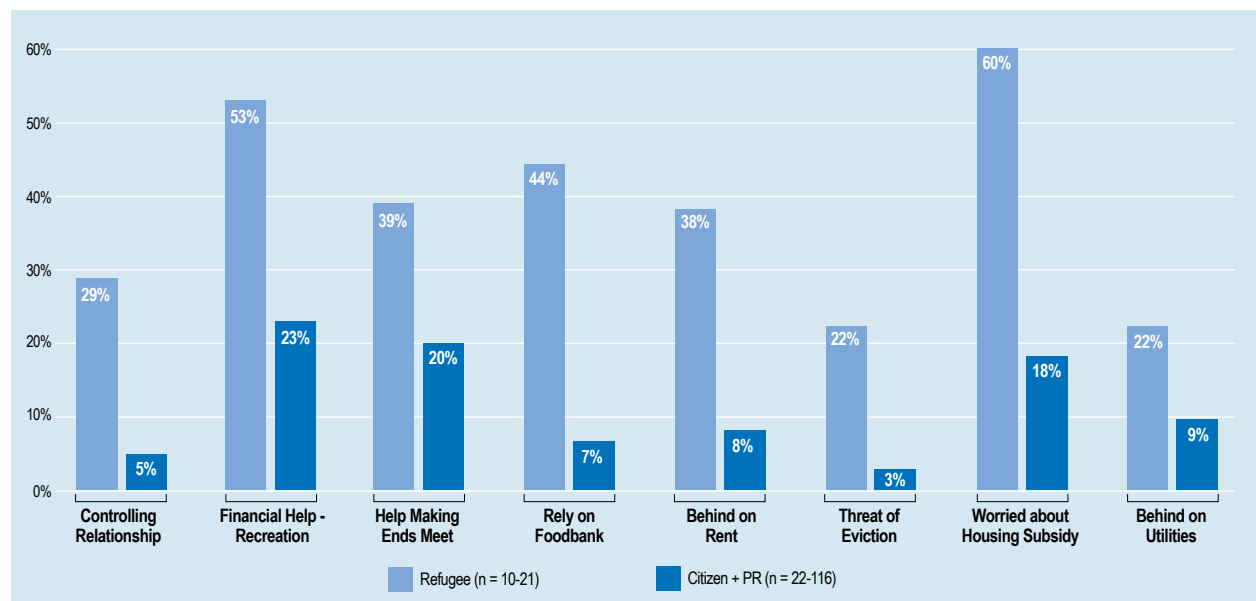


Figure 12: Percentage of Participants Experiencing Selected Legal Problems by Immigration Status



ogy was used. The LHC data was self-reported by individuals, or recorded by intermediaries during interviews. The effect of these mixed methods on the number or type of everyday legal problems identified using the LHC is unknown.⁷⁹ The newcomer participant data also describes only the population under investigation; it is not inferential or representative of newcomers living in Halton.

C) Newcomer Participants Who Asked HCLS for Help

Newcomer participants could use the pre-conversation survey to ask HCLS for help in two ways: they could request a call from an HLCS intake worker and/or ask to receive printed or online resources related to the problems they identified on the mini-LHC. A higher percentage of newcomer participants reporting at least one potential everyday legal problem requested resources (53%; 493/930) than a call (37%; 333/907).⁸⁰ This difference is likely at least partially explained by the barriers discussed in sub-section 7.D, including newcomers' reluctance to seek legal help from a lawyer over the phone.

The percentage differences for call⁸¹ and resource⁸² requests between conversation topics were small. Newcomer participants

who attended the tenants' rights, family law and public benefits conversations, however, were more likely to request a call from HCLS as the number of potential legal problems they reported increased (Figure 13). A similar trend was not observed for the other conversations, whose participants may not have considered the related problems as serious, legal in nature, or capable of being solved by HCLS.⁸³

The percentage differences in call requests were largest for some newcomer groups under the variables of immigration status and length of time in Canada.⁸⁴ Refugee participants were one-and-a-half times more likely to request a call from HCLS than citizen participants (74%; 76/103 vs. 30%; 62/208) (Figure 14). Relatedly, the likelihood that newcomer participants would request a call decreased the longer they reported being in Canada. For example, participants who reported being in Canada the shortest time—under six months—were more likely to request a call from HCLS than participants who reported being in Canada more than five years (69%; 73/106 vs. 34%; 111/322) (Figure 15).

The higher percentage of call requests by refugee participants is unsurprising since they reported the highest average number of potential legal problems of any newcomer group by immigration status. The legal problems data does not provide a clear explanation for the higher percentage of call requests for those who have lived in Canada less than six months. A partial explanation may be the connection between refugee status and call requests for this variable: those newest to Canada were more likely to be refugees (24%; 26/108) than citizens (1%; 2/331), and refugees accounted for a higher percentage of call requests among participants living in Canada under six months (26%; 19/73) than those living in Canada more than five years (2%; 2/110). The post-conversation survey may not have captured the higher legal needs of those living in Canada under six months. These newcomers may also have considered their legal problems more serious than did newcomers who have lived in Canada longer, or they may have been less susceptible to the barriers discussed in sub-section 7.D.⁸⁵

These reasons may help explain why participants who reported being separated or divorced were only somewhat more likely to request a call (65%; 47/72) than single (45%; 33/74) or married (43%; 380/893) participants, despite reporting a higher level of potential legal need. There was no strong connection between refugee status and call requests for this variable. Roughly the same percentage of refugees and citizens reported being divorced or separated (12%; 13/109, 11%; 24/213), and separated and divorced participants actually represented a slightly higher percentage of the call requests for citizens (23%; 14/62) than refugees (13%; 10/75).

Figure 13: Percentage of Participants Requesting a Call from HCLS for the Tenants' Rights, Family Law and Public Benefits Conversations by Number of Potential Legal Problems Reported

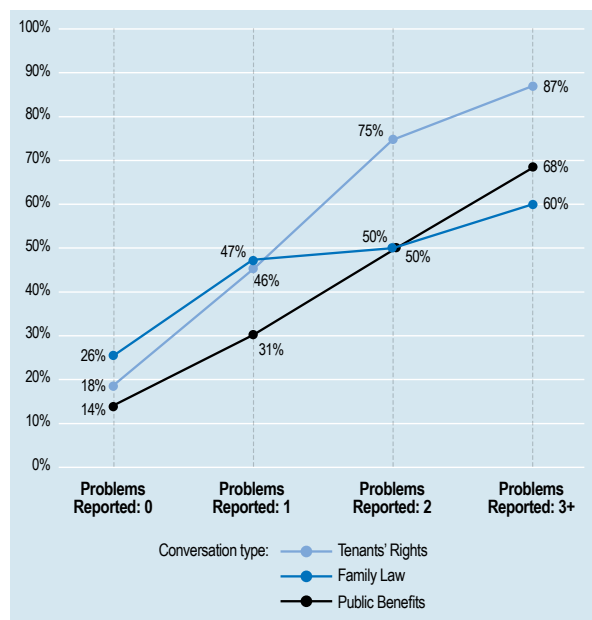
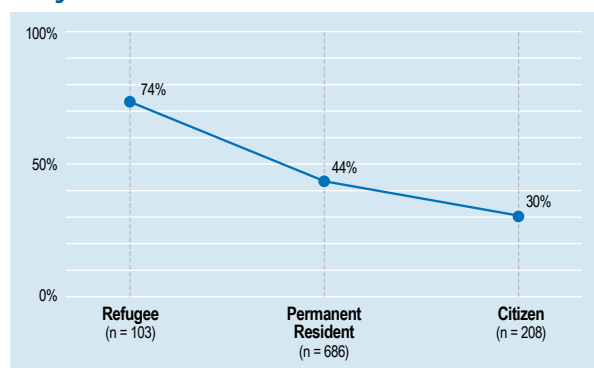
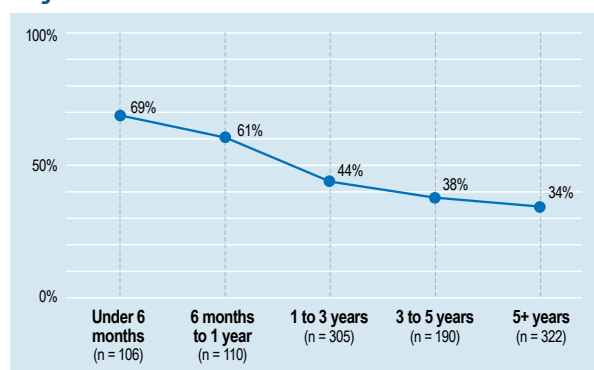


Figure 14: Percentage of Newcomer Participants Requesting a Call by Immigration Status**Figure 15: Percentage of Newcomer Participants Requesting a Call by Length of Time in Canada**

D) Barriers to Accessing and Receiving Help from HCLS

Several barriers prevent newcomer participants and newcomers living in Halton from receiving legal help from HCLS.⁸⁶ Poor English language skills was the most frequently mentioned barrier⁸⁷ across participants, service providers and HCLS staff. A majority of service providers (65%; 13/20) described language as the “biggest” barrier for their newcomer clients. They reported that their newcomer clients with low ESL skills are reluctant to contact HCLS by phone to book an appointment or speak to a lawyer. As one service provider remarked, “Newcomers ... find it hard to talk on the phone; there [are] no body language cues ... [people] talk fast on the phone. They are afraid of the phone ... they prefer in-person.” Another service provider said their newcomer clients “don’t know how or want to leave a voicemail.” Some newcomer clients prefer to communicate using email, but even that can be a challenge depending on

their ESL skills. Newcomer clients with low ESL skills who are able to make contact with HCLS struggle to understand and act on the legal information and advice they receive. As one service provider explained, “even simple legal language is too complex” for newcomers with low ESL skills.

Three chat participants, who were assessed at CLB levels 4 to 5 and requested an interpreter, similarly reported that they would not call HCLS because of their poor English:

“I remember there’s a lawyer I can consult ... [but] ... my English is very low so I don’t intend to call [the lawyer-instructor] and I don’t know where I put her phone number.”

“If I had a problem I’d ask [the settlement specialist] for help because I know [her] and she speaks Mandarin. I can’t communicate with people who speak English.”

“I have HCLS’s number ... [but] mostly I would call [my settlement specialist] because my English isn’t so good and if [the settlement specialist] can’t help me she will refer me. I trust [the settlement specialist]. She is passionate about people and she is very patient. I introduced many of my friends to [her].”

Immediate interpretation services are available to anyone who contacts HCLS to book an appointment or receive services. Increasing newcomers’ and service providers’ awareness of these interpretation services is one practical solution to address language barriers.⁸⁸ While every chat participant and some service providers were unaware of these services, three chat participants (43%; 3/7) stated they would contact HCLS if an interpreter was offered. Around a third of service providers (36%; 8/22) agreed that their newcomer clients would do the same; however, two service providers noted that newcomer clients may prefer a lawyer who speaks their language because they do not want to discuss private legal matters with a third-party interpreter. Two of the three HCLS intake workers reported that newcomers sometimes reject their offer of an interpreter and “suffer through English,” or already have someone on the line who attempts to translate for them.⁸⁹

Service providers reported helping their newcomer clients overcome language barriers. For example, an ESL/LINC instructor reported teaching newcomer students how to use the phone and practice booking appointments. Nearly half the service providers (45%; 10/22) mentioned practices they use to ensure that newcomer clients with low ESL skills successfully make contact with HCLS and receive the help they need. These practices

include: taking the client to HCLS and acting as an interpreter; booking an appointment for the client by email or phone; phoning or emailing an HCLS staff member to explain the client's problem; requesting an interpreter; or providing an in-house interpreter when the client makes contact with or receives help from HCLS. Some service providers (40%; 9/22) mentioned using HCLS's LSC service, which would allow newcomers to receive the help they need while avoiding language barriers.

Newcomers with stronger ESL skills appear more willing to contact HCLS for help with a legal problem.⁹⁰ For example, a majority of participants in the March 19, 2021, focus group (92%; 11/12)—who were assessed at CLB levels 5 to 7—reported that it would “not be difficult to call” HCLS; only two participants (17%; 2/12) said they would prefer the assistance of an interpreter. Two ESL/LINC instructors with students assessed at intermediate CLB levels similarly reported that their students are “capable of calling HCLS” and/or “happy to call or go in.” However, these newcomers may still face the following barriers:

- The perception that lawyers are expensive⁹¹ and should only be consulted when “you are at your worst ... and there is a fire;”⁹²
- Mistrust or healthy skepticism about lawyers or any government entity based on poor experiences in their home country;⁹³
- Fear that speaking to a lawyer will affect their immigration status or “get them in trouble;”
- Cultural barriers such as not being used to having or enforcing legal rights in their home countries, or feeling embarrassed to admit legal problems within their family, friend group or community;
- Being unaware of HCLS's services or that they are free;⁹⁴ and
- Not knowing or thinking that they have a legal problem.

Some of these barriers help to explain why only a small percentage of participants requested a call from HCLS. According to the HCLS intake workers, language barriers were “pretty consistent”⁹⁵ during their calls to participants, many of which required a Mandarin, Urdu or Arabic interpreter. They also reported having to call participants about three times to reach them, since their calls were not returned even if a voicemail was left.

When contact was made, a majority of participants stated that they: (1) did not have a legal problem; (2) did not want help; or (3) would like resources or information about HCLS's services. While some participants may not have required help with an unresolved legal problem, language barriers offer a

more compelling explanation. For example, some participants indicated to the intake workers that they did not realize they had requested a call, suggesting they did not understand the pre-conversation survey question. Other barriers mentioned above, such as mistrust of lawyers, may also offer an explanation since some participants wanted to “confirm that HCLS was real,” and seemed confused as to why HCLS and not a more familiar host organization was contacting them.

E) Actual Everyday Legal Problems Newcomers Seek Help With

Data was collected from several sources to determine the types of actual and reported everyday legal problems experienced by newcomer participants or newcomers living in Halton for which they seek help.

Only 5% of newcomer participants who requested a call from HCLS (22/410)⁹⁶ became a new (18-20) or returning (2-4) client of the clinic.⁹⁷ HCLS's lawyers identified 25 actual everyday legal problems for these 22 clients. The most common problem types were public benefits (32%; 8/25), workers' rights (20%; 5/25) and tenants' rights (20%; 5/25) (*Figure 16; Appendix L, Table 1*). Specific actual legal problems within these problem types included: an inability to secure subsidized housing; incomplete rental repairs; difficulty applying for the Canada Child Benefit (CCB) or the Canadian Emergency Response Benefit (CERB); requiring assistance applying for social benefits due to alleged employment discrimination; and unpaid wages.

Almost two-thirds of the actual legal problems identified (64%; 14/22)⁹⁸ were related to the topic of the conversation that the new or returning clients attended. Comparing the number of problem types for these clients to the number of call requests by conversation type reveals two interesting trends:

1. Newcomer participants attending a wills/POAs conversation represented the highest number of call requests (n = 184), but wills/POAs problems represented the second-lowest number of problem types for new or returning clients (4%; 1/25). The timing of the pre-conversation survey likely explains why: newcomer participants requested a call on the pre-conversation survey before the conversation started. A majority of these participants reported not having a will or POA, and may have wanted HCLS's help initially until, at the end of the conversation, they received resources such as a POA kit that they could complete on their own. There was no way for participants to cancel their request for a call once they completed the pre-conversation survey.

2. Newcomer participants attending a public benefits conversation made a low number of call requests ($n = 51$), but public benefits problems were the most common problem type for new or returning clients (32%; 8/25). Half of the new or returning clients (50%; 4/8) with a public benefits problem met with HCLS during the COVID-19 pandemic and sought assistance related to CERB or the CCB. These clients might have considered these problems more serious (or akin to a serious workers' rights problem) and been more motivated to speak with HCLS if they had lost their job and required financial assistance due to the pandemic.

A review of all HCLS client case files during the data collection period⁹⁹ did not identify any additional newcomer clients.

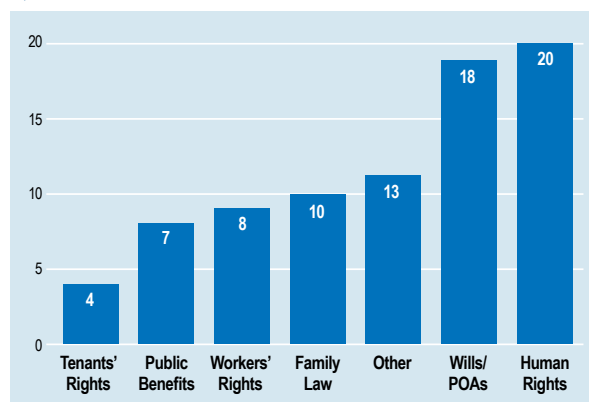
LSC requests from 2016 to the end of the data collection period were reviewed to obtain a broader picture of the actual legal needs of newcomers living in Halton. HCLS received 97 LSC requests from 33 individuals, service providers or helping organizations on behalf of newcomers since it first offered the LSC service.¹⁰⁰ Representing 14% (97/675) of all LSC requests HCLS received, these most frequently involved actual legal problems related to tenants' rights (25%; 26/102), immigration (20%; 20/102)¹⁰¹ and public benefits (19%; 19/102) (*Appendix L, Table 2*). Specific problems within these broader legal problem types included: landlord harassment; an illegal eviction; an unsafe rental (rodents, bed bugs); a landlord failing to complete repairs; help applying for Ontario Works, the Ontario Disability Support Program or CERB benefits; and being behind on rent.

The legal problem types HCLS identifies for newcomer clients or through LSC requests may not fully or accurately reflect the actual legal needs of newcomers living in Halton, particularly if knowledge of HCLS's practice areas is widespread. The service providers interviewed were therefore asked whether their newcomer clients experience any common legal problem

types. A majority of these providers (81%; 17/21) reported receiving questions from their newcomer clients on a range of legal problems, the most common being tenants' rights (82%; 14/17), family law (47%; 8/17) and workers' rights (47%; 8/17) (*Appendix L, Table 3*). The four remaining service providers reported "mostly" dealing with immigration or tenants' rights problems.

The newcomers captured by the above data sources were most likely to experience an actual everyday legal problem related to tenants' rights (4), public benefits (7) and workers' rights (8), and least likely to experience an actual legal problem related to wills/POAs (18) or human rights (20)¹⁰² (*Figure 16; Appendix L, Table 4*). However, the service providers mentioned that their clients still have a "high level of need" for access to free family law and immigration law services. In fact, nearly two-thirds of the service providers interviewed (62%; 13/21) suggested that HCLS expand into these practice areas when asked what more the clinic could do to support their newcomer clients.

Figure 16: Ranked Percentages of Actual Legal Problems for New or Returning Newcomer Clients, Newcomer LSC Requests and as Reported by Service Provider Hosts¹⁰³



8. NEWCOMER LEGAL PATHWAYS



Not every newcomer living in Halton will recognize that they have a legal problem, overcome the barriers described in sub-section 7.D, and ask someone for help. This section focuses on newcomers who take all three steps. It provides the most comprehensive account to date of the pathways newcomers take to solve their legal problems, based on feedback from newcomer participants, service providers and the lawyer-instructors, and other relevant data. Sub-sections 8.A and 8.B describe where these pathways commonly start (with trusted settlement specialists and ESL/LINC instructors) and end (with legal service providers such as HCLS). Sub-section 3.C and Appendix M map the different steps or pathways between these points.

A) Starting with Settlement Specialists and ESL/LINC Instructors as Trusted Intermediaries

A growing body of research in Ontario finds that newcomers are more likely to seek legal help from trusted intermediaries—front-line workers in fields such as settlement services or education—than from legal professionals.¹⁰⁴ Much of this research, however, relies heavily on self-reported data from service providers and community agencies. This sub-section makes similar findings based on data collected from newcomer participants and service providers. It reveals that newcomers living in Halton are most likely to first seek legal help from a settlement specialist or ESL/LINC instructor.¹⁰⁵ In fact, 86% (6/7) of chat participants and participants from each focus group (3/3) reported that they would turn to these service providers for help with a legal problem (*Figure 19*). Similarly, every settlement specialist (100%; 9/9) and nearly every ESL/LINC instructor (86%; 6/7)¹⁰⁶ reported that newcomer clients often¹⁰⁷ come to them or someone in their host organization for help with legal problems.¹⁰⁸

Responses from other types of service providers confirm this pattern. For example, a service provider from Achēv stated that: “I am not the first one [my clients see].... Most clients tell me they go to a teacher of ESL/LINC classes. They feel comfort-

able asking them [legal and tax questions].” Similarly, a service provider at the Milton Public Library noted that the newcomers they see go to settlement workers and ESL teachers because there is “lots of trust between newcomers and these agencies; there is a ‘natural connection.’”

Why do newcomers living in Halton turn to settlement specialists and ESL/LINC instructors and not HCLS for legal help? According to the settlement specialists interviewed, newcomers are “not aware of HCLS or what’s available,” and their host organization is a newcomer’s “first point of contact.”¹⁰⁹ Newcomers hear about settlement specialists through “word of mouth,” are referred by family, friends and relatives who may already be clients, or “they get [their] name through the airport pamphlet.” As one settlement specialist observed:

“Newcomers have a lack of knowledge about the law. They call us and say, ‘Oh, I didn’t know you could help me with this’ ... when they know we deliver this help they always approach us because it is easy, free of charge and we have a good reputation.”

Newcomers living in Halton may have a trusted relationship with their settlement specialist and ESL/LINC instructor. Every settlement specialist (9/9) and most of the ESL/LINC instructors (5/7) interviewed reported that their clients trusted them or described a relationship built on trust. For example, one settlement specialist reported that their newcomer clients view them as “family or a friendly hand,” while an ESL/LINC instructor stated that “teachers are counsellors, and students want to share with us.” Similarly, 57% of the chat participants (4/7) explicitly stated that they trusted their settlement specialist.

Trust is built between a newcomer and a settlement specialist or ESL/LINC instructor through action, sustained interaction and/or the presence of trusted attributes. Settlement specialists reported that their clients trust them because: (1) they had previously provided legal or non-legal help to the client (action/sustained interaction) or to a family member or friend (action); or (2) they share the same language and/or culture (trusted

attribute). For example, a settlement specialist who speaks Farsi reported “feeling the trust” even after the first meeting with a client, suggesting some trust is almost immediately established between newcomers and settlement specialists who share the same language and/or culture. Newcomers also appear to prefer to approach settlement providers over ESL/LINC instructors, even at the same host organization, when this trusted attribute is present. For example, two ESL/LINC instructors reported that their newcomer students seek help from their host organization’s settlement specialist who speaks their language.

ESL/LINC instructors similarly reported that because they had significant lived experience in Canada, students “think we know everything, even when we don’t” (trusted quality) and that they “built a relationship with students” over time and it is “a big relationship” (sustained interaction).

The trusted relationship between newcomers and their settlement specialist and/or ESL/LINC instructor is significant. Three chat participants with low ESL skills reported that they would continue to seek legal help from a service provider they trust, even after attending a conversation and learning about HCLS’s services. A focus group participant with stronger ESL skills revealed an identical outcome even when language barriers are likely absent:

“If I was fired, I would first call [the ESL/LINC instructor] when stressed. I wouldn’t know what to do, and I see [the instructor] every day and ask her opinions first. She will know what to do. If it’s a legal problem I think of [the instructor]. She has knowledge and rules, and she has the Canadian experience.”

Ten chat and focus group newcomer participants mentioned other sources they might turn to for help with a legal problem, such as being fired or evicted (*Figure 17*). Many of these sources were secondary—that is, newcomer participants stated they would access them only if their settlement specialist or ESL/LINC instructor was unable to help. Some sources were problem-dependent. For example, two focus group participants mentioned they would phone Halton Region for help with a problem at work, and one focus group participant stated they would call Service Canada for a public benefits problem. While HCLS was the second most frequently mentioned source of legal help (40%; 4/10), focus group and chat participants stated they would contact HCLS only if the clinic’s services were free and/or an interpreter was provided.

The service providers interviewed were also asked whether newcomers with certain demographic characteristics were more likely to ask them for help with legal problems. Almost

a third of the service providers (27%; 6/22) found it difficult to answer this question because they primarily interact with newcomers who share their language and/or culture. Two service providers rejected the premise that some newcomers are more likely to ask for help than others, with one stating: “It’s anyone. At the end of the day, it’s about trust and they have a problem and they know [our host organization] will find the

Figure 17: Sources of Legal Help Reported by Chat and Focus Group Participants

Source of Legal Help	Frequency (n = 10)	Percentage
Settlement specialist or ESL/LINC instructor	9	90%
HCLS	4	40%
Family, friends or community members	4	40%
A lawyer or community legal clinic other than HCLS	2	20%
Call 3-1-1 [Halton Region]	2	20%
Solve the problem myself	1	10%
Google	1	10%
An organization that speaks my language	1	10%
Service Canada	1	10%

Figure 18: Legal Service and Information Providers that Newcomer Service Providers Refer to¹¹⁰

Legal Service Providers	Frequency (n = 22)	Percentage
Halton Community Legal Services (HCLS)	18	82%
Private practice lawyer (immigration, family, criminal, other)	5	23%
Law Society of Ontario’s free referral service	4	18%
Free drop-in family law clinic (Women’s Centre; Sexual Assault and Violence Intervention Services)	2	9%
Government-funded family law lawyer in Toronto	1	5%
Community Legal Education Ontario (CLEO)	1	5%
A lawyer who speaks the client’s language	1	5%
Immigration law clinics (Toronto/Mississauga)	1	5%
Legal Aid Ontario	1	5%
Steps to Justice	1	5%
Landlord/Tenant Board	1	5%

help or information they need.” However, 18% of the service providers (4/22) reported that newer refugees are most likely to ask legal questions because “they don’t know things when they move to Canada,” “have low levels of English and rely on staff for guidance,” and “have more needs.” For example, they need “more tenant support” because they have “less time to prepare and secure housing than landed immigrants.” This feedback is consistent with the findings from sub-section 7.C.

B) Ending with Legal Services and Information Providers

A majority of the service providers interviewed (82% ; 18/22)—including the settlement specialists and ESL/LINC instructors—indicated that they refer their newcomer clients to HCLS for help with legal problems (*Figure 18*). And 18% (4/22) of them reported that they *only* refer to HCLS. As one service provider remarked, HCLS “is their first stop” if a client has a legal problem.

Collectively, the service providers estimated that they refer, on average, 35 to 45 newcomer clients to HCLS per month.¹¹¹ This monthly range may be conservative since it does not capture direct referrals from every service provider at the host organizations, or any LSC requests.¹¹² The majority of these referrals (51% to 58%) come from settlement specialists from HMC Connections and the Centre for Skills Development (*Figure 19*). While these estimates are not independently verifiable,¹¹³ they at least suggest that service providers are consistently referring newcomers with legal problems to HCLS.

Whether a service provider refers a newcomer client to HCLS depends on several factors, including: their understanding of

Figure 19: Average Number of Self-Reported Monthly Referrals to HCLS by Service Provider Role

Service Provider	Number of Staff Estimates	Average Monthly Referrals	Percentage (low to high)
Settlement specialist (HMC Connections/ Centre for Skills Development)	8	18 to 26	51 to 58%
Newcomer information counsellor (Achév)	1	12	34 to 27%
ESL/LINC instructor (TMC)	2	4 to 6	11 to 13%
Other	1	1	3 to 2%
Total	12	35 to 45	100%

the client’s legal problem(s); their knowledge of HCLS’s practice areas; their knowledge of, and relationships with, other legal service organizations in Halton and the surrounding area; and their clients’ specific needs or any special requests. For example, service providers mentioned referring newcomer clients to: (a) HCLS and several other legal services or organizations as a general practice; (b) another free legal service or organization only; (c) a private practice lawyer or free legal service for help with a family law or immigration law problem (because they know that HCLS does not practice in these areas); (c) HCLS for help with a family law or immigration law problem because they do not know that HCLS does not practice in these areas, or they expect HCLS to make the appropriate referrals; or (d) a private practice lawyer who speaks the client’s language, even if the client’s legal problem falls within HCLS’s practice areas, because the client requests this or is ineligible for HCLS services.

C) Mapping Newcomer Legal Pathways

Newcomers take three steps when traveling the common legal pathway that starts with a settlement specialist and/or ESL/LINC instructor at one of the host organizations:

Step 1 – Initial Contact and Building Trust: A newcomer makes initial contact with a host organization and builds a relationship of trust with a specific settlement specialist or ESL/LINC instructor.

Step 2 – The Approach: A newcomer turns to the settlement specialist or ESL/LINC instructor for help with a legal problem.

Step 3 – Getting to a Solution: The settlement specialists and ESL/LINC instructors interviewed reported handling their newcomer clients’ legal problems differently. A settlement specialist may help a newcomer client solve common or less complex legal problems, such as an illegal, same-day eviction. If a settlement specialist believes the legal problem is more complex, they are more likely to make a referral to a legal service provider. The settlement specialist may refer the newcomer client to HCLS directly or request a legal secondary consultation (LSC), in which case the client’s legal pathway indirectly ends with HCLS if their problem is solved.

Understandably, ESL/LINC instructors rarely attempt to solve newcomer clients’ legal problems because they lack the

expertise and resources to do so.¹¹⁴ Instead, they may refer newcomer students to a legal service provider. Or they may refer a student to a settlement specialist within their host organization or at a different partner agency, who will then follow the decision path outlined above.¹¹⁵ The ESL/LINC instructors interviewed preferred making a referral to HCLS than using the LSC service due to concerns about the appearance of giving their students legal advice.¹¹⁶

Feedback from newcomer participants, service providers, the lawyer-instructors and HCLS staff, and other relevant data, suggests that newcomers living in Halton may take other less common pathways to solve a legal problem. They may seek help from a service provider at another host organization. That service provider may attempt to solve the problem,

make a referral to a settlement specialist at a partner agency who will follow Step 3,¹¹⁷ or make a referral to a legal service provider such as HCLS or request an LSC from HCLS.¹¹⁸ Newcomers may also contact HCLS themselves with or without attending a conversation and then receive services directly.¹¹⁹ For example, they may approach the lawyer-instructor after a conversation and receive on-the-spot assistance or a referral to HCLS,¹²⁰ or request a call from an HCLS staff member on the post-conversation survey.¹²¹ Finally, newcomers may receive indirect assistance from a legal service provider through family or friends who followed the common or a less common legal pathway.¹²²

Appendix M features a map of the common and less common newcomer legal pathways through service providers.

9. NEWCOMER CONVERSATION BEST PRACTICES



Public Legal Education programming has been delivered to newcomer populations in Canada since at least the 1990s, and some literature exists on best practices for it.¹²³ Sub-sections 9.A to 9.F present recent empirical evidence that supports five conversation features as best practices for delivering PLE to newcomers. Diverse newcomer groups, including those who may experience language barriers, valued these best practices regardless of the delivery format. They continued to provide highly positive feedback on the post-conversation surveys after the conversations transitioned to virtual delivery. Service providers' views¹²⁴ were best captured by an ESL/LINC instructor who stated that there was “no difference ... in terms of quality” between the in-person and virtual conversations, and that their clients were “happy to participate in-person or virtually.”

Sub-sections 9.A to 9.F contribute to the existing PLE literature in two important ways:

1. Many PLE best practices recognized in the existing literature were identified by consulting front-line service workers and lawyers. By contrast, most of the empirical evidence discussed here was collected directly from newcomer participants. This distinction matters because research suggests that “successful Public Legal Education tends to be driven by users' needs, their learning styles and preferences, and their preferred form of communication.”¹²⁵
2. Sub-section 9.A responds to the recent call to further investigate the pedagogical aspects of PLE and ensure that “teaching methods are dynamic and engaging.”¹²⁶ It presents novel empirical evidence supporting the conversations' interactive components designed using adult education principles. While some sources¹²⁷ recommend applying these principles in PLE programming for low-income populations,¹²⁸ front-line workers¹²⁹ and ESL/LINC programming generally,¹³⁰ literature on their effective use in PLE programming for newcomers is scant. At least one researcher even questions whether such programming is appropriate for learners from different cultures.¹³¹

Relatedly, sub-section 9.B uncovers challenges related to maintaining participant engagement during the virtual conversations, suggesting that in-person delivery is preferable.

Sub-sections 9.C and 9.D present findings from the evaluation of the conversations, which further support the five features as best practices.

The conversations were generally well received by both newcomer participants and the service provider hosts. Nearly all newcomer participants (92%; 1141/1,240) indicated on the post-conversation survey that they would recommend the conversations to family members or friends, and a majority (77%; 891/1,160) said they would attend another conversation. Every service provider who was interviewed similarly spoke positively about the conversations¹³² and indicated that they would continue to book conversations for their newcomer clients. Of those service providers, 76% (16/21) reported recommending the conversations within their host organization (to their team, colleagues, other staff or clients) and 19% (4/21) recommended them to someone outside their organization (clients not eligible for services, HMC Connections, other newcomer groups, Halton Women's Centre). This positive feedback demonstrates the value newcomer participants and service providers collectively assigned to the five conversation features.

A) Have a Highly Interactive Conversation

Among newcomer participants, 11% (43/381) expressed on the post-conversation survey that they appreciated that the conversations were highly interactive. As one participant remarked, the lawyer-instructor “answered all of the questions, which is a pretty awesome resource to have access to.” Other participants wrote that they liked that they could “ask [their] specific questions” and “receive good answers,” that there was “lots of time ... or opportunity to ask questions,” and that they “were allowed to ask as many questions as [they] wanted.”

One participant appreciated the “new perspectives from the questions from the audience,” suggesting that participants may have learned from one another, or had their experience enriched by listening to others during the conversations.

A majority of the chat participants (57%; 4/7) similarly reported that they liked being able to ask questions during the conversations. As one participant explained, “I liked that I can interact with the presenter because we all have different problems and can ask a question.” Another participant said they liked asking questions because “if we can solve a problem in one time [sic], we don’t need to ask for a second or third time.”

Almost two-thirds (62%; 13/21) of the service providers interviewed similarly reported that they or their clients liked the conversations being highly interactive—that their clients were encouraged to participate, and that there was ample opportunity to ask the lawyer-instructor questions about their legal situations. As one service provider explained, the conversations provided a “real chance to get at the heart of the [legal] matter and ask question[s].”¹³³ Another described the benefit of interacting with the lawyer-instructors, saying the conversations are a “chance to connect with a lawyer in-person ... to put a name or face to [HCLS] ... which is so helpful.”

Every lawyer-instructor (100%; 5/5) reported enjoying having “informal conversations” or a “back and forth” with participants, and valued having participant questions influence the substance of the conversations. As one lawyer-instructor explained:

“The Q&A ... was the biggest help to people ... [Asking questions] made sure [we] are giving newcomers the information they need and are interested in ... [Otherwise we] are just hitting topics, but not necessarily hitting marks that are relevant to newcomers attending a specific workshop. Plus, the conversations bring out different issues and topics [on a deeper level] and help to create engagement.”

The same lawyer-instructor noted that using legal problem scenarios helped participants to: remain engaged; have “ah ha” moments when hypothetically applying the law; and better understand the law in context, specifically that “legal conclusions are driven by the facts.”

Several lawyer-instructors also spoke positively about specific conversation features that facilitated participation, such as the mini-LHC on the pre-conversation survey, which helped participants think about relevant issues. One lawyer-instructor said PowerPoint slides can create an expectation of a lecture,

and using aids like a whiteboard helped “get participants off the slides,” “switch gears” and talk.

This feedback supports the use of adult education principles in newcomer PLE programming. It is also consistent with the existing PLE literature, which acknowledges the importance of inviting audience questions, promoting engagement and using scenarios.¹³⁴ Some research suggests that printed materials help newcomers access legal information,¹³⁵ and that multiple delivery formats should be used to accommodate newcomers’ different learning styles and literacy levels.¹³⁶ The specific feedback from participants suggests that diverse groups of newcomers, including those assessed at basic CLB levels, still value receiving legal information through interactive in-person conversations.¹³⁷ How much they value this delivery format, however, may be influenced by the remaining conversation features.

B) Engagement Challenges with Virtual Delivery

Reports from every lawyer-instructor (100%; 5/5) revealed that the virtual conversations were less engaging for newcomer participants.¹³⁸ One lawyer-instructor noted that participants during these conversations seemed reluctant to turn on their webcams and use their microphones. It was “100% easier to interact” during the in-person conversations: “I could speak with my hands more and use more body language. It was easier to read participants and create more of a personal connection with them.” Another lawyer-instructor similarly remarked that it was difficult to build rapport with participants:

“Some people were engaged, but the online format is not as conducive to having an open forum. People feel like they are interrupting online ... It didn’t feel like a conversation; ... it felt like I was doing a weekly newcomer presentation or podcast.”

Two lawyer-instructors observed that it took more work to facilitate the virtual conversations:

“They require a lot more work. They are less organic. There is not as much feedback or interaction. One person speaks at a time on Zoom, so there are no small opportunities for dialogue between participants.”

“I felt more energized when I did in-person conversations. Now there is more talking. It takes more work to get people to participate.”

The observational data supports these statements. Engagement levels were initially assessed for 5% (4/82) of the in-person conversations in the data collection period and 29% (7/24) of the virtual conversations held from March 23, 2020, to November 30, 2020. The lawyer-instructors and newcomer participants asked, on average, one-and-a-half times as many questions during the observed in-person conversations (24.6 vs. 10.9 by lawyers; 24.2 vs. 12 by participants). The evaluator and the HCLS community worker who observed these conversations similarly noted less engagement during the initial virtual conversations.

Despite the small number of conversations observed, the Project Team, in consultation with the advisory committees, implemented the following measures to increase engagement levels in the virtual conversations starting near the end of November 2020:

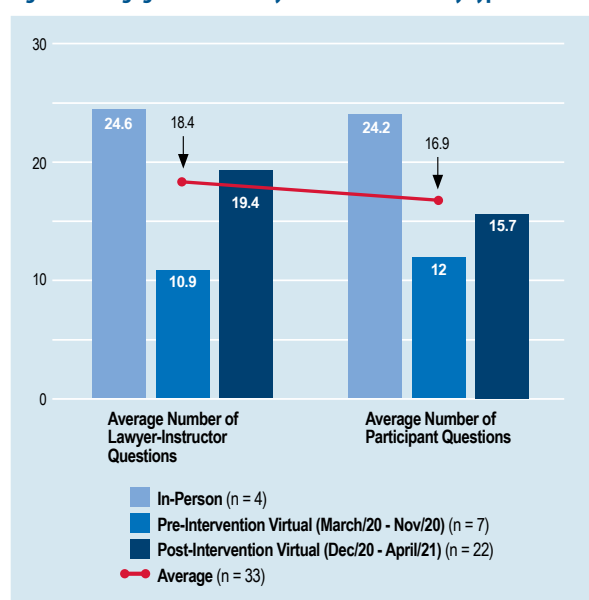
- 1. Switching Videoconferencing Platforms:** The virtual conversations were initially offered using two platforms—Google Meet and Zoom—because the former was required by some of the host organizations. The lawyer-instructors reported that Zoom was superior for engaging newcomer participants because it offered a built-in whiteboard feature¹³⁹ and allowed the lawyer-instructors to simultaneously see participants when sharing their screen.¹⁴⁰ HCLS discussed this issue with the host organizations¹⁴¹ that initially required Google Meet, and they jointly decided to offer the conversations exclusively on Zoom.
- 2. In-conversation Adjustments:** HCLS added more interactive content (legal problem scenarios) and used other Zoom features (interactive polls).
- 3. Encouraging Interaction:** The lawyer-instructors actively encouraged participants to use their webcams and microphones.

Observational data collected for 63% (22/35) of the virtual conversations held after December 1, 2020, show increased participation levels following these interventions, but not to the levels previously observed during in-person conversations: the average number of lawyer-instructor questions increased by 78% (10.9 to 19.4 vs. 24.6 pre-COVID), while the average number of participant questions increased only slightly (12 to 15.7 vs. 24.2 pre-COVID) (*Figure 20*).

Given the small number of in-person conversations observed during the data collection period, the observational data does not—on its own—support a finding that the virtual conversa-

tions had less participation. However, interpreting this data in conjunction with the feedback from the lawyer-instructors and the HCLS community worker, and the data on lower survey completion rates, supports two tentative conclusions: (1) that participants were less engaged during the virtual conversations; and (2) that the lawyer-instructors had to work harder to create a meaningfully interactive experience. While the conversations were still interactive regardless of delivery method (with an average of 18.4 lawyer-instructor questions and 16.9 participant questions per conversation) the data suggests that in-person delivery is preferable (*Figure 20*).

Figure 20: Engagement Levels by Conversation Delivery Type



C) Cover Topics and Provide Legal Information that Matter to Newcomers' Daily Lives

Over half of the newcomer participants who wrote down on the post-conversation survey what they liked about the conversations (53%; 201/381) mentioned the topic and “good” or “helpful” legal information presented. Participants remarked that the conversations dealt with their “daily lives” or “life questions,” and had “lots” of “important ... and ... useful info that is hard to find and understand.” One newcomer participant explained: “[The family law conversation] gave an outline of what to expect in a situation of separation/divorce. I had no idea what to expect in Canada when considering separation/divorce. I have a fair idea now.”

Two chat participants (29%; 2/7) and participants in one focus group similarly indicated that either the conversation contained “very useful information” or that they “learned a lot.” As one participant in the focus group held on January 8, 2020, stated, the workers’ rights workshop “helps us because we know where to go if we have troubles even if not working.”

Almost two-thirds of the service providers interviewed (62%; 13/21) described the conversation topics and legal information as interesting and relevant to the lives of their newcomer clients. One service provider described the legal information as “incredibly valuable” because “often things are so different in their [clients’] first countries.” Service providers from one host organization also mentioned that they appreciated the ability to choose the conversation topics, and to work with HCLS to adapt the legal information presented to their newcomer clients’ needs.

This feedback is consistent with research noting the importance of involving newcomers in creating PLE content, and of contacting a service provider to tailor PLE programming to their clients’ needs.¹⁴²

D) Keep Delivery Simple and Provide Any Necessary In-Conversation Supports

Much of the literature on PLE best practices focuses on language barriers that affect newcomers’ understanding of public legal information. The need for simple and culturally sensitive delivery is also emphasized.¹⁴³ These were also goals for the conversations. Significantly, a majority of participants (82%; 1,073/1,311)¹⁴⁴ on the post-conversation survey reported that the conversations were easy to understand. Almost a quarter of participants who wrote down what they liked about the conversations on the post-conversation survey (23%; 87/381) mentioned something positive about the lawyer-instructors’ delivery. The conversations were described as “clear and simple,” “easy to follow,” and “well organized.” The lawyer-instructors were “easy to understand,” “spoke slowly,” used “clear and easy language” and “simple words,” and/or provided “clear explanations.”

Nearly half the service providers interviewed (48%; 10/21) similarly reported that the lawyer-instructors led the conversations in a way that their newcomer clients could understand: they “spoke slowly,” used “simple language” and were able to “alter their speech” depending on participants’ CLB level.

Most newcomer participants (89%; 1,160/1,298) reported that materials such as the PowerPoint slides helped them understand the conversations. Some newcomer participants (6%; 22/381) also noted on the post-conversation survey that they

liked the in-conversation supports, such as the slides and the interpreter. Nearly half of the service providers interviewed (43%; 9/21) similarly reported that the lawyer-instructors’ use of visual aids (PowerPoint slides, Zoom’s whiteboard feature and whiteboards at in-person conversations) helped their newcomer clients — particularly those at basic CLB levels — to better understand the legal information discussed. Three service providers (14%; 3/22) appreciated HCLS’s offer of an interpreter for the same reason. This feedback mirrors the PLE literature promoting the use of visual aids¹⁴⁵ and holding conversations in multiple languages.¹⁴⁶

E) Use Legal Experts

There is growing interest in training trusted intermediaries to deliver PLE programming to low-income populations in Ontario; the trusted relationship they have with the audience enables them to highlight information and answer questions in a way that is easily understood.¹⁴⁷ However, the data suggests that newcomer participants and service providers still value directly interacting with a lawyer during PLE programming. Roughly 10% of participants who wrote down what they liked about the conversations on the post-conversation survey (7%; 28/381) said something positive about the lawyer-instructors, including that they had “in-depth knowledge” and were “professional,” “patient,” “nice” and “thorough.” The service providers also positively described the lawyer-instructors as “well-prepared,” “fantastic” and “knowledgeable.” One service provider explicitly noted that it was beneficial to have “a *lawyer* present during the workshop to communicate with clients and answer their questions” [emphasis added]. The newcomer participants and service providers were not asked to compare their experiences with the lawyer-instructors with their experiences with other PLE instructors. However, a fair assumption based on their positive feedback is that they appreciated access to knowledgeable experts who were able to answer their questions directly.

F) Use Safe and Accessible Spaces

Nearly every participant reported on the post-conversation survey that the conversations were held on a good day (98%; 1,284/1,311) and time (98%; 1,232/1,255) and at a good location (99%; 1,243/1,260). Consistent with the existing PLE literature,¹⁴⁸ these results speak to the importance of having trusted service providers offer safe spaces for PLE programming on days and at times that are most convenient for their newcomer clients.

The transition to virtual delivery presented two accessibility concerns. First, the Project Team was concerned that newcomers might struggle to attend and/or participate in the virtual conversations due to unreliable internet access or lack of familiarity with the videoconferencing platforms.¹⁴⁹ However, only one newcomer participant mentioned “internet issues” on the post-conversation survey. A few service providers said it took time for their newcomer clients to get used to the videoconferencing platforms, and one service provider said their clients found it difficult to participate in virtual conversations using a phone.¹⁵⁰ On the other hand, two chat participants (29%; 2/7) specifically said the virtual conversations were “easy and convenient,” with one indicating that they “might not go if [the conversation was] in-person” due to travel.

A second concern was that at-risk newcomers, such as victims of domestic violence, would find it difficult to find a safe space

to attend and/or participate in the virtual conversations. While no evidence related to this concern was uncovered during the data collection period, SPAC members said it was important to create safe spaces for the family law conversations.¹⁵¹ The literature has similarly noted a preference for in-person delivery in this context.¹⁵²

PLE research identifies providing food, childcare, transportation assistance and other supports as best practices.¹⁵³ No newcomer participants requested a travel or childcare subsidy from HCLS, and most participants indicated that they did not face difficulties securing transportation (87%; 780/897) or need to arrange childcare (88%; 1,138/1,291). Perhaps participants simply did not require these supports. Another explanation is that participants already received these supports from the host organization. Providing these supports makes sense when needed to promote accessible PLE programming.

10. THE IMPACT OF THE NEWCOMER CONVERSATIONS ON SETTLEMENT OUTCOMES



PLE programming for newcomers is rarely formally evaluated in Ontario,¹⁵⁴ meaning some best practices may lack a strong empirical foundation. Consequently, a main objective of the project was to determine whether the conversations improved newcomer participants' settlement outcomes by increasing their knowledge of Canadian law and their awareness of, and access to, HCLS's free legal services. Sub-sections 10.A and 10.B discuss three main findings regarding these two measures:

1. Immediately after attending a conversation, nearly every newcomer participant reported increased knowledge of their legal rights and responsibilities and of where to go for help with a legal problem.
2. Three-months after attending a conversation, focus group participants recalled more legal information, and better recalled that they could turn to HCLS for help with a legal problem, than the chat participants, who were assessed at lower CLB levels.
3. However, the conversations did not create a direct legal pathway to HCLS for nearly every chat or focus group participants or most newcomer participants, including those who requested a call from HCLS.

The evaluation also sought to capture any broader conversation outcomes. Sub-sections 10.C and 10.D identify several ways that the conversations may indirectly improve newcomer settlement outcomes,¹⁵⁵ by helping HCLS build trusted relationships with newcomer participants and service provider hosts to improve or create legal pathways. These findings are particularly important given what appears to be a shift¹⁵⁶ in PLE programming for newcomers in Ontario towards: (1) non-interactive¹⁵⁷ print and online materials such as specialized websites,¹⁵⁸ webinars¹⁵⁹ and comics;¹⁶⁰ and (2) using trusted intermediaries such as newcomer youth,¹⁶¹ ESL instructors¹⁶² and settlement agencies¹⁶³ to deliver public legal information in the form of lesson plans, podcasts and activity kits or toolkits.

The *Newcomer Conversations: Learning Canadian Law Project* departs from these developments by having lawyers deliver public legal information directly to newcomers through highly interactive in-person conversations hosted by trusted intermediaries. Whether settlement outcomes would improve, or improve as much, through virtual or intermediary-led programming requires further investigation.¹⁶⁴

A) Increasing Participants' Legal Knowledge

The conversations immediately raised newcomer participants' confidence levels and perceptions of their legal knowledge. Nearly every participant who completed a post-conversation survey reported knowing they had legal rights related to the conversation topic (93%; 1,221/1,316), and feeling more confident that they would know if they were experiencing an everyday legal problem related to the topic (97%; 1,278/1,317).

One goal of the participant chats and focus groups was to determine whether participants retained legal knowledge three months after attending a conversation. Differences were observed between the two types of groups. The chat participants' recollection was poor. While a majority remembered attending a conversation (86%; 6/7) and the conversation topic (71%; 5/7), they could not provide specific examples of legal information learned during the conversation (0%; 0/7). Chat participants also struggled to provide examples of potential legal problems related to the conversation, or generally. One participant defined legal problems as "conflicts between people ... or something that goes to court." Another admitted, "I know very little about legal things." Chat participants offered the following examples of 'legal' problems: "sales people come to my door to sell stuff" and "shopping at a grocery store and there is an issue with the price of food or the attitude of an employee."

By contrast, several focus group participants recalled legal information from the conversations they attended, including examples of everyday legal problems such as human rights

violations, unpaid wages for working overtime, an unlawful same-day eviction, a landlord saying “no pets,” being evicted without notice, and a landlord entering an apartment without permission.

Two factors might explain the difference in recollection: language barriers and attendance at multiple conversations/workshops. Focus group participants, who were assessed at higher CLB levels than the chat participants and did not request an interpreter, may simply have found it easier to understand and retain the legal information delivered. Both focus group and chat participants attended at least one conversation in the three months between the original conversation and the chat/focus group, which may have muddied their recollection of the original conversation. For example, during the focus group held on January 9, 2020, participants initially recalled a more recent family law conversation and not the original workers’ rights conversation. Some chat participants similarly recalled details from what appeared to be more recent PLE programming that was outside the project and/or not HCLS-led. Focus group participants also better recalled the original conversation than the chat participants once the facilitator jogged their memories. The number of conversations/workshops each participant attended is unknown. This makes it difficult to determine if chat participants had more legal information to remember or sift through than focus group participants, or if language barriers were a main cause of their poorer recollections. Other possible explanations, such as the difference in methodological approach¹⁶⁵ and the pandemic,¹⁶⁶ are less persuasive.

B) Helping Participants Know Where to Go for Legal Help

The post-conversation survey data reveals that after attending a conversation, nearly every participant (94%; 1,243/1,317) thought they knew where to go for help if they had a legal problem. However, the follow-up chats and focus groups revealed that three months after the original conversation, more focus group participants knew to contact HCLS for help with a legal problem. No chat participants remembered HCLS’s name, and only two (29%; 2/7) reported having the lawyer-instructor’s business card and/or HCLS’s contact information. By contrast, some participants in the three focus groups reported having HCLS’s number and knew they could call HCLS for help. However, a majority of the participants in the January 8, 2020, conversation indicated that they did not take the lawyer-instructors’ business card at the original workers’ rights conversation because they were unemployed.

Despite the findings above, the conversations did not create a direct legal pathway to HCLS for nearly every chat and focus group participant. Every focus group participant was unemployed and did not experience a workers’ rights problem post-conversation. None called HCLS for help with another type of legal problem in the three-month follow-up period.¹⁶⁷ One focus group participant, however, said she was proactively using the legal information from a wills/POAs conversation to plan ahead and avoid a future legal problem:

“I went to the [wills/POA] workshop and I’m doing a lot around that and it’s hard.... I’m trying to find people to take care of my kids if something went wrong.... It gives me a lot of points to think about.... I’m working on it.”

Similarly, while some chat participants reported experiencing legal problems in the past—such as being fired from a job—only one participant reported a post-conversation public benefits problem for which she called HCLS for help. This participant said there was no answer when she called HCLS and that she did not leave a message “because of poor English.” She then called the Cross-Cultural Community Services Association (TCCSA)—whose name she found in an online newspaper—“because they speak Chinese.” That organization will help her apply for disability benefits via a three-way call with her, an interpreter and the application organization. The participant said she trusted TCCSA “because they are funded by IRCC to help newly arrived immigrants,” and because she moved farther away from her settlement specialist. The participant stated that she would return to the settlement specialist and then possibly HCLS if her case was too complicated and TCCSA could not help her.

The above finding applies to a majority of newcomer participants. Only 5% of them (20/410) who requested a call from HCLS on the pre-conversation survey became a new clinic client.¹⁶⁸ However, outcomes were positive for the 22 new and returning clients. Most of them received referrals (50%; 11/22) or summary advice (36%; 8/22) and their cases were closed (82%; 18/22), suggesting that they obtained or were closer to obtaining the legal help they needed.¹⁶⁹

That the conversations did not create a clear pathway to HCLS is unsurprising given the common legal pathway discussed in section 8 and the barriers to seeking legal help identified in sub-section 7.D. But this does not mean the conversations lacked value. The remaining sub-sections identify a number of important ways in which the conversations improved newcomer access to justice and indirectly improved settlement outcomes.

C) Creating Newcomer Legal Pathways through Trust-Building

Some evidence suggests that the conversations created two alternative legal pathways for some newcomer participants and other newcomers living in Halton, although their viability and durability are unknown:

1. Post-Conversation Interactions with the Lawyer-Instructor:

Every lawyer-instructor indicated that newcomer participants approached them after the in-person conversations with questions related to tenants' rights, workers' rights, family law, human rights, wills/POAs, and immigration problems. One lawyer-instructor said this happened "sometimes;" others said "a lot of the time" or "every time."

These interactions created legal pathways for newcomer participants. For example, the lawyer-instructors typically handed out their business card and told participants to call HCLS. If a participant was a member of a marginalized group, one lawyer-instructor would ask for the participant's number and have an intake staff member call them directly. Two lawyer-instructors indicated that they would provide on-the-spot referrals to other organizations if they thought HCLS could not help, such as when a newcomer participant had a potential immigration law problem.

The lawyer-instructors noted that newcomer participants rarely approached them after a virtual conversation. The main reason was a lack of private space on Zoom to facilitate informal conversations. As one lawyer-instructor explained, "People just want to leave [the Zoom room when the conversation ends] ... [and] there is no way to [meet them].... They can't catch you in a hallway or approach you when you are alone or having a break." This insight further supports the conclusion that in-person delivery is the preferred format for newcomer PLE programming.

2. Newcomer Participants as Trusted Intermediaries:

Newcomer participants may have shared what they learned during a conversation with other newcomers and/or directed them to HCLS. A chat participant offered this example:

"I told a friend with a disability about the [public benefits] workshop, and what I learned. I shared

information such as how to apply for benefits as a person with a disability, and how to apply for housing supplied by the government. I shared the phone number of the facility [HCLS] that gave [the] workshop, and she did get in touch with them. They couldn't help her with her problem. My friend is already on ODSP. She was trying to get low-income housing and she had been on the waiting list for seven years, and called HCLS to help speed up the process. HCLS told her there was a queue and she had to wait."

Here, the chat participant appears to be acting as a trusted intermediary for another newcomer—a phenomenon that at least one other newcomer PLE initiative has noted.¹⁷⁰

Why did these legal pathways materialize? One possible explanation is that the in-person conversations facilitated easy physical access to a lawyer (for the first pathway) or HCLS's contact information (for the second pathway). Another and perhaps better explanation is that the lawyer-instructors built initial trust or rapport with these newcomer participants through direct interaction during the in-person conversations. Trust may also have been transferred from the service provider to the lawyer-instructor by virtue of the hosting arrangement, as seen during HCLS's OCF newcomer conversations.¹⁷¹ A reasonable assumption is that newcomers would not have approached a lawyer-instructor or referred a friend to one whom they deeply mistrusted. Regardless of the reason, at least the first pathway would not have materialized if the lawyer-instructors did not facilitate the in-person conversations.

D) Enhancing Newcomer Legal Pathways through Trusted Relationships with Service Providers

Ample evidence suggests that the conversations served as a powerful outreach tool, helping HCLS to build and strengthen trusted relationships with host organizations and service provider hosts. HCLS was able to deliver conversations to six of the nine host organizations for the first time, and increase its PLE programming at HMC Connections by 529% (44/7) and at TMC by 21% (46/38) during the data collection period (*Figure 22*).¹⁷² At the service provider level, this translates to approximately 50% of the newcomer-related staff at the larger host organizations and up to 100% of the staff at the smaller host organizations

hosting one or more conversations during the data collection period (Figure 21).

This level of sustained interaction helped build trust between HCLS and the service provider hosts who personally witnessed the lawyer-instructors’ legal expertise, and how they interacted with and helped newcomer clients. Nearly a third of service providers (27%; 6/22) interviewed reported feeling more confident in their ability to help newcomer clients because they knew they could rely on HCLS for help. As two service providers stated:

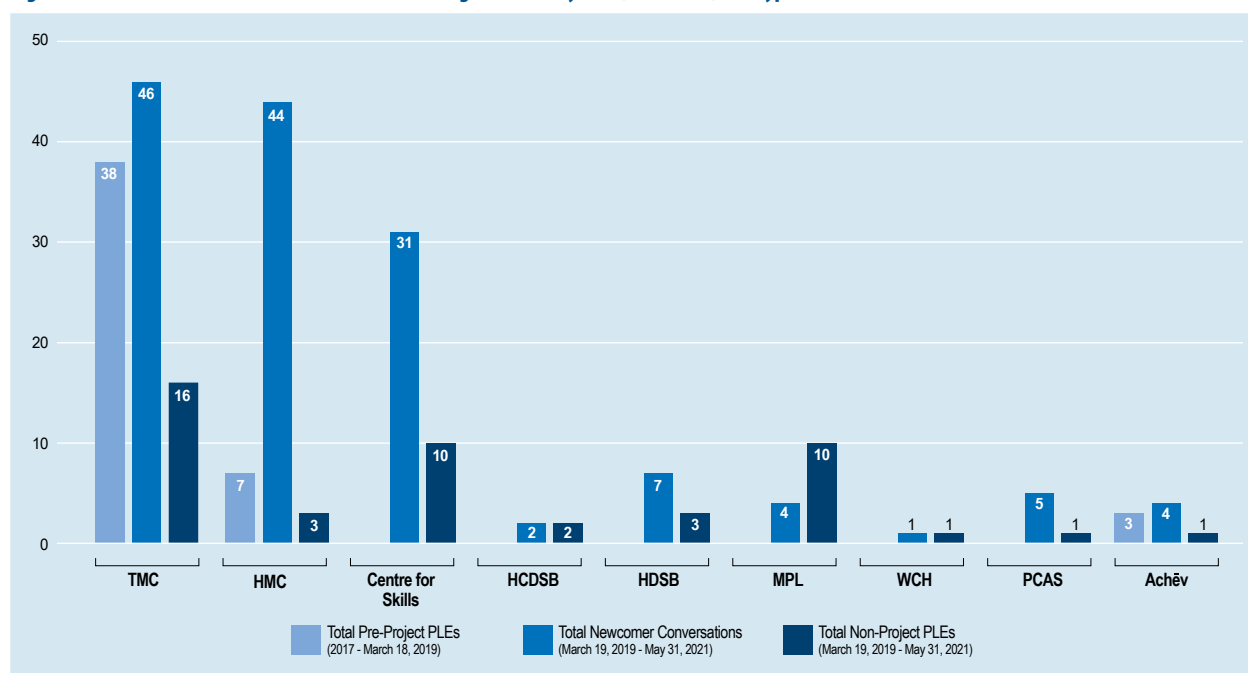
“[The conversations are] refreshing, ... connecting and [they] put in my mind that [HCLS] is a help I can trust, and I am positive that HCLS is the first trusted place to refer clients.”

“When I learned about HCLS it was a huge support. I felt lost before and now I contact [HCLS] by email or over phone. My confidence has gone up since attending the workshops because I can find someone to help my

Figure 21: Percentage of Newcomer-Related Service Providers Hosting a Conversation

Host Organization	Number of Service Provider Hosts	Number of Potential Service Provider Hosts ¹⁷³	Percentage ¹⁷⁴
HMC Connections	14	26	54%
Thomas Merton Centre for Continuing Education	13	31 ¹⁷⁵	42%
Centre for Skills Development	11	26 ¹⁷⁶	42%
Achēv	2	3	67%
Peel Career Assessment Services	1	1 ¹⁷⁷	100%
Milton Public Library	1	1 ¹⁷⁸	100%
Halton District School Board Welcome Centre	1	7	14%
Halton Catholic District School Board Welcome Centre	2	4	50%
Women’s Centre of Halton	1	3	33%

Figure 22: Number of PLE Sessions Delivered to Host Organizations by Year (2017-2021) and Type



clients and they won't feel lost and HCLS knows what they are doing."

This trust may also have spread throughout a host organization, transferred from service provider hosts to those less or unfamiliar with HCLS. For example, a manager at one host organization reported an internal practice of team members turning to one another for solutions to client problems: "Hosts [who] are more aware of HCLS's services [say] 'HCLS helped my client, so you can take your client to them.' And they do." Another remarked that since the project began, there is a "stronger relationship between HCLS and [our] new employees."

By promoting trusting relationships between HCLS and host organizations, the conversations may have improved access to the legal pathways taken by newcomer participants and other newcomers living in Halton in four ways:

1. Increasing Newcomer Legal Knowledge and Access to New Legal Pathways:

Throughout the data collection period, each host organization requested other PLE programming—such as workshops on the same legal topics as the conversations or a new workshop on "COVID-19 and the Law"—for their newcomer clients. These requests resulted in 47 additional workshops delivering important legal information to roughly 560 newcomers living in Halton. Three-fifths of these requests (60%; 28/47) would arguably not have been made by the six new host organizations without their participation in the project and positive experiences with the conversations. More importantly, these workshops provided another opportunity for HCLS to build rapport with newcomer participants, and for those participants to approach the lawyer-instructor or HCLS for help with their legal problems.

2. Overcoming Barriers by Enabling Warm Referrals:¹⁷⁹

Some of the service providers interviewed appeared to act as trusted intermediaries for their newcomer clients, providing them with warm referrals to HCLS. For example, one service provider stated that they would "call [HCLS] together ... set up a translator and ... [provide a] warm introduction." Another service provider reported that they would walk the client to HCLS and interpret for them.

Warm referrals may help overcome some barriers identified in sub-section 7.D, and increase the likelihood of newcomers seeking and/or receiving help from HCLS. For example, one service provider reported that their clients

are more likely to call HCLS after a warm introduction, while a manager at a host organization reported that their clients "rely on [their] referrals." Similarly, three chat participants (43%; 3/7) explicitly indicated that they would "call a lawyer ... or HCLS" if their settlement specialist told them to. One of these participants also reported that a settlement specialist told their sister to call HCLS for assistance with her divorce, and that she did.

These reports are consistent with existing research on trusted intermediaries, which finds that people are more willing to seek help from an organization if they are referred by someone they trust who has a strong relationship with the organization built on positive past experiences. Effectively, a trusted intermediary can transfer their clients' trust to another service provider.¹⁸⁰

3. Finding Solutions through Legal Secondary Consultations:

The lawyer-instructors reported that after an in-person conversation, service providers frequently approached them with legal questions on behalf of their newcomer clients. The lawyer-instructors sometimes provided resources and/or reminded the service provider hosts about the LSC service.

Historical data on LSC requests suggest that the conversations and these post-conversation interactions resulted in more newcomers indirectly receiving help from HCLS through the LSC service than would otherwise have been the case.¹⁸¹ Sixty-three service providers, organizations and individuals made 92 requests for an LSC on behalf of a newcomer between May 20, 2016, and December 31, 2021. The service provider hosts (22%; 14/63) accounted for 37% (34/92) of these requests, which increased during the data collection period. In that period to the start of the project (March 19, 2019), HCLS received an average of five LSC requests per year from service provider hosts. In the first ten months of the project (to December 30, 2019), requests increased by 60% (8) and then by a further 50% (12) in 2020.¹⁸² This positive trend was not observed for LSC requests made by non-host service providers at the host organizations or other non-hosts (*Figure 23*).

The reason for the increase is that half the service provider hosts (50%; 7/14) requested an LSC for the first time after the project began, their requests accounting for nearly two-thirds (65%; 13/20) of all service provider

Figure 23: Number of LSC Requests on Behalf of Newcomers from May 16, 2016, to December 31, 2020

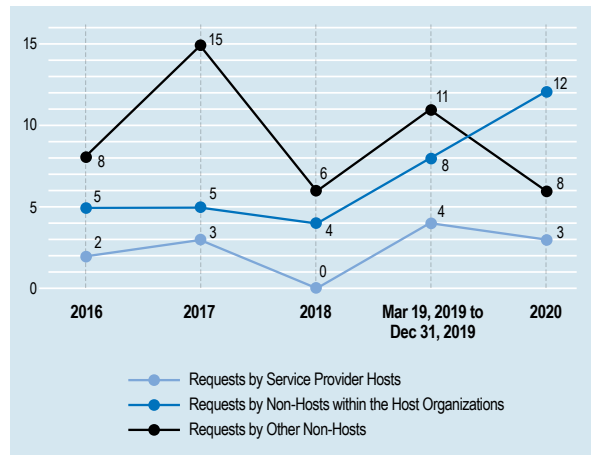
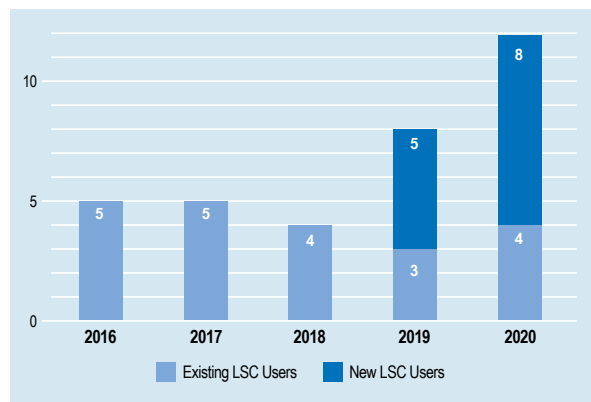


Figure 24: Number of LSC Requests by Service Provider Hosts from May 16, 2016, to December 31, 2020



host requests from March 19, 2019, to December 31, 2020 (Figure 24). This finding suggests that the conversations and/or the post-conversation interactions between lawyer-instructors and service provider hosts helped spread host organizations' awareness of the LSC service.¹⁸³ It further suggests that new service providers were willing to use the service based on their positive conversation experiences. As one service provider explained during their interview, they use the LSC service because "[I] have a good relationship with HCLS."

An increase in LSC requests by the service provider hosts means HCLS can better and more quickly reach the many newcomers who first ask their trusted settlement specialist or ESL/LINC instructor for legal help; and the

clinic can help these newcomers indirectly, avoiding the barriers mentioned in sub-section 7.D.

While HCLS does not collect client data and outcomes regarding LSC requests, service providers requesting help were most frequently provided summary advice (53%; 49/92) or one or more referrals (34%; 31/92).

4. Building Service Providers' Legal Capability: The conversations appear to have helped build the service provider hosts' legal capability. Nearly two-thirds of the service providers (64%; 14/22) interviewed said they felt more confident in their ability to help their clients after attending a conversation; they were reportedly better able to spot newcomer clients' potential legal issues and better understood when to turn to HCLS for help. As one manager at a host organization remarked, "I see workers [on my team] gain more information, more knowledge and serve more confidently. They know when they need HCLS."

The conversations may have helped simplify the common legal pathway by helping service providers independently solve some of their newcomer clients' legal problems. While some service providers strongly felt that they could not "provide legal advice," are "not lawyers," or should not "interfere with legal issues," 41% of them (9/22) reported providing legal information from the conversations to their clients who approached them with a legal problem.¹⁸⁴ Some examples of the information they shared include:¹⁸⁵

- Explaining the difference between a will and a power of attorney;
- Telling clients that their landlords "can't just evict" them and that asking for a year's rent up front is illegal and discriminatory; and
- Giving legal information from a wills/POAs conversation to isolated newcomer seniors as part of a wellness group the service provider runs, recommending that they think about planning, and insisting that they "get a will/POA and not rely on their children sponsors."

The following example from a service provider illustrates that sharing legal information can eventually produce solutions to clients' legal problems:

"I deal with landlords and tenants, and I have knowledge and I have answers [after attending a

conversation], so I don't need to access [HCLS]. Six months ago, one of my former tenants called in a panic because she got a letter from the landlord saying she needed to move out immediately because her baby was screaming. I helped her to write a letter and knew [the landlord's instruction] wasn't right or legal. The issue was solved. I didn't need to call or go to the clinic."

Building a community's legal capability is critical to improve the identification of legal problems and then provide better upstream assistance to newcomers. The example above suggests that any legal capability achieved

by directly training service providers to deliver public legal information to their newcomer clients can still occur indirectly when service providers host in-person and/or virtual conversations.

HCLS is well embedded in the Halton community, and has spent years building relationships with local service providers and community agencies, including three of the nine host organizations. The positive outcomes discussed above may thus be attributed—in whole or in part—to HCLS's other outreach efforts and initiatives unrelated to the project.¹⁸⁶ This said, these outcomes are more likely to materialize in contexts where a community legal clinic is less embedded in its newcomer community.

11. NEXT STEPS



HCLS should continue to build relationships and partnerships with newcomer-related service providers to effectively reach and serve Halton’s newcomer population. The feedback from newcomers was unequivocal: most of them will turn to a trusted settlement specialist or ESL/LINC instructor for help with a legal problem even if they know about HCLS and its services, receive from the clinic an open offer for help, and have a positive interaction with the lawyer-instructor when attending a conversation.¹⁸⁷

This conclusion should be familiar to HCLS. Strong community relationships and partnerships have been at the heart of the clinic’s transformation towards a more holistic, integrated and community-oriented service model over the past eight years. The success of HCLS’s two main service delivery innovations—the Legal Health Check-up (LHC) and the legal secondary consultation (LSC) service—illustrate this point.

In 2014, HCLS developed the LHC, a paper or electronic form that asks questions to uncover everyday legal problems in areas such as housing, education, employment, income support, and social and health support. The purpose of the LHC was to better identify and reach people with unmet legal needs. HCLS partnered with seven trusted intermediaries and asked them to administer the LHC to their clients in a pilot project. Evaluation of the LHC pilot determined that HCLS client intakes increased by a third and that 90% of clients presenting a problem at intake were not at a critical stage.¹⁸⁸ This happened because people were more willing to seek help from HCLS when referred by trusted intermediaries who had a strong relationship with HCLS built on positive past experiences.¹⁸⁹

The LHC pilot evaluation also found that the LHC form was an effective outreach tool that helped HCLS strengthen existing relationships with the seven partner organizations. The evaluation report concluded that “there is a considerable basis for *expansion of intermediary activities* beyond the gateway roles of problem spotting and making legal referrals to a wider range of advocacy and *supported self-help* [emphasis added].”¹⁹⁰ HCLS responded by developing the LSC service to leverage and continue to build these collaborative relationships. An evaluation

of this service from 2016 to 2017 concluded that HCLS was able to extend its services to individuals who would otherwise have remained hidden and not sought legal help. The LSC service also helped service providers to build their legal capabilities to more efficiently solve their clients’ legal problems.¹⁹¹ This report makes similar findings.

HCLS has worked hard over several years to establish strong relationships with settlement agencies and adult learning centres in Halton. Maintaining these relationships will require ongoing effort and vigilance, since community agencies often face high staff turnover, heavy workloads and limited resources. HCLS should also identify other types of organizations that serve newcomers in Halton that offer opportunities for new relationships and partnerships.

The following steps are recommended for HCLS to continue building relationships and partnerships with newcomer-related service providers in Halton:

1. HCLS should add the newcomer conversations to its permanent roster of PLE programming. They are a cost-effective¹⁹² and powerful outreach tool that helped HCLS build and strengthen its relationship with nine host organizations to reach more newcomers with legal problems. The conversations should continue to create opportunities for building relationships and partnerships, as there was and is a strong community appetite for highly interactive PLE programming in Halton. HCLS exceeded IRCC’s project activity goal of holding two to four conversations per month, offering almost twice as many conversations during the project and despite an ongoing pandemic.¹⁹³ Demand for future conversations should remain high. Several of the service providers interviewed asked for “more workshops” due to ongoing client demand once the project concluded. Every lawyer-instructor agreed that the conversations should continue to be offered because they contributed to HCLS building relationships with service providers. Equally important, the conversations supported community development by helping

the non-legal service provider hosts to build their legal capability and more confidently and effectively serve their newcomer clients. Increasing the legal capabilities of the very people in the community that newcomers turn to is important: the result is better identification of legal problems, better upstream assistance and, ultimately, better settlement outcomes for newcomers.

2. HCLS should allocate internal resources and/or secure external funding to: (a) continue retaining a local family law lawyer¹⁹⁴ to facilitate family law conversations; and (b) consider retaining a local immigration lawyer to help develop and then facilitate immigration law conversations. This is one small way that HCLS can express solidarity with its trusted service provider partners and help address their clients' ongoing need for free and accessible family law and immigration law services within the restrictions of its own practice areas and funding.¹⁹⁵
3. Subject to the minor adjustments below, HCLS should continue to facilitate the conversations using the best practices discussed in section 9 because they support the building of trusted relationships among lawyer-instructors, newcomer participants and service provider hosts:¹⁹⁶
 - a. Future conversations should be held in-person whenever possible. In-person delivery is less work for the lawyer-instructors, more engaging for newcomer participants, and presents more opportunities to improve newcomer participants' access to justice than virtual delivery.
 - b. At the start of conversations, continue to use the specific legal problems questions from the pre-conversation survey as a mini-Legal Health Check-up to encourage engagement and allow newcomer participants to drive the substantive content. The mini-LHCs should also be translated, as some service providers reported that the pre-conversation survey's general and legal vocabulary was too complex for their newcomer clients. HCLS should also consider providing a copy of the mini-LHC to the host organization in advance of a conversation, so service provider hosts can review the vocabulary with their newcomer clients.

HCLS already uses a mini-LHC in its other PLE programming, but should approach its use in future

conversations with caution. The most common complaint service providers raised (24%; 5/21) was that the pre- and post-conversation surveys were "time killers": their newcomer clients took, on average, 10 to 15 minutes to complete each survey, which resulted in some conversations being "rushed" and participant questions not always being answered.

There is less risk that a mini-LHC will be a time killer in future conversations because it will not include demographic questions and be about half as long as the pre-conversation survey. HCLS should nevertheless closely monitor its usage of the mini-LHC and seek feedback from service provider hosts. If time is an issue, HCLS could let newcomer participants complete and submit the mini-LHC 24 hours before the conversation or discontinue its use.

- c. Use interpreters for conversations whenever participants assessed at basic CLB levels 1 to 3 are attending, without requiring a specific request from a host organization. While service provider hosts typically did not schedule a conversation for student or client groups assessed at these low CLB levels, some groups were assessed at a wide range of CLB levels (1 to 8). According to the lawyer-instructors, newcomers assessed at the lowest CLB levels are likely not getting what they need from a conversation without the assistance of an interpreter.
 - d. Add examples and/or legal problem scenarios for each conversation topic to maximize engagement and reinforce newcomer participants' learning.¹⁹⁷
 - e. Subject to scheduling constraints, extend the conversation time by 30 minutes to accommodate more newcomer participant questions.¹⁹⁸
4. HCLS should use the conversations as an avenue to build and strengthen partnerships associated with its existing services, where possible.¹⁹⁹ Not every service provider host will be aware of HCLS's practice areas, the availability of interpreters, or the LSC service. To help legal pathways remain open and accessible to newcomers, HCLS should develop a standard practice for the lawyer-instructors and/or community worker to introduce and/or warmly remind service provider hosts about the clinic's services. HCLS might also remind service provider hosts

about types of common problems that could benefit from an LSC request and more upstream assistance from HCLS.

5. Outside the PLE context, HCLS should look for new ways to create partnerships with service providers with newcomer clients. Maintaining open communication and discussing ideas at roundtables or meetings of the Halton Newcomer Strategy would help achieve this goal.

Feedback from newcomer participants,²⁰⁰ service providers,²⁰¹ the lawyer-instructors and the two advisory committees regarding the need for one-on-one legal advice also reveals a partnership opportunity: HCLS could set up a monthly satellite clinic at one or more of the host organizations, as it already does with some non-

newcomer organizations. The satellite clinic could accept appointments or have drop-in hours. HCLS's lawyers or community legal workers could offer advice and make referrals, and/or devote days to upstream services such as reviewing leases or employment contracts.²⁰² A satellite clinic might also better reach newcomer participants who are willing to approach the lawyer-instructors after an in-person conversation.

The Newcomer Conversations: Learning Canadian Law Project was a successful public legal education and outreach initiative. The author hopes that the findings in this report are useful to HCLS and other community legal clinics, service providers, community agencies and their funders in developing PLE programming for newcomers, and in improving access to justice and settlement outcomes for this hard-to-reach population.

APPENDIX A: Workers' Rights Pre-Conversation Survey

Note: the mini-LHC questions at the start of this survey change for each conversation topic; all other questions remain the same.



Workshop: Workers' Rights



1 SURVEY

Please fill out this survey **before** the workshop begins.

1 Do you have a disability that affects your ability to work? YES NO DOESN'T APPLY

2 Have you ever been hurt at work? YES NO DOESN'T APPLY

3 Are you concerned about telling an employer about any health problems that you have? YES NO DOESN'T APPLY

4 Is your workplace safe? YES NO DOESN'T APPLY

5 Are you being harassed, or discriminated against, or being treated unfairly by your employer or a co-worker? YES NO DOESN'T APPLY

6 Are you having trouble finding work because of any of the following? YES NO DOESN'T APPLY
If "yes", mark any boxes that apply.

<input type="checkbox"/> race, colour or ethnic background	<input type="checkbox"/> sexual orientation	<input type="checkbox"/> disability
<input type="checkbox"/> religious beliefs or practices	<input type="checkbox"/> gender expression	<input type="checkbox"/> age, including individuals who are 16 or 17 years old and no longer living with their parents
<input type="checkbox"/> ancestry	<input type="checkbox"/> gender identity	<input type="checkbox"/> receiving social assistance
<input type="checkbox"/> place of origin	<input type="checkbox"/> family status	<input type="checkbox"/> immigration status
<input type="checkbox"/> citizenship, including refugee status	<input type="checkbox"/> marital status, including having a same-sex partner	<input type="checkbox"/> not having enough Canadian experience or training
<input type="checkbox"/> sex, including pregnancy		

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7 Do you worry about being fired, laid off, or having your hours cut? YES NO DOESN'T APPLY

8 Do you have trouble getting time off when you need it to look after a family member? YES NO DOESN'T APPLY

9 Do you need subsidized child care so you can work? YES NO DOESN'T APPLY

10 Is there anything else you would like to tell us about work issues? Please describe:

Please tell us a few things about yourself

11 What is your gender?

Male

Female

Transgender

12 How old are you?

Under 18

18-24

25-34

35-44

45-54

55-64

65 and over

13 What is your immigration status?

Refugee

Permanent Resident

Canadian citizen

Denied Refugee

Without Status

Other: _____

14 If you came to Canada as a refugee, are you sponsored by:

A private organization like a church

The government

Both the government and a private organization

Don't know

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15 How long have you been in Canada?

- Under 6 months
 6 months to 1 year
 1 to 3 years
 3 to 5 years
 Over 5 years

16 What is the main language spoken at home?

17 Please tell us your family status:

- Single
 Married or spouse
 Separated or divorced

18 Who do you live with?

- Partner or spouse
 Children under 18; how many? _____
 Children over 18; how many? _____
 Other: _____

19 Employment:

- I'm unemployed
 Stay at home to care for children or family members
 Employed part-time, 1 job
 Employed part-time, 2 or more jobs
 Employed full-time
 Self-employed

20 Where do you live?

- Home I own
 Home I rent
 With family or friends
 Assisted living
 Group home
 Retirement home
 Long term care home
 Shelter
 Rooming house
 Other (please specify): _____

Can we contact you?

If you would like us to review your answers to figure out how we may be able to help, please answer the questions below and provide your contact information.

If you would like to remain anonymous, that's okay. You do not have to fill out this section. We would still like to know about your legal health because that helps us understand our community better.

Would you like our intake worker to call you to see if we can help? YES NO

Would you like us to send you resources that we think might be helpful? YES NO

Name: _____

Address: _____

Phone number: _____

E-mail: _____

Thank you!

Please return this survey to the workshop leader.



 Halton Community
 Legal Services
 www.haltonlegal.ca

Halton Community Legal Services is a community legal clinic funded by Legal Aid Ontario to provide free legal aid services to low income residents of Halton.

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 Financé par:  Immigration, Réfugiés et Citoyenneté Canada

APPENDIX B: Workers' Rights Post-Conversation Survey



Workshop: Workers' Rights

2 FEEDBACK FORM

Please fill out this form **after** the workshop.



1 After the workshop, I know that I have legal rights that protect me as an employee.
 YES NO NOT SURE

2 After the workshop, I feel more confident that I will know if something is wrong at my job.
 YES NO

3 After the workshop, I know where to go for help, or who I can ask for help, if I have a problem at work.
 YES NO NOT SURE WHERE TO GO

Tell us what you think:

4 Did you find the workshop easy to understand?
 YES NO PARTLY

5 Were the materials we gave you helpful to understanding your legal rights and responsibilities?
 YES NO PARTLY

6 Was it difficult to get transportation to come here today?
 YES NO

7 Did you need to arrange child care to come here today?
 YES NO

8 Was the workshop on a good day?
 If "no", please explain:
 YES NO

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9 Was the workshop at a good time?
If "no", please explain:

YES NO

10 Was the workshop at a good location?
If "no", please explain:

YES NO

12 What are some things you liked about the workshop?

13 What would have made the workshop better for you?

14 Would you recommend this workshop to a family member or friend?

YES NO NOT SURE

15 Would you take another workshop with us on a different topic?

YES NO

If "yes", what topics do you want to learn about?

16 Have you attended a "newcomer" workshop given by us before?

YES NO

If "yes", how many?

1 2 3 4 5

Thank you!
Please return this survey to the workshop leader.



Halton Community Legal Services is a community legal clinic funded by Legal Aid Ontario to provide free legal aid services to low income residents of Halton.

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APPENDIX C: Conversation Observation Coding Sheet

WORKSHOP CODING SHEET

Date: _____ Workshop Type: _____

Host Organization: _____

Lawyer-Instructor: _____

Number of Participants: _____

Tally of Number of Questions Asked by Lawyer-Instructor: _____

Tally of Number of Questions Asked by Participants: _____

LEVEL OF PARTICIPATION / UNDERSTANDING

Are participants engaged? Are they making eye contact? Do they seem distracted? Are they participating a lot? Do they seem to understand what the lawyer-instructor is saying? Are there lots of follow-up questions? Do they answer questions or scenarios correctly?

PARTICIPANT STORIES AND QUESTIONS

Instructions: include basic details of any stories/questions participants tell during the workshop, including the type of legal problem. Do participants play off each other's stories?

TIMING ISSUES

Write down how long it takes participants to do the pre- and post-conversation surveys. Do they appear to be struggling? Asking a lot of questions? Do many of them use the translated surveys? Does this appear to help completion times and participant understanding? Is there enough time for the workshop substance?

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CLIENT PATHWAYS

Do participants approach the lawyer-instructor after the workshop to ask questions or discuss a legal problem? If so, what happens?

CHALLENGES

Any challenges to participation? Lack of interpreter? Poor seating arrangement? Participants have trouble attending workshop? Time/day/location of workshop is poor?

ANY OTHER OBSERVATIONS

Include anything you found interesting or you think would help us evaluate the workshops

APPENDIX D: Newcomer Focus Group Guide

Note: the questions below were used by the facilitator to guide the discussion during the three focus groups.

FOCUS GROUP GUIDE

- 1) Do you recall attending [insert title/topic] workshop on [insert date]?
- 2) What do you remember about the workshop? [nudge: recall any stories? issues? specific legal information? you have legal rights?]
- 3) Do you remember where to go for help if you have a [insert topic] problem?
- 4) Do you feel more confident that you know what to do if you have a [insert topic] problem?
- 5) Have you had a legal problem at work (or any legal problem) since you attended the workshop?
 - a. If so, what did you do? Who did you turn to? Did the workshop help?
 - b. Did you see someone at the clinic? What happened? Did they help?

[If the answer to Question 5 is no, ask participants what they would do if they had a legal problem]

APPENDIX E: Newcomer Participant Chat Guide

NEWCOMER PARTICIPANT CHAT GUIDE

Date/Time: _____

Participant ID: _____

Host Organization: _____

Original Workshop Date/Topic: _____

In-person or virtual?: _____

- 1) Do you recall attending the workshop on [insert date]? [identify if online or in-person]
- 2) What do you remember about the workshop? [nudge: recall any stories? Issues? specific legal information? you have legal rights?]
- 3) Do you recall the survey you completed before the workshop in which you were asked if you had experienced a range of everyday problems?
- 4) If you said you had not experienced any at the time, have you experienced these sorts of problems since the workshop? [may need nudge re potential legal issues]
- 5) Do you remember where to go for help if [insert legal problem]?
- 6) Do you feel more confident that you know what to do if you [insert legal problem]?
- 7) Is there anything you liked or didn't like about the workshop?
- 8) [**for online workshops**] Did you have any issues participating or attending the workshop on Zoom?
- 9) Did you have a [insert topic] problem since you attended the workshop? If so, what did you do? Did the workshop help?
- 10) If you reported on the survey that you had experienced one or more problems, did you indicate that you wanted the community legal clinic to contact you? Yes or no?
Note: Proceed with Questions 11-23 for participants who say they experienced problems post-workshop or reported a problem on the pre-conversation survey.
- 11) If Yes, did the clinic contact you? Did you receive any assistance from someone there?
- 12) Did you go to the clinic for help?

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- 13) If No, why not? (probe for: I didn't think the problem was serious enough to see a lawyer; language and communication was a problem; I went to an organization that understood people from my group better; I wasn't comfortable going to someone in authority and perhaps part of the government; fear of authority)
- 14) Did you do anything to try to resolve the problem?
- 15) What did you do? (probe for: searched the internet, got advice from friends or relatives, tried to negotiate with the other party)
- 16) Did you go elsewhere for help? Where? (got advice from a community leader – identify the person; went to another organization – identify multiple sources if applicable)?
- 17) Why did you go to that person or organization for help?
- 18) Did the person there help you resolve the problem?
- 19) Did the person in the first organization you tried refer you to another organization?
- 20) Did the person in the second organization help?
- 21) Were you referred to another place for help?
- 22) Did you give up trying to get help before resolving the problem?
- 23) Why did you give up?

[If skipping questions 11-23]

- 24) Are there people or organizations in your community who you would normally go to for help with a problem?
- 25) If so, what problems have they helped you with? (ask for concrete examples)
- 26) Did they tell you where to go for help or did they do it for you?
- 27) Did they help solve the problem?
- 28) Did you have to pay for assistance (with money, etc.)?

APPENDIX F: Newcomer Service Provider Interview Guide

SERVICE PROVIDER INTERVIEW QUESTION GUIDE

Service Provider ID: _____

Date/Time: _____

Delivery Type: _____

Workshop Questions

- 1) What features of the workshops did you find worked well? [participation? letting Newcomers drive content? Zoom vs. in-person, etc.] [or have participants told you anything]
- 2) Is there anything HCLS can do to improve the workshops? [or have participants told you anything]
- 3) Are there any other services/initiatives HCLS can offer to better help your Newcomer clients?
- 4) Are you interested in continuing to book workshops?
- 5) Have you recommended the workshops to colleagues or other community members?

Legal Pathway Questions

- 1) Do newcomers come to you or to your organization seeking assistance with problems? If so, how often? What kinds of problems?
- 2) If not, where do you think newcomers go for help?
- 3) Do people come to you more frequently following the newcomers workshops? (for host organizations). OR Do people mention having attended a newcomers workshop when they come to you for help? (non-hosting organizations)
- 4) Are any particular types of newcomers (age, gender or any other characteristics) most likely to come for help?
- 5) How confident are you at dealing with the problems presented by newcomers? (some types of problems vs. others) / Have the workshops helped with your confidence level (if they attend)

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- 6) Do you refer people to other organizations for assistance? Which ones?
- 7) Are you aware of organizations that can help in your community?
- 8) Do you ever refer people to HCLS for assistance? [inquire whether newcomers are comfortable going to HCLS]
- 9) Do you know about the LSC program at HCLS, designed to help people like you better assist people they are trying to help? [if so, have you used it/how often, etc.?
- 10) Any idea why newcomers may be reluctant to seek help from HCLS?

APPENDIX G: Lawyer-Instructor Interview Guide

LAWYER-INSTRUCTOR INTERVIEW GUIDE

Lawyer-Instructor ID: _____

Date/Time: _____

- 1) What features of the workshops do you think worked well?
- 2) Did participants (or hosts) ever come up to you after the in-person workshop or contact you at the clinic for help (LSC)?

If so, what did you do?

Did this ever happen after a virtual workshop?

- 3) Tell me about your transition to offering virtual workshops [any challenges?]
- 4) Did you notice any differences between the in-person or virtual workshops?
- 5) The data shows that participation rates were lower during the virtual workshops compared to the in-person workshops. Did you notice any changes after you implemented the best practices sent by email in November? (using whiteboard, asking for participant questions more, polls, etc.)

Did you make other changes on your own to improve participation?

How well did they work?

If not, why not?

- 6) Could HCLS do anything to improve the workshops?
- 7) Do you think continuing to offer the workshops after the project would be valuable? Why or under what conditions?
- 8) What other services do you think Newcomers require in Halton? Why role if any would HCLS play in these services?

APPENDIX H: Conversation Paper Slips for Identifying Newcomers

Name: _____

Phone number: _____

Are you a permanent resident? YES NO

If "yes", what is your permanent resident number?: _____

Date of birth: _____

NEWCOMER CONVERSATIONS



APPENDIX I: Specific Legal Problems Reported by Newcomer Participants

Table 1: Specific Legal Problems Reported by Newcomer Participants by Conversation Topic

Family Law Problem	Frequency	N	Percentage	Response Rate
Divorce or separation	16	187	9%	97%
Child support	18	190	9%	99%
Unsafe Relationship	19	189	10%	98%
Controlling relationship	11	189	6%	98%
No government ID	17	17	100%	9%
Needs financial help	45	185	24%	96%
Can't afford life in community	38	38	100%	20%
Human Rights Problem	Frequency	N	Percentage	Response Rate
Landlord discrimination	12	167	7%	92%
Denied housing – immigration or citizenship status	7	—	—	—
Denied housing – other	11	—	—	—
Denied housing – Canadian references	10	—	—	—
Employer discrimination	11	136	8%	75%
Trouble finding work – Canadian experience	29	—	—	—
Trouble finding work – immigration or citizenship status	5	—	—	—
Trouble finding work – other	13	—	—	—
Public Benefits Problems	Frequency	N	Percentage	Response Rate
Help making ends meet	30	141	21%	90%
Rely on foodbank	16	151	11%	96%
Can't afford special diet	37	43	86%	27%
Help with OW	39	—	—	—
Help with ODSP	2	—	—	—
Help with CPP	16	—	—	—
Help with OAS	16	—	—	—
Help with EI	22	—	—	—
Help with GIS	12	—	—	—
Help with Child Benefit	34	—	—	—
Help with Worker's Compensation	6	—	—	—
Help with Disability Tax	3	—	—	—
Help with medical review – ODSP	6	139	4%	89%
Tax help	66	150	44%	89%
Collections outstanding	14	144	10%	92%
Can't afford transportation	27	147	18%	94%

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Wills/POAs Problems	Frequency	N	Percentage	Response Rate
No will	433	533	81%	99%
Need someone – financial decisions	188	533	35%	99%
Need Someone – health decisions	187	531	35%	98%
No POA	397	523	76%	97%
No family doctor	56	536	10%	99%
Can't afford prescriptions	111	527	21%	97%
Healthcare trouble – immigration status	55	453	12%	84%
Health services	156	—	—	—
Assisted devices	23	—	—	—
Counselling	35	—	—	—
Physiotherapy	55	—	—	—
Glasses	73	—	—	—
Special diet	27	—	—	—
Mental health	29	—	—	—
Addiction	12	—	—	—
Dental care	131	—	—	—
Disability service	25	—	—	—
Tenants' Rights Problems	Frequency	N	Percentage	Response Rate
Behind on rent	17	118	14%	98%
Threat of eviction	6	115	5%	96%
Worried about rent subsidy	10	38	26%	32%
Late payment of rent	6	115	5%	96%
Landlord – no repair	7	15	47%	13%
No heat/AC	3	4	75%	3%
Mould, rodents, bugs	4	5	80%	4%
Rental unsafe - other reason	8	9	89%	8%
Problem with neighbours	5	110	5%	92%
Eviction papers	3	111	3%	93%
Landlord – discrimination	3	98	3%	82%
Trouble finding a place to live	9	27	33%	23%
Trouble finding a place to live – Immigration	9	10	90%	8%
Trouble finding a place to live – no Canadian refs	12	13	92%	11%
Trouble finding a place to live – other	8	9	89%	8%
Court order affecting living	2	100	2%	83%
Behind on utilities	13	114	11%	95%

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Workers' Rights Problems	Frequency	N	Percentage	Response Rate
Disability affecting work	7	185	4%	92%
Hurt at work	12	179	7%	89%
Concerned to tell ER about health issues	32	161	20%	80%
Workplace unsafe	12		—	—
Employer discrimination	12	114	11%	56%
Trouble finding work – immigration or citizenship status	9	22	41%	11%
Trouble finding work – not enough Canadian Experience	85	96	89%	48%
Trouble finding work – other	20	32	63%	16%
Worried about being fired, laid off	53	117	45%	58%
Trouble getting time off	26	108	24%	53%
Subsidized childcare	37	131	28%	65%
TOTAL	3,031			

APPENDIX J: Workers' Rights Legal Problem Scenarios

Scenario 1

Philippe is a forklift driver in a warehouse. His employer asks him to load the forklift with twice the weight limit it can hold to cut down the time it takes to complete the job. Philippe is aware that would be a risk to his safety as it could cause the forklift to topple over. In this case, Philippe must complete any task that his employer asks regardless of the health and safety risks.

True or false?

Scenario 2

Mandeep is an experienced dental assistant and has sent out several job applications. She receives a call back for an interview by one potential employer. During her interview, the employer asks Mandeep whether she has experience working as a dental assistant in Canada. In this case, the employer legally entitled to ask about her Canadian work experience.

True or false?

Scenario 3

Allison works at a retail store but suffers from severe asthma. She was laid off due to COVID-19, but her employer is telling her now that she must return to work. Allison is concerned about being back on the floor at her store. She has voiced this to her employer, but her boss is insistent if Allison does not return she will be fired.

Does Allison have to return to work? What options might she have?

Scenario 4

Eric works as a server in a restaurant. Usually he is very good, however, last night, he dropped a tray and broke 6 wine glasses. His bad luck did not stop there. Eric also had a table walk out on him without paying their \$327 bill! His boss was very upset, and told him that the cost of the table's bill and the glasses would be coming out of his wages.

Can his employer do this?

Scenario 5

Hilary has worked at her job for the last 14 years. Her boss told her yesterday that she was no longer needed and that she should go home right away. He gave her a letter which said she would be paid for the rest of the week.

Has Hilary's employer followed the Employment Standards Act?

APPENDIX K: Conversation Data Tables

Table 1: Conversation Topic, Delivery Type and Number of Participants by Project Phase

Project Phase	Conversation Type	Frequency	%	Total In-Person	%	Total Virtual	%	Number of Participants	%
Pilot March 19, 2019 to August 30, 2019	Workers' Rights	1	4%	1	4%	0	0%	20	5%
	Tenants' Rights	3	11%	3	11%	0	0%	47	11%
	Wills/POAs	7	26%	7	26%	0	0%	118	29%
	Human Rights	4	15%	4	15%	0	0%	50	12%
	Family Law	9	33%	9	33%	0	0%	124	30%
	Public Benefits	3	11%	3	11%	0	0%	55	13%
	Sub-Total	27	19%	27	100%*	0	0%*	414	20%
Roll-Out September 1, 2019 to August 31, 2021	Workers' Rights	22	19%	11	92%	11	18%	259	16%
	Tenants' Rights	11	9%	3	5%	8	13%	107	6%
	Wills/POAs	40	34%	19	35%	21	34%	650	39%
	Human Rights	14	12%	12	22%	2	3%	160	10%
	Family Law	19	16%	7	13%	12	19%	247	15%
	Public Benefits	11	9%	3	5%	8	13%	226	14%
	Sub-Total	117	81%	55	47%*	62	53%*	1,649	80%
Pilot + Roll-Out March 19, 2019 to April 30, 2021	Workers' Rights	23	16%	12	15%	11	18%	279	13%
	Tenants' Rights	14	10%	6	7%	8	13%	154	7%
	Wills/POAs	47	33%	26	32%	21	34%	768	37%
	Human Rights	18	13%	16	20%	2	3%	210	10%
	Family Law	28	19%	16	20%	12	19%	371	18%
	Public Benefits	14	10%	6	7%	8	13%	281	14%
	Total	144	100%	82	100%	62	100%	2,063	100%

*refers to the percentage of conversations by pilot or roll-out phase only; all other percentages in the sub-total rows refer to both project phases.

Table 2: Conversation Delivery Type and Number of Participants by Host Organization

Host Organization	Number Hosted	Percentage Hosted	Virtual	In-Person	Number of Participants	Percentage of Participants
Thomas Merton Centre for Continuing Education	46	32%	17	29	629	30%
HMC Connections	44	31%	21	23	598	29%
Centre for Skills Development	31	22%	11	20	598	29%
Halton District School Board Welcome Centre	7	5%	7	0	43	2%
Peel Career Assessment Services	5	3%	2	3	87	4%
Milton Public Library	4	3%	0	4	8	0.4%
Achēv	4	3%	1	3	76	4%
Halton Catholic District School Board Welcome Centre	2	1%	2	0	22	1%
The Women's Centre of Halton	1	1%	1	0	2	0.1%
Total	144	100%	62	82	2,063	100%

Table 3: Conversation Topic by Host Organization

Host Organization	Number Hosted	Worker		Tenant		Wills		H. Rights		Benefits	
		#	%	#	%	#	%	#	%	#	%
HMC Connections	44	8	18%	6	14%	18	41%	5	11%	0	0%
Thomas Merton Centre for Continuing Education	46	11	24%	3	7%	9	20%	8	17%	4	9%
Centre for Skills Development	31	1	3%	4	13%	12	39%	4	13%	7	23%
Achēv	4	0	0%	0	0%	3	75%	0	0%	0	0%
Peel Career Assessment Services	5	0	0%	0	0%	2	40%	0	0%	1	20%
Milton Public Library	4	1	25%	0	0%	1	25%	0	0%	0	0%
Halton District School Board Welcome Centre	7	2	29%	1	14%	1	14%	0	0%	1	14%
Halton Catholic District School Board Welcome Centre	2	0	0%	0	0%	1	50%	0	0%	1	50%
The Women's Centre of Halton	1	0	0%	0	0%	0	0%	1	100%	0	0%
Total	144	23	16%	14	10%	47	33%	18	13%	14	10%

APPENDIX L: Actual Legal Problems Data Tables

Table 1: Actual Legal Problems Identified for HCLS's New or Returning Newcomer Clients

Problem Type	Problem Frequency	Percentage
Public Benefits	8	32%
Workers' Rights	5	20%
Tenants' Rights	5	20%
Other	3	12%
Family Law	2	8%
Wills/POAs	1	4%
Human Rights	1	4%
Total	25	100%

Table 2: Actual Legal Problems Identified for Legal Secondary Consultation Requests Involving Newcomers (2016-2021)

Actual Legal Problem Types	Problem Frequency	Percentage
Tenants' Rights	26	25%
Immigration	20	20%
Public Benefits	19	19%
Family Law	12	12%
Workers' Rights	6	6%
Other	6	6%
Criminal or Civil	5	5%
Social Services and Government Identification	4	4%
Wills/POAs	4	4%
Total	102	100%

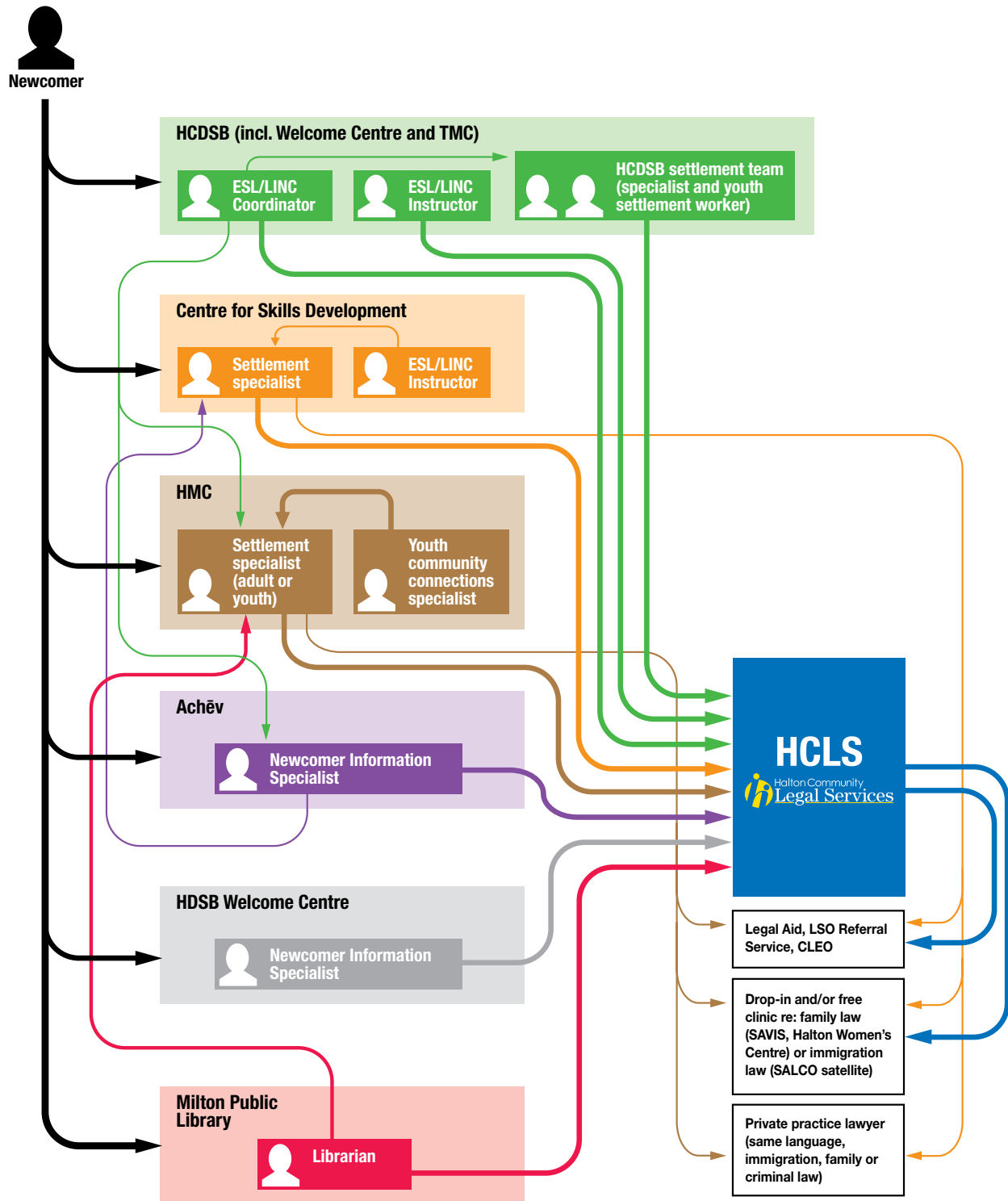
Table 3: Number of Newcomer Service Providers Dealing with Everyday Legal Problems by Type

Everyday Legal Problem Type	Frequency (n = 17)	Percentage
Tenants' Rights	14	82%
Family Law	8	47%
Workers' Rights	8	47%
Immigration	6	35%
Public Benefits	5	29%
Other	3	18%
Wills/POAs	2	12%
Criminal Law	1	6%

Table 4: Ranking the Frequency of Actual Legal Problems for New and Returning Newcomer Clients, Newcomer LSC requests and Newcomer Service Providers

Problem Type	Actual Client	LSC Requests	Service Providers
Public Benefits	1	2	4
Workers' Rights	2	4	2
Tenants' Rights	2	1	1
Other	4	4	5
Family Law	5	3	2
Wills/POAs	6	6	6
Human Rights	6	7	7

APPENDIX M: Newcomer Legal Pathways Map



APPENDIX N: Service Provider Advisory Committee Organization List

Organization	Number of Members
HMC Connections	3
Halton Region	1
Centre for Skills Development	1
Milton Public Library	1
Peel Career Assessment Centre	1
Achêv	2
Halton Catholic District School Board	1
Ontario Works	1

ENDNOTES

1. For the history of HCLS's service delivery transformation, see Ab Currie & Brandon D. Stewart, "The Unintended Benefits of Innovation," the Canadian Forum on Civil Justice (June 2020), online: < <https://fcj-fcjc.org/wp-content/uploads/The-Unintended-Benefits-of-Innovation-Ab-Currie-and-Brandon-Stewart.pdf> > . See also Brandon D. Stewart & Ab Currie, "Legal Secondary Consultation: Expanding the Reach of Ontario's Community Legal Clinics Through Community Partnerships" (pp 103-124) in VAB da Silva (ed.), *Access to Justice in the Americas* (Rio de Janeiro: Forum Justica, 2021) (a digital copy is available at www.accesstojusticeamericas.org) (Stewart & Currie).
2. The lawyer-instructors held 48 PLE sessions with 707 people between January and May 2021. Project conversations account for 40% (149/372) of all PLE sessions held during this period.
3. Participant data is not available for some of these workshops; thus the total number of attendees is higher than reported.
4. The funding (\$2,000) was provided through the Oakville Community Foundation's Oakville Resettlement Fund, which was created in late 2015 to support the resettlement of Syrian refugees.
5. HCLS was aware of research finding that privately-sponsored newcomers have better settlement outcomes than government-sponsored newcomers. HCLS viewed the conversations as an opportunity to support private sponsors in leveraging their social capital in the community to help refugees they sponsored to secure employment, access services and receive help for a range of problems.
6. Confidential HCLS Report to OCF, 2016 (on file with the author).
7. HCLS had built a strong prior relationship with HMC Connections based on PLE programming. HCLS also had a long-standing relationship with Achēv, which was located in the same building as HCLS. These organizations and HCLS were also affiliated with the Halton Newcomer Strategy (HNS), which was formed in 2010 and is one of 70 Local Immigration Partnerships in Canada funded by IRCC. HNS's objective is to develop community projects and initiatives that support and empower newcomers in Halton. HCLS has been a member of HNS's steering and civic action committees since 2017 (Halton Newcomer Strategy, "What is the HNS" (2020), Welcome to Halton, online: < <http://www.welcometohalton.ca/en/newcomerstrategy/Pages/What-is-the-HNS.aspx> >).
8. See Janette Collins, "Education Techniques for Lifelong Learning: Principles of Adult Learning" (September-October 2004) 24 *RadioGraphics* 1483 at 1485 (Collins).
9. Rick Arnold et al, *Educating for a Change* (Toronto: Doris Marshall Institute for Education and Action and Between the Lines, 1991) at pp 48-50 (Arnold).
10. Advicenow – an independent, not-for-profit website providing information on rights and legal issues in the United Kingdom – originally developed the 7 Steps Guide (see "Seven steps – How to solve an everyday legal problem" (December 2018), online: < <https://www.advicenow.org.uk/know-hows/seven-steps-how-solve-everyday-legal-problem> >).
11. See e.g. Centre for Public Legal Education Alberta, "Seven Steps to Solving a Legal Problem" (2015), online: < <https://pbla.ca/wp-content/uploads/2015/04/4d-seven-steps-to-solving-a-legal-problem.pdf> > .
12. Halton Tenant School, "Seven Steps to Solving Tenancy Problems" (2012), online: < https://yourlegalrights.on.ca/sites/all/files/7_stepsFinal.pdf > .
13. One video featured Jean Augustine, the first black woman elected to Canada's Parliament, discussing discrimination she faced in the 1960s in finding employment and renting an apartment. The second video featured Ratna Omidvar, prior to her appointment as an Independent Senator, and the "Canadian experience" barriers she faced seeking employment.
14. HCLS Report to OCF, 2017 (on file with the author).
15. HCLS/IRCC Contribution Agreement dated August 23, 2018, Schedule 1 (Contribution Agreement).
16. The evaluators included the author and Dr. Ab Currie. Each has experience in evaluating community legal clinic initiatives in Halton and southwestern Ontario.
17. HCLS has used advisory committees in prior major research projects, including the Indigenous Homelessness Needs Assessment and Knowledge Sharing Project, the Legal Health Check-Up Pilot and the Legal Secondary Consultation Project.
18. The community agencies represented by SPAC members are listed in Appendix N.
19. PAC members included four language groups (Russian, Mandarin/Chinese, Tagalog and Arabic), newcomers with children, permanent residents and privately-/publicly-sponsored refugees. PAC members were also clients or accessed the services of several host organizations, including HMC Connections, TMC, the Centre for Skills Development, the Milton Public Library, Peel Career Assessment Services and Halton Catholic District School Board (data on file with the author).
20. Collins, *supra* note 8 at 1485.
21. Arnold, *supra* note 9 at 48.
22. *Ibid.*
23. This approach to curriculum development is consistent with HCLS's typical approach to PLE programming.
24. The family law conversation was divided into two parts. Part 1 covered separation, divorce, domestic contracts and property division; Part 2 covered parenting time, decision-making, child support and spousal support.

25. The Advisory Committees reviewed and approved the slide decks to ensure they were accessible to newcomers with different English language skills.
26. Collins, *supra* note 8 at 1485.
27. TMC is the adult education arm of HCDSB.
28. Achēv's Oakville office is in the same building as HCLS.
29. Although PCAS is located outside HCLS's catchment area in Mississauga, the Project Team facilitated conversations with PCAS' newcomer clients when one of its staff members was at Achēv's Oakville office.
30. The total number of attendees (2,063) includes those who attended multiple conversations (138 ESL/LINC students and 87 newcomers who attended both parts of the family law conversations). Subtracting them creates an estimate of 1,838 actual participants (*supra* note 24; see also Section 6).
31. Location data for one in-person conversation is missing. Accurate location data for the virtual conversations is not available since many service providers combined clients from multiple locations across Halton.
32. PLE Canada, "PLE principles and practices" (2018), online: < <http://www.plecanada.org/ple-processes/> > .
33. Contribution Agreement, *supra* note 15, Schedule 1.
34. This research question included two sub-questions: (1) Are there any differences in the PLE learning needs of newcomers based on group membership? and (2) What are the appropriate venues for PLE workshops?
35. See e.g. Linda D Ogilvie et al, "Challenges and Approaches to Newcomer Health Research" (2008) 19(1) *Journal of Transcultural Nursing* 64 (describing the significant methodological challenges posed by newcomers for health-related research); Amy Ellard-Gray et al, "Finding the Hidden Participant: Solutions for Recruiting Hidden, Hard-to-Reach, and Vulnerable Populations" (2015) 14(5) *International Journal of Qualitative Methods* 1, DOI:10/1177/1609406915621420 (identifying ethnic minority and immigrant populations as hard to reach).
36. See Sabrina Yeasmin & Khan F Rahman, "'Triangulation' Research Method as the Tool of Social Science Research" (2012) 1:1 *BUP J* 154 at pp 154-158.
37. Paper pre-conversation surveys were distributed to participants immediately before the in-person conversations. A link to an online survey created using Survey Monkey was distributed to participants at the start of the virtual conversations using the chat function on Zoom and Google Meet.
38. The lawyer-instructors and/or HCLS community worker distributed the post-conversation surveys in the same manner as the pre-conversation surveys.
39. The Project Team attempted to recruit a university student to collect observational data on the conversations, but did not find a candidate with the necessary experience in qualitative research.
40. The Project Team chose ESL classes for the two pilot focus groups held on January 8 and 9, 2020, because they were easier to recruit (a large group of students attended class each day). The specific ESL classes were selected on the basis of their diversity and level of participation and engagement during the original conversation, as observed by the HCLS community worker and/or an evaluator. A facilitator conducted the focus groups at the host organization in the presence of an evaluator and the HCLS community worker. For a discussion on how the COVID-19 pandemic affected the focus groups, see Section 6.
41. The focus groups were held at least three months after a conversation to give participants ample time to seek help with a legal problem, while minimizing scheduling difficulties and potential memory loss.
42. For a discussion on how the COVID-19 pandemic affected the participant chats, see Section 6.
43. Service providers from six of the nine host organizations (67%) were interviewed.
44. As the author has previously written, a legal secondary consultation occurs:

...when a lawyer, licensed paralegal or experienced legal worker (the "LSC advisor") provides assistance to community organizations and social service providers to help them resolve problems for their own clients or constituents. The assistance is provided by telephone or e-mail in response to a request for consultation by the community organization or social service provider. The individuals experiencing problems do not become direct clients of the clinic unless the LSC advisor decides on a referral.
45. HCLS intake staff called every participant who indicated on the post-conversation survey that they would like a call from HCLS. If the participant indicated a potential legal problem during the call and wanted help, intake staff completed a client intake, the participant became a new or returning client of the clinic, and the client's file on HCLS's Clinic Information Management System (CIMS) identified them as a newcomer/participant.
46. Canadian Language Benchmarks Online Self-Assessment, "What are the Canadian Language Benchmarks" (2021), online: < <https://www.clb-osa.ca/benchmarks/overview> > .
47. For example, 39% of participants (467/1,209) reported attending more than one conversation on the post-conversation survey.
48. One evaluator reviewed the legal problems data between the family law conversations to confirm overlap before excluding this data.
49. The HCLS community worker identified the conversations attended by the same ESL classes.
50. For example, some participants could have attended multiple non-family law conversations outside an ESL/LINC class.
51. For example, the HCLS receptionist reported that her calls are too short for probing questions, and that callers often have language barriers that would make probing difficult. There was the risk of false negatives, as callers may not have recognized

- the term “newcomer conversations” since participants used different labels (lesson, presentation, workshop, etc.) to refer to the conversations on the post-conversation surveys. False positives were also possible, since callers may have attended other PLE programs and mistakenly identified them as newcomer conversations.
52. Client data is not collected during a legal secondary consultation since the service provider is asking for help.
 53. Since official referral data from the host organizations was unavailable, service providers were asked during the Zoom interviews to estimate the average number of newcomer clients they referred to HCLS each month.
 54. For example, some service providers were not regularly meeting with large groups of clients, and/or did not have capacity to host a virtual conversation given the increased demands posed by the COVID-19 pandemic.
 55. The total number of conversations held during this period was 16, of which 9 (56%; 9/16) had high enough participation rates (as observed by the HCLS community worker and/or an evaluator) to qualify for participant chats.
 56. Four participants agreed to participate in a Zoom chat on April 6, 2021, but only two attended.
 57. The Halton Newcomer Strategy acknowledged in its 2020-2025 strategic plan that collecting newcomer-specific data is “challenging” and a “priority,” and has taken steps to procure and disseminate additional data since 2017 (Halton Newcomer Strategy, “Strategic Plan 2020-2025” at 14, online: < <http://www.welcometohalton.ca/en/newcomerstrategy/Pages/HNS%20Strategic%20Plan%202020-2025.pdf> > (HNS)).
 58. HCLS conducted what appears to be the most comprehensive survey to date of self-reported everyday legal problems experienced by low-income Halton residents as part of the Legal Health Check-up Project. However, individuals who identified as refugees or permanent residents completed only 5.5% (24/433) of the LHCs between January 2016, and June 2021 (LHC data on file with author; see also Ab Currie, “Extending the Reach of Legal Aid: Report on the Pilot Phase of the Legal Health Check-Up Project” (2015), online: < <https://www.legalhealthcheckup.ca/bundles/legalcheck/pdf/legal-health-check-up-pilot-evaluation.pdf> > (Currie, LHC 1); see also Ab Currie, “The Next Step: The Subregional Rollout of the Legal Health Check-Up” (January 2016), online: < <https://www.legalhealthcheckup.ca/bundles/legalcheck/pdf/subregional-rollout-report.pdf> > (Currie, LHC 2).
 59. Community Legal Education Ontario (CLEO), “Public Legal Education and Information in Ontario: Learning from a Snapshot” (December 2015) at 15, online: < http://www.plelearningexchange.ca/wp-content/uploads/2016/05/PLE-in-Ontario-Learning-from-a-Snapshot_Final.pdf > (CLEO), citing this foundational study on linguistic minorities: Karen Cohl & George Thomson, “Connecting Across Language and Distance: Linguistic and Rural Access to Legal Information and Services” Law Foundation of Ontario (2008) at pp 41-42, online: < <https://lawfoundation.on.ca/download/connecting-across-language-and-distance-2008/> > (Cohl & Thomson). See also Paige Muttersbach, “Best Practices in Dissemination of Integral Information to New Immigrants: A Scoping Review,” British Columbia’s Ministry of Citizen’s Services (May 12, 2010) at 11, online: < <https://www2.gov.bc.ca/assets/gov/law-crime-and-justice/about-bc-justice-system/publications/information-for-newcomers.pdf> > (Muttersbach) (similarly noting a demand for public legal information relating to domestic violence, immigration, employment law, tenant rights, consumer protection and child welfare among immigration communities).
 60. See CLEO “Rights Bites, Housing Law: Illegal Deposits, Transcript of Interview with Andrew Hwang (Duty Counsel)” at 5, online: < https://cleoconnect.ca/wp-content/uploads/2019/02/Episode-2-Lesson-Plan_formatted.pdf > (duty counsel noting that landlords sometimes ask newcomers to pay an illegal rent deposit).
 61. See Ramya Ramanathan, “Know your rights in the Canadian workplace,” *Canadian Immigrant* (April 7, 2020), online: < <https://canadianimmigrant.ca/careers-and-education/workplace/know-your-rights-in-the-canadian-workplace> > (an information and referral specialist referring to workers’ rights problems, including discrimination in the workplace); KEYS Job Centre, “Newcomers Facing Labour Struggles” (2019), online: < <https://lawfoundation.on.ca/download/newcomers-facing-labour-struggles/> > (KEYS) (PLE comic covering unpaid wages and employment discrimination); See also Ontario Human Rights Commission, “Policy on Removing the ‘Canadian experience’ Barrier” (February 1, 2013), online: < <http://www.ohrc.on.ca/en/policy-removing-%E2%80%9CCanadian-experience%E2%80%9D-barrier> > (noting that newcomers face discrimination in employment contexts).
 62. CLEO, “Rights Bites, Legal Rights in the Workplace: Hours of Work and Minimum Wage” at 6, online: < https://cleoconnect.ca/wp-content/uploads/2019/02/Episode-1-Lesson-Plan_formatted.pdf > (a lawyer reporting that employers may pay their newcomer employees under minimum wage or do not pay them for overtime work).
 63. Halton Poverty Roundtable, “2018 Community Report: No Neighbour in Need” (2019) at 12, online: < <https://www.uwhh.ca/wp-content/uploads/2019/05/Halton-Poverty-Roundtable-Report.pdf> > .
 64. HNS, *supra* note 57 at pp 18-19, Figures 5-6 (reporting, for example, that 59.6% of newcomers in Halton, compared with 23.4% of non-immigrants, reside in homes that fall below at least one core housing need).
 65. *Ibid* at 29, Figure 12 (reporting that as of 2015, one-third of newcomers aged 15 and over residing in Halton, compared with 14.6% of the general population, earned less than \$10,000).
 66. See Community Development Halton, *Bulletin #156, Community Lens: Newcomers and Housing* (February, 2019) at 1, online: < <https://cdhalton.ca/wp-content/uploads/2019/02/cl156-NewcomersAndHousing.pdf> > (reporting that housing and

- employment are the two most cited challenges faced by newcomers to Canada).
67. This is equal to 9% of Halton's newcomer population (20,485) between 2011 and 2016 (Statistics Canada (2017), *Halton, RM [Census division], Ontario and Ontario [Province]* (table). *Census Profile*. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa. Released November 29, 2017, online: < <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/index.cfm?Lang=E> > (accessed June 7, 2021)).
 68. IRCC approved HCLS's request to offer conversations to former newcomers on the basis that the clinic is a barrier-free service provider that does not refuse to help those in need.
 69. For example, some newcomer participants may attend ESL/LINC classes for years.
 70. Statistics Canada defines newcomers or recent immigrants as "landed immigrants who came to Canada up to five years prior to a given census year." Statistics Canada, "Canada's Ethnocultural Mosaic, 2006 Census: Definitions" (2010), online: < [https://www12.statcan.gc.ca/census-recensement/2006/as-sa/97-562/note-eng.cfm#:~:text=Recent%20immigrants%20\(also%20known%20as,to%20a%20given%20census%20year.>](https://www12.statcan.gc.ca/census-recensement/2006/as-sa/97-562/note-eng.cfm#:~:text=Recent%20immigrants%20(also%20known%20as,to%20a%20given%20census%20year.>) See also Lahouaria Yssaad & Andrew Fields, "The Canadian Immigrant Labour Market: Recent Trends from 2006 to 2017" Statistics Canada (December 24, 2018), online: < <https://www150.statcan.gc.ca/n1/pub/71-606-x/71-606-x2018001-eng.htm> > (defining newcomers and recent immigrants).
 71. Nearly all of these former newcomers were citizens (54%; 215/401) or permanent residents (45%; 181/401).
 72. A higher percentage of newcomer participant respondents indicated not being able to afford a special diet (86%), but the response rate for this question was much lower (27%) than for the tax help question (89%).
 73. These percentages are different from the demographic profile reported in sub-section 7.A because they include demographic data only from the participants who filled out the legal problems questions on the pre-conversation survey.
 74. Muttersbach, *supra* note 59 at 11.
 75. See the discussion regarding language barriers in sub-section 7.D.
 76. The LHC, on which the legal problems questions were based, has been found to be a useful tool in uncovering the everyday legal problems of low-income individuals (see Currie, LHC 1 and 2, *supra* note 58).
 77. For a helpful discussion of the national legal problems surveys, see Ab Currie, "Nudging the Paradigm Shift, Everyday Legal Problems in Canada" Canadian Forum on Civil Justice (Toronto, 2016), online: < <https://cfcj-fcjc.org/sites/default/files/publications/reports/Nudging%20the%20Paradigm%20Shift%2C%20Everyday%20Legal%20Problems%20in%20Canada%20-%20Ab%20Currie.pdf> > .
 78. *Ibid* at 3, Table I.
 79. For a discussion of the LHC project and related data, see Currie, LHC 1 and 2, *supra* note 58.
 80. Two-thirds of all participants who completed the post-conversation survey (67%; 619/930) requested resources, and 44% (410/907) requested a call. This is a considerable number of calls for a legal clinic to make.
 81. Newcomer participants were most likely to request a call while attending a workers' rights conversation (48%; 77/159), and least likely to request a call while at a family law conversation (35%; 72/203).
 82. Newcomer participants were most likely to request resources while attending tenants' rights (70%; 52/74) or public benefits (83/119; 70%) conversations, and least likely to request resources while attending a family law conversation (57%; 117/207).
 83. Participants would have requested a call or resources on the pre-conversation survey before being told by the lawyer-instructor about HCLS's practice areas. However, they may have learned from another source or a previous conversation that HCLS does not offer family law services. This would help explain the percentage of call requests for family law conversations.
 84. Percentage differences between newcomer groups under the other demographic variables were small, including for resource requests.
 85. The same reasons might explain why newcomer participants who lived with their children reported the highest average number of potential legal problems, but were not more likely to request a call or resources from HCLS than any other newcomer group in the "living with" demographic variable.
 86. The existing Canadian literature acknowledges some of these barriers. See e.g. University of Toronto Faculty of Law, "Middle Income Access to Civil Justice: Background Paper" (2010), at pp 67-68, online: < <https://www.law.utoronto.ca/scholarship-publications/conferences/archives/middle-income-access-civil-justice-colloquium> > (summarizing language and other barriers from the existing literature on newcomers in Ontario); Judit Alcalde & Karen Hayward, "The Law Foundation of Ontario Connecting Region: Final Evaluation Report" (May 2018), at 40, online: < <https://lawfoundation.on.ca/download/connecting-region-final-evaluation-report-2018/> > (Alcalde & Hayward) (reporting that linguistic minorities and newcomers in Ontario face numerous access barriers to legal services including language, not knowing about services, isolation, racism, fear and cultural differences); Muttersbach, *supra* note 59 at pp 12, 17 (referring to language and literacy barriers, trust issues and lack of familiarity with resources in the "host" country); Meera Govindasamy, "Public Legal Education Podcasting for Newcomers in Ontario: Affective Interventions in Participatory Action Research" M.A. Thesis (2019), at pp 52-53 online: < <https://digital.library.ryerson.ca/islandora/object/RULA%3A9335> > (citing anger, distrust and fear of exercising legal rights) (Govindasamy); Sarah V Wayland, "Unsettled: Legal and Policy Barriers for Newcomers to Canada" (2006),

- at 51, online: < [https://dalspace.library.dal.ca/bitstream/handle/10222/10465/WaylandResearchImmigrantSettlementEN.pdf?sequence=1#:~:text=Examples%20of%20legal%20and%20policy,newcomers%2C%20such%20as%20not%20hiring%20%E2%80%9C](https://dalspace.library.dal.ca/bitstream/handle/10222/10465/WaylandResearchImmigrantSettlementEN.pdf?sequence=1#:~:text=Examples%20of%20legal%20and%20policy,newcomers%2C%20such%20as%20not%20hiring%20%E2%80%9C>) > (Wayland) (newcomers in Hamilton reporting that they “don’t know where to go for help with their needs” and find it difficult to get legal advice and representation); Alberta Civil Liberties Research Centre, “Access to Justice – New Canadians,” online: < <https://www.aclrc.com/access-to-justice-new-canadians#barriers> > (noting that new Canadians disproportionately experience the same generic access-to-justice barriers as other members of Canadian society, and citing other specific barriers).
87. See also Muttersbach, *supra* note 59 at 12 (noting that “language barriers were a recurring theme” throughout the literature on the barriers new immigrants encounter when accessing important information); Cohl & Thomson, *supra* note 59 at pp 15-16; Yedida Zalik, “Linguistic Access Report” (August 2005) at 31, online: < <http://plelearningexchange.ca/wp-content/uploads/2014/02/LAP-Report.pdf> > (reporting that community legal clinics identify language barriers as a major concern regarding access to justice and the provision of service to clinic clients); Clinic Interview Partnership, “Community Legal Clinics and A2J Guided Interviews” (October 2016) at 9, online: < <https://cleoconnect.ca/resource/research/community-legal-clinics-a2j-guided-interviews-october-2016/> > (citing language barriers) (Clinic IP).
 88. Improving access to professional interpreters has been proposed in other research involving newcomers (see e.g. Cohl & Thomson, *supra* note 59 at 21). However, having a lawyer on staff who could speak all languages spoken by newcomers would be impossible.
 89. The third intake worker reported never having a newcomer reject the offer of an interpreter.
 90. This report does not compare the CLB levels of participants who requested and did not request a call from HCLS because the pre-conversation survey did not ask participants to report their CLB level.
 91. Chat participants expressed concerns about affording legal assistance. One chat participant said hiring a lawyer is “the last decision because you have to pay him. No free service for you.” Another chat participant noted that they “let a problem go” because their lawyer’s fees were “too high,” while another said they “never contacted a lawyer because they have no idea how much [the fees] would be.”
 92. One chat participant recalled that when she was fired from her job, she “wouldn’t talk to a lawyer” because her boss “treated her well,” and she did not want “to trouble a lawyer” when she could “easily find another job.” The participant reported that she needed help applying for employment insurance, but did not want to “bother” anyone because it was a “minor issue” and people are “very busy.”
 93. Examples include newcomers “being scammed” or “not getting the help they need” from a lawyer.
 94. Previous research has found that newcomers do not know where to get help and find it difficult to secure legal advice (see e.g. Wayland, *supra* note 86 at pp IV, 51 (referring to newcomers in Hamilton)).
 95. The HCLS legal assistant similarly reported that language is a frequent barrier in their initial contact with most HCLS clients, including newcomers.
 96. The HCLS community worker was unable to determine, based on the available CIMS data, whether two of the 22 newcomer participants were either new or returning clients.
 97. This percentage is slightly higher (7%; 22/333) if only newcomer participants who reported at least one potential everyday legal problem and requested a call are included.
 98. The conversation topic was not recorded for three clients.
 99. HCLS case files prior to the data collection period were not reviewed since HCLS did not actively identify newcomer clients prior to the project.
 100. HCLS does not collect client data during an LSC, so it is impossible to determine the profile of newcomers who are indirectly receiving help through this service.
 101. No immigration law problems were identified for participant clients since the conversations did not cover this topic. However, immigration law problems were the second-most identified problem type during an LSC request (20%). This suggests that service providers who requested an LSC from HCLS were unaware that the clinic does not practice in this area, or were not sure where else to go for help.
 102. This figure may be misleading since the available data might not capture a legal problem with an element of discrimination or a human rights violation.
 103. The author calculated the cumulative rankings as follows: (a) the percentage of actual/reported legal problem types identified for new and returning newcomer clients, newcomers covered by LSC requests and newcomer clients of the service providers were ranked. Higher percentages received a lower rank (1-3), and lower percentages received a higher rank (4-6) depending on the number of problem types identified (5 to 6); (b) the rankings across the three data sources were added together for each legal problem type to determine which newcomers were most (i.e., a lower cumulative ranking) or least likely (i.e., a higher cumulative ranking) to experience a particular legal problem type (see Appendix L, Table 3). Immigration law was excluded from the rankings.
 104. See Cohl & Thomson, *supra* note 59 at pp 44, 54-55 (finding that linguistic minorities living in Ontario turn to organizations such as settlement services or education when they have (legal) problems). More recent research confirms this finding (see e.g. Karen Cohl et al, “Part 2 – Trusted Help: The role of community workers as trusted intermediaries who help people with legal problems” (February 2018) at pp 29-30, online: < <https://lawfoundation.on.ca/download/part-2-trusted-help-the-role-of-community-workers-as-trusted-intermediaries-who>

- help-people-with-legal-problems-2018/> (Cohl) (referring to settlement workers); PLE Learning Exchange Ontario, “Boundaries and opportunities for community workers” (February 8, 2018), online: < <http://plelearningexchange.ca/boundaries-opportunities-community-workers-conversation-jagdeep-kailey/> > (referring to settlement workers) (PLELEO); Anita Balakrishnan, “Comic book helps newcomers find legal resources” *Law Times* (August 16, 2019), online: < <https://www.lawtimesnews.com/practice-areas/labour-and-employment/comic-book-helps-newcomers-find-legal-resources/287376> > (noting that when newcomers have a legal problem they likely first connect with community agencies, not a lawyer). For a recent discussion on trusted intermediaries, see Julie Mathews & David Wiseman, “Community Justice Help: Advancing Community-Based Access to Justice: A discussion paper” (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 > ; Rachana Rajan et al, “Secondary consultation: A tool for sharing information and transferring knowledge in health justice partnership” *Health Justice Australia* (June, 2021), online: < <https://healthjustice.org.au/?wpdmdl=3941> > .
105. Most service providers interviewed (86%; 18/21) reported that their newcomer clients come to them or someone in their host organization for help with legal problems.
 106. One ESL/LINC coordinator reported that newcomers come with “questions” as opposed to legal problems.
 107. Two service providers (10%; 2/22) indicated that they assist with legal problems “a lot” or “many times per month.” Five service providers (23%; 5/22) estimated that they handle legal problems an average of one to four times a month.
 108. The settlement specialists were more likely to report dealing with a wider range of legal problem types (such as immigration law, tenant, benefits, family law, housing, wills/POAs, employment and criminal law) than the ESL/LINC instructors (mostly tenant problems).
 109. The existing trusted intermediary literature reports similar findings. See e.g. PLELEO, *supra* note 104 (reporting that settlement workers are the first points of contact for newcomers, and that clients have a high level of trust with settlement workers from their linguistic communities). See also Cohl, *supra* note 104 at 28 (citing additional reasons).
 110. The HCLS Executive Director and lawyer-instructors said they also refer newcomer clients to these service providers.
 111. This amounts to between 420 and 540 annual referrals.
 112. It is impossible to determine the percentage of newcomer clients who follow through when referred by a service provider to HCLS. Assuming 100% follow-through, the referrals would account for 17% to 22% (425 to 540/2,500) of HCLS’s average yearly contacts.
 113. Recorded referral data from the host organizations was unavailable.
 114. Another service provider noted the challenge ESL/LINC instructors face when confronted by a range of newcomer legal problems: “When I do outreach in schools, these teachers tell me [my host organization] is great because students ask them so many legal and tax questions, and they don’t know what to do.”
 115. TMC refers newcomer clients to internal settlement specialists at HCDSB or those at the Centre for Skills Development and HMC Connections, as well as newcomer information specialists at Achēv, based on a client’s spoken language and any pre-existing relationship. The HDSB Welcome Centre refers newcomers to an internal youth settlement specialist if there are language barriers or to youth settlement specialists at HMC Connections.
 116. One ESL/LINC instructor reported that requesting an LSC was “not something I would want to do.” Others stated that they thought “teachers are not allowed to call the clinic.” Some settlement specialists expressed similar concerns, yet accessed the service. For example, one settlement specialist stated, “I will never give legal advice” but has made three LSC requests since 2016. For further discussion on this issue related to the LSC service, see Ab Currie, “Legal Secondary Consultation: How Legal Aid Can Support Communities and Expand Access to Justice” (March 2018) at 16, online: < https://www.haltonlegal.ca/wp-content/uploads/2019/06/LSC_Report-final.pdf > . See also Stewart & Currie, *supra* note 1 at 107, referring to Tim Willcox et al, “Evaluating Consumer Action’s Worker Advice Service” *Consumer Action Law Centre* (June, 2016), online: < <https://consumeraction.org.au/wp-content/uploads/2016/07/Evaluating-Consumer-Actions-worker-advice-line-June-2016.pdf> > and Katia Sanderson et al, “Second Evaluation Report of Consumer Action Law Centre’s Worker Advice Service - A Legal Secondary Consultation Service to Community sector professionals: One year on” *Consumer Action Law Centre* (October, 2017), online: < <https://workers.consumeraction.org.au/wp-content/uploads/sites/12/2017/11/171018-Evaluation-Report-Worker-Advice-Service-final.pdf> > .
 117. The host organizations are well connected and have formed a network of partnerships. For example, Achēv refers newcomer clients to settlement workers at PCAS, the Cross-Cultural Community Services Association and Centre for Skills Development; the Milton Public Library offers patrons drop-in hours with HMC Connections settlement specialists, and partners with Achēv, HMC Connections and the Centre for Skills Development for other newcomer programs; and TMC refers newcomers to the newcomer information specialist at Achēv.
 118. See also sub-sections 7.E and 9.D.
 119. One returning client of HCLS sought help from the clinic before and after attending a conversation.
 120. See also sub-section 10.C.
 121. See also sub-section 7.E.

122. One new participant client asked and received summary advice for a legal issue their family member was experiencing. One might term this a legal secondary consultation.
123. This literature tends to focus on low-income populations in general, but considers linguistic minorities such as newcomers.
124. The service providers interviewed were well placed to speak to differences between the in-person and virtual conversations or to identify challenges regarding the transition to the virtual conversations. During the data collection period, they hosted 48 in-person conversations (57%; 48/84) and 32 virtual conversations (70%; 32/46) and 43% (9/21) hosted both delivery types.
125. PLE Canada, “PLE principles and practices” (2018), online: <<http://www.plecanada.org/ple-processes/>> .
126. This call is part of a series of recommendations related to civil and social justice panel surveys conducted on representative samples of the population of England and Wales in 2010 and 2012 (see Lisa Wintersteiger, “Legal Needs, Legal Capability and the Role of Public Legal Education” Law for Life (2015) at 5, online: <http://www.plecanada.org/wp-content/uploads/2017/12/Legal-Needs-Legal-Capability-and-the-Role-of-PLE-Law-for-Life.pdf> (Wintersteiger)).
127. Literature on adult education principles in other educational settings is far more extensive (see Susan E MacDonald, “The Role of PLEI in Poverty Law Services” (2004) 19(3) *Osgoode Journal of Law and Social Policy* 32 at pp 38-39 (MacDonald)).
128. Wintersteiger, *supra* note 127 at 5; Legal Services Society, “PLE Review: Reflections and Recommendations on Public Legal Education Delivery in BC” (2007) at pp 69-70, online: <https://lss.bc.ca/sites/default/files/2019-03/pleReview_en.pdf> (referring to 18 PLE case studies of knowledge being transferred and skills acquired due to good adult learning techniques) (LSS).
129. PLE Learning Exchange Ontario, “Module 3: Training community workers and leaders – Using adult education principles” (2021), online: <<http://plelearningexchange.ca/toolbox/using-adult-education-principles/>> ; LSS, *ibid.*, at 39.
130. See e.g. MWB Educational Consultants Inc, “Best Practice Features of Quality LINC Programs,” online: <<http://atworksettlement.org/downloads/linc/BestPract.pdf>> ; Alberta Teachers of English as a Second Language, “Best Practices for Adult ESL and LINC Programming in Alberta” (2009), online: <https://www.atesl.ca/documents/1366/ATESL_Best_Practices.pdf> ; Andrea Solnes et al, “A Principles-based Approach to Supporting LINC Learners” (March 2019), online: <<https://www.amssa.org/wp-content/uploads/2019/04/A-Principles-based-Approach-to-Supporting-LINC-Learners-April-2019.pdf>> .
131. See Ming-Yeh Lee, “A critical analysis of andragogy: The perspective of foreign-born leaders” (pp 11-16) in Lisa M Baumgartner et al (eds), *Adult learning theory: A primer* (Columbus: Centre on Education and Training for Employment, 2003) at pp 12-13.
132. Some service providers said they were “extremely pleased” with the conversations; others described them as “very good” and “very well done.” One service provider stated that HCLS was their preferred provider for PLE workshops.
133. One service provider and two participants on the post-conversation survey indicated a preference for asking questions at the end of the conversation instead of throughout.
134. Ontario Justice Education Network, “Checklist: Tips for Speaking to a Newcomer Audience” (2014) at 3, online: <<http://lifetoolbox.ca/sites/lifetoolbox.ca/files/Module%207%20-%20Checklist%20Speaking%20to%20Newcomers.pdf>> (OJEN); Ontario Justice Education Network, “Checklist: Strategies for Engaging Your Audience” (2014) at pp 2-3, online: <<http://lifetoolbox.ca/sites/lifetoolbox.ca/files/Module%204%20-%20Checklist%20for%20Engaging%20Your%20Audience.pdf>> (OJEN 2) (“asking people in the audience if they have questions and what they think”); Ontario Justice Education Network, “Guidelines for Better Legal Workshops,” online: <<https://ojen.ca/en/training/facilitator-training/guidelines-for-better-legal-workshops>> .
135. Muttersbach, *supra* note 59 at pp i, 14; CLEO, “Better Legal Information Handbook: Practical Tips for Community Workers” (2013) at pp 7, 18, online: <https://www.cleo.on.ca/sites/default/files/docs/cleo_betterlegalinfo.pdf> (noting the value of written materials) (CLEO 2).
136. See e.g. Muttersbach, *ibid* at 8; CLEO Centre for Research & Innovation, “Public Legal Education and Information in Ontario Communities: Formats and Delivery Channels” (August 2013) at 30, online: <<https://cleoconnect.ca/wp-content/uploads/2014/03/CLEO-Report-PEI-Formats-and-Delivery-Channels-in-Ontario.pdf>> (CLEO Centre).
137. The discussion in sub-section 9.D suggests that providing printed materials and in-conversation supports may have positively influenced newcomer participants’ valuation of the interactive conversations.
138. One service provider corroborated these reports, stating that their newcomer clients were likely less engaged during the virtual conversations because their webcams were off, or they were too shy to be on video and/or ask questions. Other reasons might include privacy concerns, an internet connection that does not support video streaming, or lack of access to suitable technology such as a microphone. The lawyer-instructors also found newcomer participants not as captive as an in-person audience during the pandemic; they appeared more stressed and distracted, and may have multitasked during the conversations.
139. One lawyer-instructor attempted to use a whiteboard add-on feature called “Jamboard” for the virtual conversations on Google Meet, but the link did not work for some participants and required an additional sign-in.
140. Lawyer-instructors reported that when sharing their screen on Google Meet, they could not see participants or access the chat feature, making it difficult to interact with participants.

141. A service provider from one of these host organizations mentioned “initial issues” with the virtual conversations and indicated that they improved following the transition to Zoom.
142. OJEN, *supra* note 134 at 1; Govindasamy, *supra* note 86 at pp 40, 59. See also Jeff Carolin, “When Law Reform is Not Enough: A Case Study on Social Change and the Role that Lawyers and Legal Clinics Ought to Play” (2014) 23(6) *Journal of Law and Social Policy* 128, citing Sameer M Ashar, “Law Clinics and Collective Mobilization” (2008) 14(2) *Clinical L Rev* 355 at 399, n 177 (noting the importance of engaging clients because “clinics often fall into the trap of constructing clientless community education and policy advocacy projects. This is inherently in conflict with the mobilization agenda, which relies on organizers or a group of clients to determine their needs and devise at least a few rough collective solutions, which may or may not require the assistance of attorneys.”).
143. OJEN, *supra* note 134 at 3; OJEN 2, *supra* note 134 at 1 (use plain language and review difficult vocabulary); CLEO 2, *supra* note 135, at pp 15, 29, 30; Muttersbach, *supra* note 59 at 8. HCLS developed the conversations in a culturally sensitive way, for example, by including names from diverse cultures in the legal problem scenarios. Also, the lawyer-instructors employed by HCLS regularly complete trauma-informed, domestic violence and cultural competency training, including a program on delivering services to newcomers who identify as 2SLGBTQ+.
144. Approximately 16% of participants (215/1,311) answered “partly” and 2% (23/1,311) of participants answered “no” to the question of whether the conversations were easy to understand during the data collection period. The family (23%; 59/262) and public benefits (22%; 29/130) conversations had the highest percentage of “partly” responses, suggesting that these conversations were the most difficult for newcomer participants to understand.
145. OJEN 2, *supra* note 134 at 2.
146. Muttersbach, *supra* note 59 at 8; CLEO, *supra* note 59 at 20; CLEO 2, *supra* note 135 at 56; Cohl & Thomson, *supra* note 59 at 62.
147. Muttersbach, *supra* note 59 at 18.
148. OJEN 2, *supra* note 134 at 1 (recommending a safe physical space that encourages dialogue); CLEO 2, *supra* note 135 at 61; CLEO Centre, *supra* note 136 at 26.
149. But see CLEO Centre, *supra* note 136 at pp 17-18 (noting that newcomers have “striking levels of home internet access”).
150. Zoom allowed users to access a conversation using a computer, tablet or phone; however, a phone’s smaller screen makes it more difficult to navigate and use Zoom features.
151. For example, SPAC members noted the importance of using a neutral name for the in-person family law conversations so that vulnerable newcomers could safely attend without arousing family members’ suspicion.
152. Muttersbach, *supra* note 59 at 20.
153. *Ibid* at 35.
154. But see Govindasamy, *supra* note 86 at 5 (a Master’s thesis examining the author’s Rights Bites podcasts, which argues that “mobilizing podcasting as a community media project can facilitate the expression of complex feelings about Canadian citizenship amongst newcomers”). Some services with a legal information component for newcomers have been subject to formal evaluations or reports (see e.g. Alcalde & Hayward, *supra* note 86 at pp 17, 40, 51-52 (evaluating the Connecting Ottawa service that helped refugees and other newcomers become more aware of their rights and responsibilities); see also Clinic IP, *supra* note 87 at 9, online: <<https://cleoconnect.ca/wp-content/uploads/2017/03/a2j-guided-interviews-oct-2016.pdf>> (noting a multi-sector referral system of one clinic with a local immigration partnership)).
155. This was done to avoid this pitfall for PLE evaluations:
- If [Public Legal Education and Information] is measured only by the number of pamphlets handed out, or the number of information workshops given, there will never be an incentive to truly understand the impact of this information and education. When clinics are making choices about how to allocate their scarce resources (monies and time), PLEI is frequently overlooked. In contrast, by capturing all forms of PLE in this informal learning framework, all educating and informing can be acknowledged.
- (MacDonald, *supra* note 127 at 43).
156. Similar shifts are observable across PLE programming in Ontario. A 2018 snapshot by Community Legal Education Ontario found that in-person events accounted for only 1% (16/2,061) of PLE programming in Ontario, while online text accounted for 85% (1,760/2,061). CLEO expressed concern that the “growing reliance on online PLEI threatens to leave behind people in rural and remote communities and others who face barriers in accessing information online.” CLEO also identified a growing number of PLE training initiatives to improve intermediaries’ capabilities to provide legal information to their clients (CLEO, *supra* note 59 at pp 16, 18, 39 and 51). More recent reports note the “the vibrant public legal education and information community [has] expanded its reach by providing creative and user-centric digital tools” and that “e-training has significant potential as a means to train and support community-based intermediaries” (see Action Committee on Access to Justice in Civil and Family Matters, “Tracking Our Progress: Canada’s Justice Development Goals in 2019” (2019) at 8, online: <http://www.justicedevelopmentgoals.ca/sites/default/files/canadajdg_report19_en_0.pdf> ; Legal Services Society (Legal Aid BC), “Online Training for Community-based Intermediaries: Survey Findings and Implications” (October, 2019) at 2, online: <<https://lss.bc.ca/sites/default/files/2019-10/cpsIntermediaryOnlineTrainingSurvey-Findings20191025.pdf>>).

157. The power of these shifts is difficult to estimate since other PLE programs in use in Ontario may have features similar to those of the project conversations and for which no public information is available. For example, a 2010 environmental scan of PLE programming in British Columbia identified interactive in-person PLE programs that newcomers might attend, including: (1) the Elizabeth Fry Society of Canada's "Community Awareness for New Immigrants Program," which included workshops on traffic law, theft, tenant rights, domestic violence and the immigration process, and in which participants were encouraged to suggest topics for future workshops; and (2) The "Justice Theatre Program" run by the People's Law School in British Columbia, in which audience members acted as jury members for a trial related to a legal topic such as impaired driving or gang violence, and were invited to participate in a question and answer period with the play's director. The author noted that "one of the major strengths of legal theatre is its interactive component. Many productions include opportunities for audience interaction, which can assist people in gaining more comprehensive understanding of the issues being addressed within the play" (Muttersbach, *supra* note 59 at 16).
158. See e.g. PLEA, "NEWLi: Legal Information for Newcomers" (2021), online: < <http://newli.plea.org/> > (NEWLi is a website funded by the Law Foundation of Saskatchewan that provides plain language legal information to newcomers). See also Family Law Education for Women (2021), online: < <https://onefamilylaw.ca/> > .
159. CLEO Connect, "'Before You Sign.' A three part webinar series" (December 1, 2019), online: < <https://cleoconnect.ca/yourlegalrights-webinars/before-you-sign-a-3-part-series-of-webinars-from-ywca-st-thomas-elgin-and-cleo/> > ; CLEO, "Before you Sign" (2019), online: < <https://cleoconnect.ca/wp-content/uploads/2019/12/Before-You-Sign-Final-Electronic-1.pdf> > (YMCA St. Thomas Elgin produced this three-part webinar and a workbook to help service agencies assist newcomer clients in six areas of law).
160. KEYS, *supra* note 61 ("Newcomers Facing Labour Struggles" is an eight-page comic book produced by KEYS Job Centre illustrating workers' rights problems newcomers commonly face. The comic book, which lists organizations to call for support, is translated into French, Spanish, Arabic, Persian, Mandarin and Kirundi).
161. See e.g. OJEN, "Newcomer Community Justice – Perspectives of Youth Leaders" (October 21, 2019), online: < <http://ojen.ca/en/ncj-perspectives-youth-leaders> > (OJEN's Newcomer Community Justice Program introduces newcomer youth to areas of law that commonly affect their families, provides leadership training and has them plan a PLE event for their community); LAWS, "LAWS Newcomer Program" (2021), online: < <https://www.lawinaction.ca/programs/new-comer-program/> > (LAWS "Newcomer Program" is an "engaging, fun and interactive way" for newcomers at seven partner high schools in Toronto to "build their understanding of the Canadian justice system" within the goals of the ESL curriculum).
162. See e.g. CLEO Connect, "Lesson Plans: Rights Bites legal information podcasts" (2021), online: < <https://cleoconnect.ca/lesson-plans/lesson-plans-for-adult-learners/> > ("Rights Bites" is an audio podcast series for newcomers on common legal problems affecting tenants and employees in Ontario. They are intended to be shared by LINC or ESL instructors or used with companion lesson plans and CLB assessment tools); CLEO Connect, "Legal Life Skills Curriculum" (2018), online: < <https://cleoconnect.ca/lesson-plans/legal-life-skills-curriculum/> > (CLEO developed this curriculum for Ontario instructors in job readiness and literacy training programs to help students recognize workplace-related legal problems); Your Legal Rights, "English as a Second Language (ESL) Activity Kits" (2018), online: < <https://cleoconnect.ca/resource/yourlegalrights/english-as-a-second-language-esl-activity-kits/> > (several activity kits on tenants' and workers' rights for use by ESL and LINC instructors with students assessed at CLB benchmarks 1 to 6+).
163. Institute for Work & Health, "Safe Work Toolkit for Newcomers (Ontario)" (December 2019), online: < <https://www.iwh.on.ca/tools-and-guides/safe-work-toolkit-for-newcomers-ontario> > ("to help settlement agencies ... teach newcomers about their occupational health and safety ... and workers' compensation rights and responsibilities").
164. Others have reached a similar conclusion: see CLEO Centre, *supra* note 136 at 26 ("In-person workshops ... including ... [ESL] and ... [LINC] classes remain an important way to reach people with legal information ... including people within non-official language communities"); see also Alcalde & Hayward, *supra* note 86 at 41 (three facilitators noting that they "should conduct more direct outreach to communities" and "it would be better if in the future we start giving the information or training to the ... newcomers themselves").
165. The focus group itself may have jogged participants' memories, which appeared to improve once participants heard peers share what they remembered. The evaluator's attempts to jog the memories of chat participants were unsuccessful.
166. No evidence suggested that the pandemic affected the memories of chat participants more than focus group participants.
167. One focus group participant indicated that she had called HCLS prior to attending a conversation and that "it helped":
 "I called six months ago when I arrived in Canada, and I didn't know much English, and they gave me an interpreter. When I crossed the border, they gave me the little book with [phone] numbers, so I called [HCLS] about a refugee claim and get a referral."
168. Two additional participants who requested a call from an HCLS intake worker became returning clients.
169. The status of two client files is currently unknown based on the available CIMS data.

170. *Supra* note 161 (listing youth-centered PLE programs); but see Muttersbach, *supra* note 59 at 17 (expressing concerns with using immigrant children to distribute information).
171. Explaining why participants approached the lawyer-instructor is somewhat difficult since information was not collected about them or their legal problems. These conversations happened organically and with little notice, such as when the lawyer-instructor was leaving the host organization or travelling to a vehicle.
172. HCLS did not collect host data for pre-project PLE programming, so it was impossible to determine if HCLS had increased interactions with specific service providers or reached new service providers within each host organization during the data collection period.
173. This figure includes host organization staff who provide services to newcomers and might host a conversation, but excludes: (1) staff who did not host conversations or are not within HCLS's catchment area; and (2) managers and/or coordinators of programs that serve newcomers, since they would not have hosted a conversation and/or dealt directly with newcomer clients.
174. The percentages in this column show the percentage of newcomer-related staff at each host organization who personally hosted the conversations.
175. This figure excludes ESL/LINC instructors covered under HCDSB.
176. This is a rough estimate since a contact at the Centre for Skills Development was unsure of staff numbers at one location.
177. Includes the PCAS employee who serves clients within HCLS's catchment area at Achēv's Oakville office.
178. Includes the MPL staff member responsible for all bookings for newcomers and other patrons.
179. Due to service disruptions caused by the COVID-19 pandemic, the service providers interviewed could not determine whether they were referring more of their newcomer clients to HCLS since the project began. Historical data was also unavailable from the host organizations to isolate referral trends.
180. Stewart & Currie, *supra* note 1 at 106, n 5, citing Liz Curran, "Lawyer Secondary Consultations: improving access to justice: reaching clients otherwise excluded through professional support in a multi-disciplinary practice" (2017) 8(1) *Journal of Social Inclusion* 46 at 51.
181. Whether HCLS solved the newcomer's legal problem(s) during these LSCs is unknown because HCLS does not track outcomes for the service providers' clients as part of the LSC service.
182. Between January 2021 and April 2021, HCLS received three LSC requests (an annual rate of nine) from service provider hosts.
183. Roughly half of the service providers interviewed (52%; 11/21) reported being aware of and/or using the LSC service. Settlement specialists (56%; 5/9) were more likely than ESL/LINC instructors (14%; 1/7) to do so and/be aware.
184. One service provider reported that she posts "highlights" from the conversations on a Facebook page accessed by local newcomers.
185. Whether the best practices and resulting trust-building facilitated this knowledge dissemination is unclear. Service providers have always shared legal information HCLS provides in print form (pamphlets, etc.). There is no indication that these service providers would not trust the legal information HCLS provides, regardless of delivery method. What is clear is that sharing the legal information extended HCLS's ability to reach service providers' newcomer clients, at least some of whom likely did not attend a conversation.
186. HCLS promotes the LSC service at community meetings, and the HCLS community worker reminds service providers about the LSC service when they email her about client issues.
187. While many newcomers living in Halton do not know about HCLS or its services, some may be willing to seek help from HCLS directly if they did. To better reach these individuals, HCLS should ensure that its contact information and a description of its services are included in settlement/information packages provided to newcomers arriving at Pearson International Airport who intend to settle in Halton or seek settlement or other services from the host organizations.
188. Stewart & Currie, *supra* note 1 at pp 105-106.
189. *Ibid* at 106.
190. *Ibid*.
191. *Ibid* at pp 104, 112-114.
192. Except for the family law conversations, continuing them should not require significant future funding. The main expenditures would be for lawyer-instructors' time and costs associated with printing conversation materials.
193. IRCC expected HCLS to hold 50 to 100 conversations over 25 months. HCLS delivered 144 conversations over 25 months (an average of 5.6 conversations per month), exceeding IRCC's expectations by 44% to 188% (144/100 to 144/50).
194. One lawyer-instructor made this specific recommendation.
195. The service providers interviewed mentioned a "high level of need" among their newcomer clients for access to free family law and immigration law services. Asked what more HCLS could do to support their newcomer clients, the top suggestion – from two-thirds of the service providers (62%; 13/21) – was for HCLS to expand into these two practice areas.
196. Only 9% of participants (118/1,345) who completed a post-conversation survey suggested improvements. Similarly, almost a quarter of service providers interviewed (24%; 5/21) said no improvements to the conversations were required.

197. This was the most common suggestion newcomer participants made on the post-conversation survey (14% ; 16/118).
198. This was the second-most common suggestion newcomer participants made on the post-conversation survey (10% ; 12/118). However, some lawyer-instructors and host organizations may not be able to accommodate a longer conversation. Removing the mini-LHC at the start of the conversation to focus more on Q&A is an alternative solution.
199. Alternative outreach strategies will be required where the conversations do not fit into a community agency's service model.
200. The third most common suggestion on the post-conversation survey was for lawyer-instructors to provide legal advice.
201. One service provider recommended that HCLS offer follow-up conversations and advice to their newcomer clients who are not eligible for HCLS services.
202. One lawyer-instructor said upstream assistance is particularly important for housing rights. When newcomers arrive, "the first thing they need is to establish housing. They sign a lease and pre-pay rent two years in advance and by the time we meet them, it's too late. And they say: 'I wish I knew about my housing and benefits rights right away. We need this information before we sign a lease and are taken advantage of.'"

Part 05 REPORT 02

Brandon D. Stewart, **The Limits of Virtual Delivery For Interactive PLE Programming for Newcomers** (2021)

The Limits of Virtual Delivery for Interactive Public Legal Education Programming for Newcomers

Brandon D. Stewart, University of Ottawa, Faculty of Law

Public legal education information (PLEI) is increasingly available online,¹ and through virtual programming and digital legal tools.² There is optimism that technology will help expand the reach of this legal information to improve access to justice within communities.³ Some legal scholars, however, have raised accessibility, privacy and other concerns with the technologicalization of PLEI.⁴

¹See e.g. Community Legal Education Ontario (CLEO), “Public Legal Education and Information in Ontario: Learning from a Snapshot” (December 2015) at 15, online: <http://www.plelearningexchange.ca/wp-content/uploads/2016/05/PLE-in-Ontario-Learning-from-a-Snapshot_Final.pdf> (CLEO) (finding that in-person events accounted for only 1% (16/2,061) of PLE programming in Ontario in 2018, while online text accounted for 85% (1,760/2,061)).

²See e.g. Amy Salyzyn, “Direct-to-Public Digital Legal Tools in Canada: A 2021 Snapshot” (July 15, 2021), online: <https://techlaw.uottawa.ca/sites/techlaw.uottawa.ca/files/dtp_digital_legal_tools_report_for_posting_july_15_2021.pdf> (identifying 92 direct-to-public legal digital tools in Canada as of 2021); Scarlett Chan, “Current Trends In Technology For The Provision of Legal Information” *LawNow* (March 2, 2017), online: <<https://www.lawnow.org/current-trends-in-technology-for-the-provision-of-legal-information/>>.

³See e.g. Action Committee on Access to Justice in Civil and Family Matters, “Tracking Our Progress: Canada’s Justice Development Goals in 2019” (2019) at 8, online: <http://www.justicedevelopmentgoals.ca/sites/default/files/canadajdg_report19_en_0.pdf> (“the vibrant public legal education and information community [has] expanded its reach by providing creative and user-centric digital tools”); Legal Services Society (Legal Aid BC), “Online Training for Community-based Intermediaries: Survey Findings and Implications” (October, 2019) at 2, online: <<https://lss.bc.ca/sites/default/files/2019-10/cpsIntermediaryOnlineTrainingSurvey-Findings20191025.pdf>> (“e-training has significant potential as a means to train and support community-based intermediaries”).

⁴See e.g. CLEO, *supra* note 1 at pp 18 (the “growing reliance on online PLEI threatens to leave behind people in rural and remote communities and others who face barriers in accessing information online.”); Catrina Denvir,

I contribute to this discussion by presenting some key findings on PLEI delivery formats from the evaluation of the *Newcomer Conversations: Learning Canadian Law Project*.⁵ This was a multi-year public legal education project for newcomers.⁶ During the data collection period of March, 2019 to April, 2021, lawyers from a community legal clinic led 144 free “newcomer conversations” around different legal topics⁷ with 2,063 newcomers living in the Halton Region of Ontario, Canada.

A main objective of the evaluation was to identify best practices for delivering PLEI to newcomers. The data collected from different project sources reveals that in-person conversations were the preferred format. The virtual newcomer conversations were less engaging, more work for the lawyer-instructors, and less likely to create pathways to legal assistance for newcomer participants.

The newcomer conversations were designed to be highly interactive.⁸ Newcomer participants: (1) completed a pre-workshop survey, which included a Legal Health Check-up;⁹ (2) choose, at the start of the conversation, the specific legal issues the lawyer-instructor covered under the conversation’s broader legal topic; and (3) completed legal problem scenarios and encouraged to ask questions throughout a conversation.

“Online and in the Know? Public Legal Education, Young People and the Internet (2016) 92-93 Computers & Education 204 (“while the internet holds potential as a Public Legal Education (PLE) tool, exposure to online legal information does not directly equate to improved knowledge of rights, or knowledge of how to handle a civil justice problem); Teresa Scassa et al, “Developing Privacy Best Practices for Direct-to-Public Legal Apps: Observations and Lessons Learned” (2020) 18:1 CJLT 1 (noting the unique and important privacy issues raised by legal apps).

⁵Halton Community Legal Services (HCLS) developed and led the newcomer conversations. HCLS is a community legal clinic that offers free poverty law-related services to low-income individuals living in the Regional Municipality of Halton, Ontario. The project was partly funded by Immigration, Refugee and Citizenship Canada. My detailed research and evaluation report will be accessible here: <<https://www.haltonlegal.ca/research-and-reports/>>.

⁶Newcomers are defined as “landed immigrants who came to Canada up to five years prior to a given census year.” Statistics Canada, “Canada’s Ethnocultural Mosaic, 2006 Census: Definitions” (2010), online: <[https://www12.statcan.gc.ca/census-recensement/2006/as-sa/97-562/eng.cfm#:text=Recent%20immigrants%20\(also%20known%20as,to%20a%20given%20census%20year.>](https://www12.statcan.gc.ca/census-recensement/2006/as-sa/97-562/eng.cfm#:text=Recent%20immigrants%20(also%20known%20as,to%20a%20given%20census%20year.>)

⁷The conversation topics included: family law; workers’ rights; tenants’ rights; wills/powers of attorney; public benefits; and human rights and discrimination.

⁸Design decisions were guided by the principles of adult learning, which posit that adults “learn best when they are active participants in the learning process” (Janette Collins, “Education Techniques for Lifelong Learning: Principles of Adult Learning” (September-October 2004) 24 *RadioGraphics* 1483 at 1485).

⁹Immediately before the conversation, newcomer participants completed a Mini-Legal Health Check-Up. This short survey included questions about everyday legal problems related to the conversation topic. The survey was included to facilitate participation by requiring newcomer participants to think about experiences relevant to the conversation topic.

The conversations were initially held in-person, hosted by community organizations that serve newcomers. A transition to virtual delivery occurred when the COVID-19 pandemic required the hosts to suspend in-person services in mid-March, 2020. The virtual conversations were held on two videoconferencing platforms (Zoom and Google Meet). Adjustments were made to maintain a high level of interaction between newcomer participants and the lawyer-instructors:

1. An online version of the pre-conversation survey, with the mini-Legal Health Check-Up questions, was distributed to newcomer participants using the Zoom and Google Meet chat features;
2. The lawyer-instructors used the Zoom whiteboard feature to ask newcomer participants what they wanted to talk and learn about at the beginning of the conversation; and
3. Newcomer participants could choose their method of participation (using their microphone and webcam, typing a question into the public chat feature, or sending a private chat to the lawyer-instructor).

The virtual conversations were less engaging for participants. Data was collected on the number of questions asked by the lawyer-instructors and newcomer participants for several in-person and virtual conversations. It revealed that an average of 1.5 times as many questions were asked during the observed in-person conversations. Newcomer participants did not report any access or technology-related issues that would prevent their participation;¹⁰ however, one lawyer-instructor reported that participants seemed reluctant to turn on their webcams and use their microphones.¹¹

Every lawyer-instructor reported that it was either more challenging or required more work to engage newcomer participants during the virtual conversations. One lawyer-instructor remarked that it was “100% easier to interact” with newcomers in-person: “I could speak with my hands more and use more body language. It was easier to read participants and create more of a personal connection with them.” Another lawyer-instructor similarly observed that it was difficult to build rapport with participants:

Some people were engaged, but the online format is not as conducive to having an open forum. People feel like they are interrupting online.... It didn't feel like a conversation; ... it felt like I was doing a [more didactic] newcomer presentation or podcast.

¹⁰One host reported that their clients found it difficult to participate in virtual conversations on Zoom using a phone, which has a smaller screen than a tablet or computer.

¹¹Some potential reasons for the lower participation rates include: low English as Second Language (ESL) skills; privacy concerns when using a webcam; an internet connection that does not support video streaming; or lack of access to a suitable microphone.

Two lawyer-instructors mentioned the extra work needed to facilitate the virtual conversations:

They require a lot more work. They are less organic. There is not as much feedback or interaction. One person speaks at a time on Zoom, so there are no small opportunities for dialogue between participants.

I felt more energized when I did in-person conversations. Now there is more talking. It takes more work to get people to participate.

Three measures were implemented to increase engagement levels during the virtual conversations:

1. *Switching videoconferencing platforms*: The virtual conversations were initially offered using both Google Meet and Zoom. The lawyer-instructors reported that Zoom was superior for engaging newcomer participants because it had a built-in whiteboard feature,¹² and allowed them to simultaneously see participants when sharing their screen.¹³ A decision was made to offer the conversations exclusively on Zoom.
2. *In-conversations adjustments*: the lawyer-instructors added more interactive content (legal problems scenarios) and used other Zoom features (interactive polls).
3. *Encouraging interaction*: The lawyer-instructors actively encouraged participants to use their webcams and microphones.

These measures helped increase engagement during the virtual workshops, but the high participation levels observed for in-person conversations were not reached. The average number of lawyer-instructor questions almost doubled (10.9 to 19.4 vs. 24.6 pre-COVID-19), but the average number of participant questions increased only slightly (12 to 15.7 vs. 24.2 pre-COVID-19).

The virtual conversations also created fewer opportunities for pathways to justice for newcomer participants. Every lawyer-instructor indicated that newcomer participants frequently approached them after the in-person conversations with legal questions. The result was that client pathways to the community legal clinic were sometimes created. For example, if the participant was a member of a marginalized group, one lawyer-instructor asked for the participant's phone number and had a clinic intake staff member call them directly. Two lawyer-instructors indicated that they provided on-the-spot referrals to other organizations if they

¹²One lawyer-instructor attempted to use a whiteboard add-on feature called "Jamboard" for virtual conversations on Google Meet, but the link did not work for some participants and required an additional sign-in.

¹³Lawyer-instructors reported that when sharing their screen on Google Meet, they could not see participants or access the chat feature, making it difficult to interact with participants.

thought the clinic could not help. By contrast, newcomer participants rarely approached the lawyer-instructors after the virtual conversations. As one lawyer-instructor explained:

People just want to leave [the Zoom room when the conversation ends]...[and] there is no way to [meet them]...They can't catch you in a hallway or approach you when you are alone or having a break.

While it may be possible to create private and informal spaces virtually, this insight matters if a main goal of PLE programming is to increase participants' access to legal services.

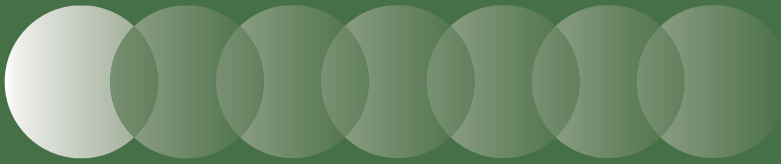
The above findings suggest that virtual delivery is a poor substitute for in-person interaction, especially for interactive PLE programming characterized by an intensive effort to engage participants and to allow them to tell their own stories. Organizations that are developing and delivering this type of PLE programming to newcomers, or other communities, should carefully consider which delivery format to use.

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Part 06

The Hamilton Outreach Project: Meeting People Where They're At



The Hamilton Outreach Project: Meeting People Where They're At

WELL-ESTABLISHED HELPING ORGANIZATIONS in the City of Hamilton made possible the Hamilton Outreach Project. Further, this project illustrates one important point about developing community-based justice innovations. The type of innovations that are feasible in a community depends on the nature of the community and on the size and structure of the community legal clinic. Basic objectives and ideas may be transferable from projects carried out elsewhere but the execution may not be. This is clear when compared with innovations to improve access to justice in rural areas or by smaller clinics for which partnerships with intermediaries using the legal health check-up to bring unserved people to the clinic was feasible rather than establishing a number of satellite clinics.

THE TYPE OF INNOVATIONS THAT ARE FEASIBLE IN A COMMUNITY DEPENDS ON THE NATURE OF THE COMMUNITY AND ON THE SIZE AND STRUCTURE OF THE COMMUNITY LEGAL CLINIC.

THE HAMILTON COMMUNITY LEGAL CLINIC (HCLC) is one of the largest in Ontario. Hamilton is a large industrial city with larger numbers of disadvantaged people than the locations of the other outreach projects included in this anthology. The city has a large number of helping agencies. The nature of the community and the capacity and resources of HCLC made the regular satellite clinics appropriate for the community. The Hamilton project involves half-day and one-day satellite clinics, at weekly to monthly intervals depending on demand in 8 community organizations in the city. Each of the organizations was well-established in the community, serving a segment of the disadvantaged population. Over the two-year period from 2016 to 2018 this successful project served 1,860 people, 697 by staff lawyers and 1,163 by the community navigator. The overlap between clients served by lawyers and by the community navigator was less than 15%. Mental health triaging was carried out, identifying 160 people needing mental health services.

BASIC OBJECTIVES AND IDEAS MAY BE TRANSFERABLE FROM PROJECTS CARRIED OUT ELSEWHERE BUT THE EXECUTION MAY NOT BE.

Reports

1. Hamilton Community Legal Clinic, The Hamilton Outreach Project: Meeting People Where They're At (2019)

Part 06 REPORT 01

Hamilton Community Legal Clinic, **The Hamilton
Outreach Project: Meeting People Where They're At**
(2019)

Hamilton Legal Outreach



Meeting People Where They're At



Hamilton Community Legal Clinic
Clinique juridique communautaire de Hamilton

Hamilton Legal Outreach



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Youth experiencing court related anxiety

A female youth came to see HLO staff for advice. She was a survivor of a sexual assault a couple years prior, and had recently been served with a Subpoena to a Witness requiring her to attend criminal court in relation to the matter. She was understandably nervous about attending court. She did not know what to expect on the day of court and was curious about what could happen if she did not attend.

Staff explained to her the repercussions of not attending court. With her permission, staff also contacted the Victim Witness Assistance Program (VWAP) and learned that the youth had been assigned a worker who could provide her with some guidance and support throughout the process, and that phone call served as the initial contact between the youth and VWAP.



Newcomer experiencing extreme vulnerability

A single mother and newcomer living with mental health issues sought legal advice at an HLO outreach site. She had several housing issues: ongoing leaks, mice infestation, and illegal entry into the unit by the landlord.

The client's social worker had helped her raise concerns with the building's landlord, but there was no resolution. The client felt unsafe, vulnerable, and disrespected. HLO staff drafted an application and represented the client at the Landlord and Tenant Board. The landlord agreed to do the outstanding repairs, ensure proper notice of entry was given, and compensate the client. The client was very happy with the outcome. The client felt empowered and commented that the outcome was that much sweeter because the landlord 'thought I had no power.'

Introduction

Welcome to the final evaluation of the Hamilton Legal Outreach (HLO) project. The final evaluation highlights the successes of the HLO project that started in December 2014. This report describes HLO, an innovative legal service delivery model, our community partners, how the project was evaluated and how the goals and objectives of this project were met. Throughout this report stories of clients who had been helped by the HLO model are featured. The report ends with conclusions and recommendations.

The purpose of this evaluation is to assess whether HLO is an effective model for the delivery of legal services for clients with mental health and/or addiction concerns, with the potential of being expanded and replicated in other communities.



HLO – Meeting people where they’re at

HLO is a partnership between the Hamilton Community Legal Clinic (HCLC) and Legal Aid Ontario (LAO). It changes the way individuals who live with mental health issues and addictions issues receive legal services. HLO is a team model incorporating lawyers and a systems navigator from HCLC and legal staff from LAO.

The project bridges legal and social services by collaborating with a multitude of community services to provide an integrated, holistic, client-centered approach to legal issues.

Legal staff meet clients in their own space by regularly attending local food banks, a youth shelter, mental health crisis centre, and other community locations to provide legal services. The project has the additional capacity to support clients in the legal process and in connecting them with social and other service providers through the use of a systems navigator.

HLO was conceived and developed through an external stakeholder brainstorming session with about two dozen health and social support organizations operating in Hamilton. The idea was to create greater access to legal services for individuals living with mental health and addiction issues.

The traditional legal services model requires people with legal issues to initiate contact with the provider. Individuals living with mental health and addiction issues are expected to “fit in” to this model, as well as navigate complex and confusing court and tribunal processes. This approach often fails hard to access/serve clients.



Hamilton Legal Outreach



Meeting People Where They're At

The HLO model accesses people who may not otherwise walk through the doors of the HCLC or reach out to LAO when experiencing legal issues. The HLO community-embedded model meets people where they're at.

In the regular delivery of legal services, staff may not have the requisite knowledge of how to effectively work with clients living with mental health and addiction issues. Furthermore, service capacity is strained to meet demand, making it difficult to allocate sufficient time to properly enable a targeted client to share their story and obtain support with follow-up as well as warm referrals to necessary additional services. In contrast, the HLO team has the capacity to support clients presenting with layers of social and mental health issues. All members of the HLO team completed certified training in areas of mental health, addictions, and suicide prevention.

Clients often have intersecting legal issues. Historically, legal services provided by HCLC and LAO have been siloed. This integrated model provides one stream of access to legal services involving criminal, family, immigration/refugee, landlord tenant issues, disability benefits, and other poverty law problems utilizing systems navigation.

When we last met

Our mid-term evaluation report explained the basis of the HLO model. In a nutshell, HLO aims to:

- Increase access to legal services by individuals living with mental health and/or addiction concerns
- Provide legal services efficiently and in a way that appropriately accommodates client needs
- Work across silos between HCLC and LAO, health and social service agencies to provide holistic services that address clients' legal and non-legal needs

We accomplished these objectives by:

- “Meeting people where they’re at” – First coined by a community partner, this phrase underscores the importance of providing community-embedded legal services
- Reducing barriers to legal services through flexible service delivery, participating in mental health and addictions training, and introducing a systems navigator to further support clients
- Cultivating a partnership between HCLC and LAO to better assist clients with legal needs, and deepening partnerships with local health and social service providers

Evaluation questions were posed to analyze whether HLO was meeting its objectives:

- Are outreach clinics an effective means of accessing/serving hard to serve/reach clients?
- How has HLO contributed to client outcomes and stability?
- How has HLO improved the quality of service for hard to serve/reach clients?
- How has HLO contributed to effective, timely communication between silos to assist clients?



Development of a Mental Health Triage Team

A secondary impact of HLO was the development of a Mental Health Triage Team at HCLC (consisting of legal staff and the systems navigator). This team tends to clients who are experiencing challenges through the regular intake process due to a mental health crisis or due to the nature of their mental health diagnosis. The team provides rapid legal response and crisis support. The goal is to ensure that the client feels supported in the Clinic and that the delivery of legal services is not affected by a lack of support or understanding of mental health issues.

Our community partners and the clients that are served

Attending different sites and collaborating with community agencies who are already providing support services underpins the HLO project. The community agencies have already formed a relationship of trust, belonging, and providing safe spaces for clients. The HLO team relies on the relationships our community partners have with their clients to deliver legal services within their circle of care. HLO is currently partnered with and provides legal clinics at the following sites:

Notre Dame House (½ day/week)

Notre Dame House is a shelter for homeless youth (ages 16-21), as well as a drop-in and community centre for at-risk youth. It provides an array of services, including counselling, health care, early intervention, housing, and education supports. Staff at Notre Dame House indicated that many of the youth experience complex mental health and/or addiction issues, often concurrently. Notre Dame works with a diverse population including Indigenous, racialized, and LGBTQ2S+ youth, including a large number of transgender youth. The vulnerabilities of the clients at this shelter include human trafficking, transiency, and street involvement. Although youth at Notre Dame face a variety of legal issues, they also experience many barriers in accessing legal services. HLO staff work collaboratively with Notre Dame staff to ensure that youth have access to legal services that include follow-up support.

De dwa da dehs nye>s Aboriginal Health Centre (½ day bi-weekly)

De dwa da dehs nye>s Aboriginal Health Centre's mission is to improve the health and well-being of Indigenous individuals, families, and communities. The Centre emphasizes a holistic approach that harmonizes Indigenous, traditional, and western health care – this approach centers a distinctive cultural identity, values, and beliefs.

Staff at De dwa da dehs nye>s Aboriginal Health Centre indicated that many of their patients experience mental health and/or addiction issues, as well as a general distrust of the justice system. Partnering with De dwa da dehs nye>s Aboriginal Health Centre has enabled these individuals to access legal services in a setting that is safe, comfortable, and culturally appropriate. HLO staff is mindful that many of the service users are impacted by intergenerational trauma and colonization.

Good Shepherd Venture Centre (½ day/month)

Good Shepherd services include emergency food and clothing for men, youth, families, women and children. The Good Shepherd Venture Centre Market Place is the distribution point for 95% of donated items, and processes more than 450,000 kilograms of food per year. The Emergency Clothing Program provides cost-free help for families and individuals in need. The Centre also partners with health care providers, Ontario Works, and the City's Home Management Program. Offering an onsite legal clinic at the Venture Centre allows for a "one-stop-shop" for individuals to access basic necessities as well as legal and social supports.

Mission Services – Good Food Centre (½ day bi-weekly)

Each month, the Good Food Centre distributes food to 900 families living below the Low Income Cut-off – Canada's measurement for poverty. The doors are open Monday to Friday. Mothers, fathers, children, seniors – people from all walks of life come to the Good Food Centre to help them maintain a regular, nutritional diet. Mission Services also provides addiction supports, including community treatment, judicial recovery, and housing supports.



An imminent eviction

A client at one of the HLO sites mentioned to her social worker that she had received an order about her rental unit but was unsure exactly what it meant. The client had substantial mental health and addiction concerns and was living in subsidized housing. The HLO staff called the client and confirmed that it was in fact a Sheriff's Notice to Vacate, meaning that eviction was imminent.

HLO staff filed a Divisional Court appeal of the order and obtained a stay (hold) on the eviction hours before the Sheriff was supposed to change the locks. As a result of legal intervention, the issues that led to an eviction were resolved, the client's subsidy was reinstated and the landlord agreed not to evict. The client was relieved.

Staff at both **Good Shepherd Venture Centre and Mission Services** indicated that many of their clients, who live in acute poverty, also experience mental health and/or addiction concerns. Offering a legal clinic at these sites allows vulnerable clients to access legal services while they are having their basic needs met.

Barrett Centre for Crisis Support (½ day bi-weekly)

Barrett Centre for Crisis Support provides a safe environment in the community and responds to the needs of individuals, 16 years of age or older, who experience a mental health crisis and do not require a hospital stay. The Barrett Centre provides confidential and free services, 24 hours a day, 365 days a year. Services provided include crisis telephone line, in-person counselling, short-term crisis bed, group treatment for dialectical behaviour therapy skills and skills for success. The Barrett Centre supports individuals in developing effective solutions to their crisis through an immediate assessment, care and support. Barrett Centre also links individuals with resources for ongoing support. The crisis and peer support workers have a broad range of experience in the fields of health, mental health, addictions, recovery, and crisis counselling.

Individuals staying at the Barrett Centre are in the midst of a mental health crisis. Individuals who have accessed services at the Barrett Centre in the past can also access the onsite legal clinic. Staff has indicated that, while in crisis, it is difficult to connect clients with outside supports. Offering an onsite legal clinic allows individuals, often at their most vulnerable moments, to access legal services in a safe environment.

McMaster Family Practice (MFP) (½ day bi-weekly)

McMaster Family Practice (MFP) provides holistic family health care and quality education through the Department of Family Medicine at McMaster University. MFP has more than 90 health care providers offering a full range of direct primary health care to over 16,000 patients at the clinic. MFP is an academic health team. While any patients can access the onsite legal clinic, many clients disclose mental health and/or addiction concerns while meeting with HLO staff for legal services. This partnership with MFP has provided a continuity of shared care for clients with health care and legal needs.



The Hamilton Regional Indian Centre* (½ day 3x/month)

The Hamilton Regional Indian Centre (HRIC) is a non-profit organization working with and for the urban Aboriginal population of the Greater Hamilton area. The Centre was created to meet the needs and provide a place where the urban Aboriginal population could get together to access and share their culture and traditions.

HRIC promotes and delivers culturally appropriate programs. The programs encourage clients to retain their culture and to become a part of society with full rights of independence. The Centre exists for the betterment of all Aboriginal people. The addition of an HLO site at the Hamilton Regional Indian Centre acknowledges the harm of intergenerational trauma in the Indigenous community and provides accessible legal services in a community space that is safe to urban Indigenous clients.

* Recently Added Site

Neighbour 2 Neighbour* (½ day/month)

For over 30 years, a team of dedicated staff and volunteers at Neighbour to Neighbour Centre have been helping to improve its neighbourhood and meet the issue of food insecurity head on. What started as a tiny food bank has evolved into an indispensable part of the community's social fabric. Neighbour to Neighbour works to improve quality of life by offering access to tutoring programs for children, community kitchen programs, utility subsidy programs, family counselling, emergency food access, and a host of other interventions. Neighbour to Neighbour is empowering people with the tools and ideas that will help change their lives. This new partnership with Neighbour to Neighbour provides access to legal services to clients on the Hamilton Mountain. This location is important since all other HLO sites are located within the downtown core.

How did we evaluate this project?

For the final evaluation of HLO, an Outcome Evaluation model was utilized.

Outcome Evaluation Model

“...assesses the extent to which a project has achieved its intended effects, and other effects it could have had on the projects participants or the environment. It focuses on immediate, intermediate, or ultimate outcomes resulting from the completion of the project... outcome evaluation can also determine if the needs that inspired the project were satisfied or if they still exist...”

Zarinpoush, F. (2006). *Project Evaluation Guide For Nonprofit Organizations – Fundamental Methods and Steps for Conducting Project Evaluation.*

Client Feedback Surveys were provided to project participants (clients) who utilized any HLO services. Community Partner Feedback Surveys were provided to our community partners and other community agencies.

Data analysis included:

- Statistical analysis, tabulating the number of clients served through HLO
- The systems navigator statistics
- Qualitative analysis of Client Feedback Surveys
- Qualitative analysis of Partner Feedback Surveys

Emphasis was placed on qualitative data, such as satisfaction of project participants, community partners, and other community agencies.

Our evaluation and data collection instruments were created by HLO team members. Data was collected from project participants (clients), community partners, HLO project team members, and other community agencies. Our Evaluation followed a project map, (please refer to Appendix 2). Once all data was collected, statistical and thematic analysis were utilized in drawing, interpreting and verifying conclusions by HCLC project leads. The project lead from Legal Aid Ontario (LAO) and our various community partners participated throughout the evaluation process.

Statistics were recorded monthly to capture the following: the number of clients and service providers served by the legal staff and the systems navigator through face to face contact at the outreach sites; telephone contacts; email contacts; and direct clinic visits.



Indigenous justice... you and I will go there together

HCLC established YÉN:TENE in 2013 to build relationships of trust with the Indigenous community in Hamilton and to improve its capacity to deliver culturally competent and appropriate services to Indigenous clients. An Indigenous Justice Coordinator (IJC) is the lead and works with Indigenous individuals, agencies and community groups to establish rapport and make connections with the Clinic and other appropriate supports. A community Advisory Committee had representatives from key Indigenous service providers including De dwa da dehs nye>s Aboriginal Health Centre, the Hamilton Regional Indian Centre and the Native Women's Centre, create a partnership with these trusted intermediaries. HLO legal staff are now serving clients at both the Aboriginal Health Centre and the Hamilton Regional Indian Centre. Discussions have begun to similarly provide service at the Native Women's Centre. The IJC and staff from these agency partners have been critical in supporting Indigenous clients to trust HCLC and LAO legal staff. Our ability to offer the use of a feather and smudge further enhances the client comfort level and service interaction.

Members of the HLO team work hard to build and maintain the trust relationship with the Indigenous community by engaging in Indigenous community events such as traditional socials, drum making workshops, Indigenous knowledge and wisdom workshops (e.g. The 60's Scoop, Indigenous Persons Court, Indigenous legal applications and principles, etc). The team also participates in service delivery programming with Indigenous community partners such as 60's scoop form filling days and educational programming like child protection and rules



surrounding confidentiality. These additional activities are necessary in both developing and maintaining a positive trust relationship with Indigenous community partners and the Indigenous community. HLO team members have engaged in Indigenous cultural and safety training that provides them with an understanding of the role that both historical and current impacts of racism and discrimination have on Indigenous people.

The prevalence of mental health and addiction issues within the Indigenous community is well documented and understood. The HLO service model has proven itself to be an ideal way to address barriers of historic mistrust of mainstream government-funded services and the justice system generally and provide access to service.

RESULTS

How many clients were served at the legal clinics?



Staff Lawyers from HCLC & LAO delivered on-site, free, confidential legal services in the form of advice and referrals, representation and public legal education to clients and service providers (seeking legal support on behalf of their clients) at the outreach sites.

Clients and service providers had direct access/face to face access with a lawyer to speak to immediately.

Q Are outreach clinics an effective means of accessing/serving hard to serve/reach clients?

A HLO outreach clinics have reported a consistency in use over the past two years. HLO has demonstrated its effectiveness in accessing/serving hard to serve/reach clients by offering access to the areas of law that are most relevant to a client's circumstances. Clients themselves found that the outreach clinics had increased their access to legal services and legal information. In the absence of outreach clinics, these clients may not have accessed legal services in a timely and accessible manner, or at all.

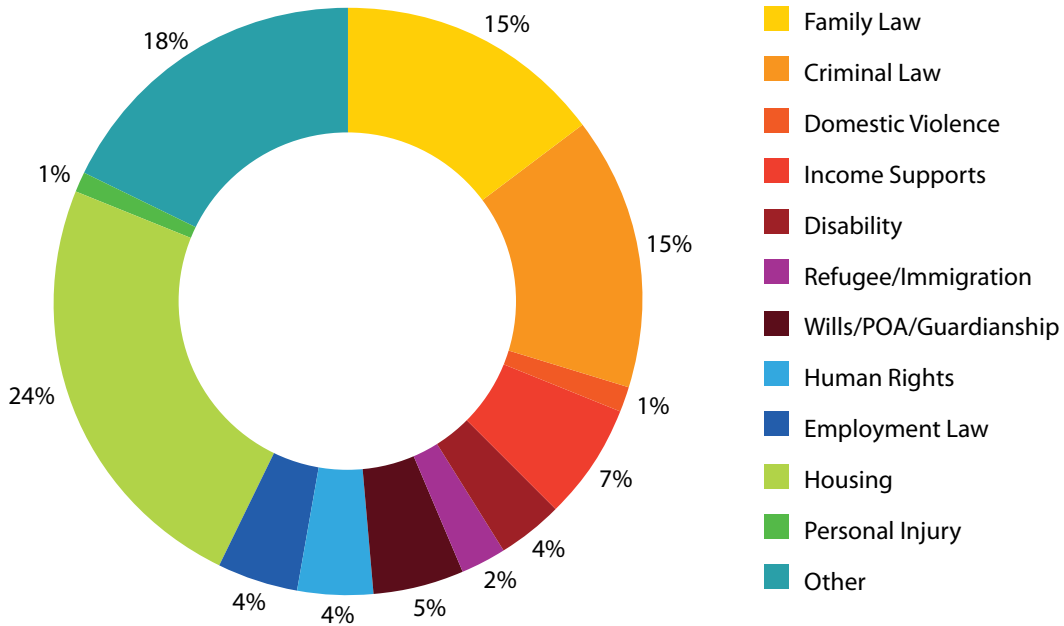
Q How has HLO improved the quality of service for hard to serve/reach clients?

A HLO made access to legal services easier for clients by establishing outreach sites at community agencies that already serve hard to serve/reach clients.

“ HLO helps raise a legal consciousness when dealing with clients who are challenged by poverty, addiction and/or mental health issues. ”

* Represents numbers reported. Actual number higher due to episodic under-reporting.

Which areas of law were accessed?

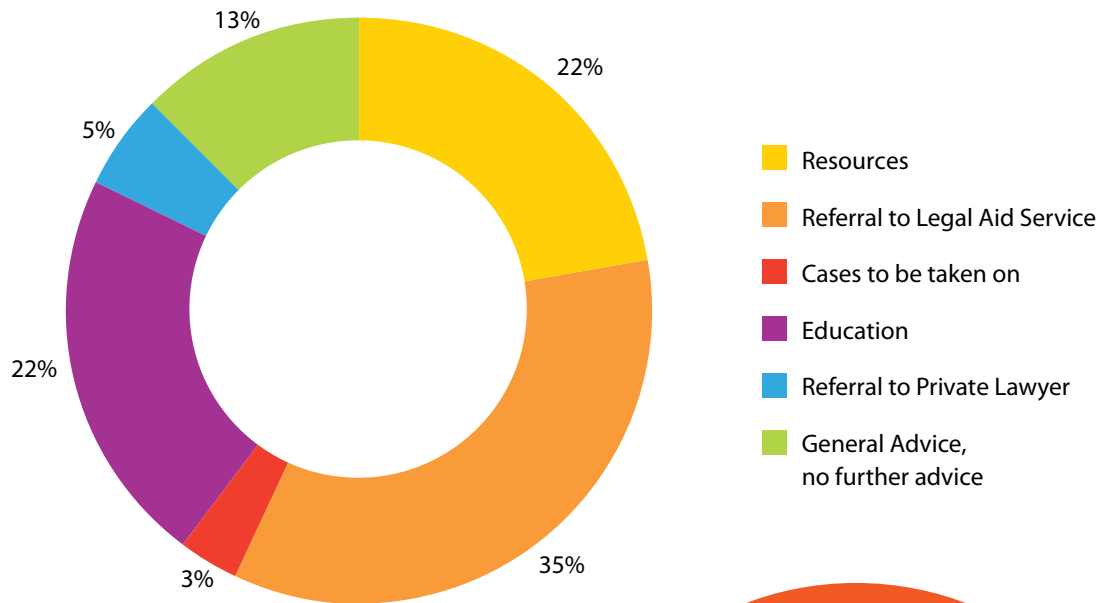


Q How has HLO contributed to client outcomes and stability?

A As indicated above, 81% of the areas of law accessed by HLO clients are covered by LAO and HCLC. Beyond the first contact, many of these clients remain connected with legal aid services, accessing both LAO and HCLC for ongoing legal supports.

“ We encounter people who have intersecting legal needs. They may be facing eviction, going through separation and custody issues, or facing criminal procedures and possible eviction. They may also have substance abuse and mental health challenges – it’s like a domino effect. ”

What legal services were provided?



Q How has HLO contributed to effective, timely communication between silos to assist clients?

A HLO contributed to a robust referral process. As a result, the HLO team supported referrals between LAO, HCLC, and other legal services for 35% of clients.

“ There is a lot of overlap in terms of the legal services that clients need. For example, one client has a custody dispute and an imminent eviction; another has been charged with a criminal offence and has received an eviction notice. The partnership between Legal Aid Ontario staff and HCLC staff means that all legal issues can be dealt with simultaneously. It’s a “one stop shop” for the client. ”

How many clients were served by the systems navigator?



Clients and service providers had direct access with the systems navigator for immediate support. The systems navigator works one on one with clients and service providers to assist with systems navigation, connecting them to legal services (i.e. family court, criminal court, obtaining legal aid certificates, finding a lawyer, etc.), and additional community supports (mental health supports, immigration supports, etc.). The systems navigator receives referrals from staff lawyers, community partners and various community agencies to coordinate access to legal services for their clients.

The systems navigator also facilitated meetings and delivered presentations to promote and maintain HLO services in the community.

The systems navigator facilitated meetings to foster stakeholder relationships and improve HLO service delivery among HCLC, LAO, community partners and other community agencies. The systems navigator delivered presentations to community partners and various community agencies.

Q Are outreach clinics an effective means of accessing/serving hard to serve/reach clients?

A The consistently high number of HLO clients supported by the systems navigator indicates that systems navigation is a key feature of the model. Systems navigation helps to ensure that clients don't "fall through cracks", and get support navigating legal and social services.

Q How has HLO improved the quality of service for hard to serve/reach clients?

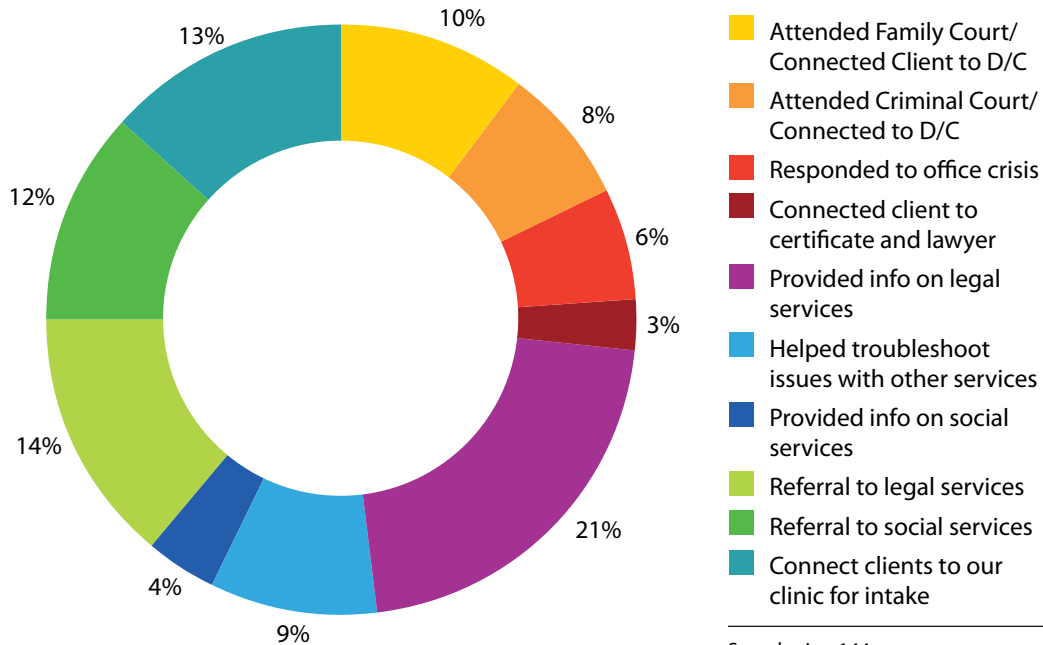
A HLO increased the level of support for clients by utilizing systems navigation as an additional support to the delivery of legal services.

Q How has HLO contributed to effective, timely communication between silos to assist clients?

A 60 meetings and presentations for HLO were conducted to foster stakeholder relationships, promote HLO, and maintain continuity in service delivery. This has helped created a collaborative, seamless service where HCLC, LAO, health and social services work together to provide wraparound supports.

60 *development meetings and presentations were facilitated to promote and maintain HLO services in the community from October 2016 to November 2018.*

What services were provided by the systems navigator?



Sample size: 144
Confidence level: 95%
Margin of error: 7.65%

Q How has HLO contributed to effective, timely communication between silos to assist clients?

A Systems navigation allowed HLO to develop a robust referral process where partners can get direct access to support services. Systems navigation supported referrals between LAO, HCLC, and other legal services for 27% of clients.

Q How has HLO contributed to client outcomes and stability?

A 18% of clients served by the systems navigator were supported in traversing Family and Criminal courts for their legal matters. Client feedback surveys revealed this support helped them achieve positive outcomes.

“The systems navigator coordinates social and legal supports on behalf of the entire team. This means supporting clients through every step of the legal process until they are safe and comfortable or following up with social support referrals to make sure that the client stays connected.”

Mental Health Triage in action

HCLC clients are identified at the intake stage if they require additional support due to mental health needs. They are triaged to a team member to receive immediate service. This service provides crisis support as needed and assists the client in deciphering their legal issue and then communicating legal information in a manner that the client understands. Further, this service provides a check-in with clients to verify if they are connected to additional supports (i.e. family physician, psychiatrist, case managers, friends or family). If the client has no connection, direct referral options are provided to the client.

When a client is referred, the following takes place:

- Immediate safety concerns assessed (i.e. suicidal ideation, lack of appropriate clothing for weather, indication that they have nowhere to go or are fearful)
- Client is heard – issues are identified – legal or non-legal
- Next steps are determined – if HCLC can help with a legal issue, direct to appropriate staff person OR if it needs to be referred, provide that information
- On-going safety concerns related to non-legal issues identified – place to stay, plan for follow-up (i.e. doctor, family member, organization)



Q How has HLO improved the quality of service for hard to serve/reach clients?

A The Mental Health Triage Team provides sensitive and appropriate accommodation to clients who present with complex mental health needs, and who require immediate assistance. The team is able to quickly respond in the hopes of avoiding further decompensation, or the client reaching a crisis state. The consistent number of clients who were triaged suggests that there is an ongoing need for the Mental Health Triage Team.

How did clients respond to the service and outcomes?

91 Client Feedback Surveys



“HLO focuses on the human interaction, rather than a legal transaction. It’s about social justice.”

Q How has HLO improved the quality of service for hard to serve/reach clients?

A The surveys reflect that overall quality of service for hard to serve/reach clients was improved by the location and the accessibility to legal services provided by the HLO model.

HLO increases client comfort and convenience and reduces barriers to access – barriers such as transit fares or anxiety related to meeting new people in an unfamiliar place. Individuals are already utilizing the services of a trusted intermediary, facilitating “safe” interactions with HLO staff.

Best part of services client received? (As stated by clients)

- Staff was approachable and receptive
- Felt safe and comfortable in location while receiving services
- Felt supported
- Staff was empathetic, understanding, easy to talk to, caring, respectful
- Advocated for by staff
- Being heard, felt respected
- “Make things, make sense”/ “Make complicated words not sound complicated”
- Clarity of legal instructions and information by staff
- Having concepts explained thoroughly
- Non-judgmental service
- Legal staff was accessible
- Convenient location
- Prompt service and quick referrals
- Knowing rights and responsibilities
- Informative and straightforward
- Advice that reduced stress level
- Services were succinct, personal, and appreciated follow-up

Suggestions to improve services

- Increase frequency of outreach clinics
- More advertising
- Continuing in location where client already feels safe
- Requests to make outreach clinics a permanent service
- Encouraged to “keep up the great work”



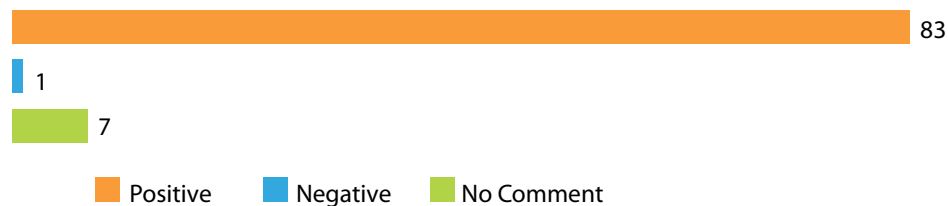
Supporting a client in crisis

A client was in a mental health crisis, had consumed substances and had run away from a hospital emergency department during the admission process, and ended up in the HCLC office. The client was triaged through the legal clinic’s Mental Health Triage Team. The systems navigator and the Executive Director tended to the client. The systems navigator related the following:

“The client’s overall health was in decompensation – they presented as being disoriented and unable to focus. We were quite concerned for this person’s well-being. The client did not initially trust us and was suspicious of us, so we had to work on building a rapport in a short time and a pressured environment. They did not know where to go and what they should do. It was essentially a crisis intervention. We were able to de-escalate the situation. We called the hospital and got the client to agree that it was best to return to the hospital. Without the Mental Health Triage Team model in the legal clinic, I am unsure of what the outcome would have been”.

How did clients feel about their legal concerns?

Did the help you received make a positive impact on your life or a negative one?



Did you feel better, the same, or worse about your legal concerns after you received our services?



Q How has HLO contributed to client outcomes and stability?

A HLO improved the way clients felt about their legal issues by establishing an action plan for the next steps. This was achieved by providing advice, information, education, and systems navigation. The key to maximizing client outcomes has been the ability to build trust with clients.

Building a rapport with clients in a place they are already comfortable in has proven to reduce the stress of dealing with legal issues.

Q How has HLO contributed to client outcomes and stability?

A Clients overwhelmingly reported that:

- They were satisfied with services received
- Their legal concerns were addressed
- The services made a positive impact on their life
- They were satisfied with follow-up supports
- They felt better about their legal concerns
- They would recommend this service to others

A thematic analysis revealed that clients generally felt:

- Safe, comfortable, and supported
- That they received prompt service and quick referrals
- They were provided with advice that reduced their stress level

Q How has HLO improved the quality of service for hard to serve/reach clients?

A Clients felt:

- Staff was approachable, receptive, empathetic, understanding, and easy to talk to
- They appreciated the location of the outreach clinics and the increased time spent one-on-one with them
- Staff was non-judgmental, caring, respectful, personable, informative, and straightforward
- Supported and felt like they were heard
- They appreciated the prompt legal service, referrals, advocacy, follow-up supports, systems navigation, and the way that legal information and legal instructions were communicated to them from HLO staff
- Safe and comfortable in the location while receiving services
- They received advice that reduced their stress levels
- They were being educated of their rights and responsibilities



Navigating a complex legal system

The systems navigator assisted a client whose partner had left Canada. The client was stressed – she had to seek custody of her daughter and secure child support.

“I attended Family Court to help navigate a complex legal system, supporting and helping the client in a meeting with the duty counsel in court. My role was to ensure the duty counsel had all of the pertinent information and understood the client’s situation. I also made sure the client knew exactly what the duty counsel needed to go forward. I was there to support the client throughout the various court proceedings, from attending meetings with the duty counsel, to the actual court attendance. Because of our involvement, the client was granted full custody and child support. This was another positive outcome that would not have occurred as smoothly without the HLO model.”

How did our community partners respond?

27 Community Partner Feedback Surveys

Satisfied with services provided to my client by Hamilton Legal Outreach



Services are accessible (easy to use and access) for staff and clients



Outreach clinics are very beneficial for clients living with mental health and addiction issues



Ability to contact systems navigator are beneficial for clients with mental health and addiction issues



Satisfied with response times and follow-up supports for staff and clients



Recommend this service to other services providers



Service made access to legal services and legal info easier for our organization and our clients



Strongly Agree/Agree No Comment/Disagree



Community Partners Speak

Q Comment on the ways services received through HLO enhanced the services you provide

- A**
- Creates a “one stop shop” service for clients to access resources all in one place
 - Creates circle of care between HCLC, LAO, and community partners for their clients
 - Agency understands what an appropriate referral is
 - Helps agency explore legal issues with clients
 - Vulnerable/marginalized clients require assistance beyond agency’s skills – service can then be provided onsite
 - Ability to access legal information and services in a timely manner to assist their clients
 - Connecting clients to legal supports with few barriers

Q Comment on whether, and how, the services offered through HLO are suitable for clients with mental health and/or addiction concerns

- A**
- Allows warm transfers and additional support to create circle of care for client
 - At risk population unable to navigate legal system without assistance
 - HLO provides service in a non-threatening environment
 - At risk populations/vulnerable clients need one-on-one assistance through complex systems
 - Different community sites/navigation support helps prevent clients from falling through the cracks
 - Meeting clients where they’re at
 - Clinic locations are comfortable for clients



Bench warrant averted

A young client at the youth shelter had only been in Hamilton a few days. He was advised that he had an upcoming court date in Sault Saint Marie, but he did not have a ride or money to get to Sault Saint Marie. He was on ODSP and was having difficulty getting money for transportation. Duty counsel in Sault Saint Marie had been assisting him with the charges. HLO staff contacted duty counsel in Sault Saint Marie to advise them of the situation. They were going to contact the youth directly to see what could be done in order to avoid having a bench warrant issued for his arrest as a result of failing to attend court. Staff also connected him with the systems navigator to obtain transportation money for him from the Office of the Public Guardian and Trustee.

Community Partners Speak continued...

“The strength of this project is its collaborative approach. Nobody does it alone! A major pillar in the success of the HLO model is collaboration with community partners.”

- Outreach clinics break down barriers to the legal system
- Accessible
- Engages those who have been disengaged from the justice system
- Accommodates clients with mental health needs
- Non-judgmental and flexible
- Allows client to be heard and validated
- Trusting

Q Are outreach clinics an effective means of accessing/serving hard to serve/reach clients?

A The community partner survey reflected that the outreach clinics create easy access to legal services and legal information for individuals living with mental health issues and/or addiction issues. In the qualitative section of the community partner feedback survey, a thematic analysis revealed that community partners felt that the outreach clinics had increased the flexibility, availability, speed, safety, and security for their clients to access legal services and legal information they needed.

Q How has HLO contributed to client outcomes and stability?

A HLO contributed positively to clients' legal and personal outcomes and stability. Community partners overwhelmingly agreed to overall satisfaction of services for their clients. They found HLO beneficial for clients who live with mental health and addiction issues, and would recommend this service to other service providers.

A thematic analysis revealed that community partners felt that HLO had created a “one stop shop” service for their clients. Community partners reported that:

- The HLO model engaged clients that were disengaged from the justice system and their clients felt accepted
- HLO created safe as well as non-threatening environments, helped expand a client's circle of care while being mindful of barriers faced by clients
- HLO provided the necessary one-on-one assistance through complex systems for at risk populations/vulnerable clients
- Through the use of outreach clinics and navigation HLO prevented clients from “falling through cracks”
- HLO enhanced their services by being able to address all aspects of their clients' legal needs

Q How has HLO improved the quality of service for hard to serve/reach clients?

A The overall quality of service for hard to serve/reach clients was improved by the location of outreach clinics, systems navigation, response times, and access to legal information (for both service providers and the clients they serve) embedded in the HLO model.

A thematic analysis revealed that partners felt:

- HLO expanded the circle of care for their clients, helping community partners establish a “one stop shop” service for their clients
- HLO provided safe and comfortable environments
- HLO tailored services to suit the needs of their clients
- HLO staff provided services that were non-judgmental, flexible and engaging
- HLO staff was able to communicate simple concepts regarding complex legal issues in a non-threatening atmosphere
- HLO provided effective navigation of the legal system
- HLO enhanced their ability to fulfill their mandates to the clients they serve
- HLO provided legal services and increased a vulnerable and at-risk population’s ability to navigate the legal system

Q How has HLO contributed to effective, timely communication between silos to assist clients?

A A thematic analysis revealed that community partners felt they understood what an appropriate referral was for their clients and felt that their clients were provided with effective navigation of the legal system.

Overwhelmingly positive community/partner feedback surveys reveal that the collaborative partnership between LAO and HCLC staff functions to provide seamless legal services to hard to serve/reach clients.



Mitigating the impacts of eviction

HLO staff worked closely with a hospital social worker to resolve legal issues for a vulnerable patient with severe health problems. She had been evicted from her residential unit while she was hospitalized.

“With the help of the social worker, I drafted a Request to Review to the Landlord and Tenant Board. We referenced that the tenant did not have an opportunity to participate in the hearings that led to her eviction because she was hospitalized. She had suffered from delirium from an infection and remained in hospital for an amputation. The social worker provided supporting evidence that the eviction would prevent the client’s rehabilitation, and as a result, the Review was granted.

We arranged meetings with the landlord and the tenant’s family. I was able to decrease the amount owing towards rental arrears and create a payment plan that allowed the tenant to cover the arrears, as well as the down-payment for long-term care housing and arrange for the client’s family to retrieve her belongings from her apartment.”

RECOMMENDATIONS

- Review current site usage and consider alternative/additional locations that serve the target client population as part of ongoing needs assessment/course corrections.
- Continue to devote resources to ongoing partnership engagement to mitigate impacts from staff turnover and changes to their programming. Frequent communication and engagement with current partners is necessary to ensure that the HLO model adapts to changes in the service model of its community partners.
- Enhance services to the Indigenous community, recognizing the unique mental health and addiction issues connected to intergenerational trauma & colonization, utilizing HCLC's IJC and seek additional resources to sustain service capacity.
- The success of the Mental Health Triage Team at the HCLC demonstrates a need to have all HCLC staff trained in mental health first aid and in suicide prevention. This will increase the capacity of the clinic to provide legal services to clients with mental health and addictions issues and increase access to justice for a vulnerable population.
- Work with staff leads of HCLC's Together We Rise! and Queer Justice initiatives to address the intersectionality of mental health and addiction issues in the Black and LGBTQ2S+ communities and provide integrated, holistic services to target client populations. The staff leads of these two initiatives should be trained in mental health first aid and in suicide prevention in order to deliver accessible legal services to clients with mental health and addiction issues.
- Develop an Instagram account dedicated to highlighting client stories and staff profiles. The purpose of the account is to engage in eradicating mental health stigma, to promote the HLO model and to feature work of community agencies serving clients with mental health and addiction issues. By entering social media marketing, the goal is also to target and to engage with youth online.



CONCLUSIONS

HLO is an effective strategy to meet the unmet legal needs of hard to access/serve clients with mental health/addiction issues. HLO is an investment in people and social justice. This project enables staff to provide a range of critical services, to make people feel like they matter and to increase access to justice. HLO has improved client outcomes and stability as a result of breaking down silos within legal aid services and between health and social support sectors.

This evaluation establishes that:

- It is a holistic legal service model that increases access to justice for clients with mental health and addiction issues.
- There is a need in the community to make the HLO model permanent, to increase the frequency of the outreach clinics in current sites, and to expand the number of outreach clinics.
- There is a need in the community for a systems navigator to assist clients to traverse the legal, health and social services system.
- The collaboration between HCLC and LAO has enhanced the capacity to provide holistic legal services in a comprehensive number of legal issues.
- It is a sustainable model of service delivery for adaptation by community legal clinics and, it is a model of collaboration for LAO's offices and other community legal clinics.



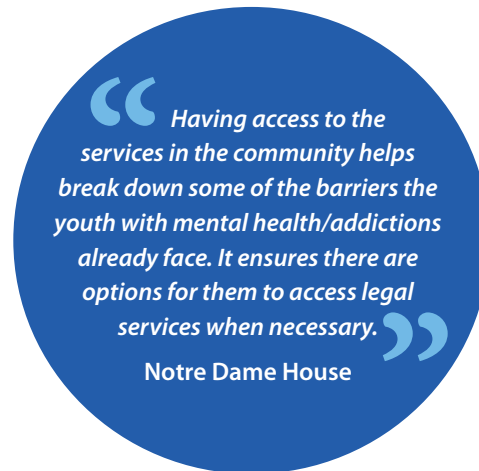
Navigating systems

HLO staff recalls a client who had layers of complex issues to deal with simultaneously – taxes, Ontario Disability Support, and a dispute with the Family Responsibility Office:

“This person, who was living with mental health issues and receiving social assistance, found everything very overwhelming. It’s a challenge for people to follow through on all the required steps with so much distress in their lives. Working as a team made a significant impact on the outcome for this client, and on their well-being. The client was connected to the systems navigator and was connected to a free tax clinic. This resulted in a very positive outcome by reducing the client’s payment to the Family Responsibility Office – with no consequence to the recipient – thereby increasing the client’s monthly income.”

APPENDIX 1 – Quotes

Past Quotes from Community Partner Feedback Survey



“ We were able to connect clients to services directly and with as few barriers as possible. ”
Mission Services

“ Allows for warm transfers and additional support to create a circle of care. ”
The Bridge

“ Excellent experience working with legal staff. The legal staff was great at communicating directly with my client. She is able to simplify concepts and tailor language to meet my client's needs. Legal staff worked diligently to support my client in order to assist in the resolution of the client's Landlord/Tenant issue. The legal staff provided me (community partner) with updates and feedback on a regular basis so that we could both work efficiently to support the client. It is a valuable service. ”
Canadian Mental Health Association – Hamilton

“ Many clients who have mental health concerns will not access resources but this concept allows them to receive services in a non-threatening environment and to speak directly to legal professionals. ”
City of Hamilton

“ ...the program meets clients where they are at and this is very accessible. ”
Mission Services

“ The project has also demystified law and the legal profession. Our clients have commented on how they felt that the legal expert was approachable. ”
The Barrett Centre for Crisis Support

Past Quotes from Client Feedback Survey

“ Question: What was the best part of the services you received? Why?

Answer: “Be able to talk and have someone hear me and make things make sense.”

“ The information received was accurate and relieving.”

“ Caring, respectful, listening, immediate connection with other agencies.”

“ ...I was in a place where I felt comfortable. The same building and floor as my family doctor so I knew exactly where I had to go and that the (staff) answered all my questions and told me exactly what needed to be done if certain things happened (plus staff wrote it down on paper so I wouldn't forget) super helpful. VERY GLAD that this service is here.”

“ Friendly, empathetic, met with me outside of office, accompanied me for court resources. Advocated for me when I had difficulty communicating.”

“ Everything was made easier for me to understand.”

Past Quote from Clients

“It made a world of difference to be able to come here at a place where I already know and where I come to work with my doctor, physiotherapist, and therapist. I've had recent health challenges like a stroke and vision loss, and it makes it so much easier to access legal services here rather than having to navigate somewhere new. Just coming to see you has already lifted my anxiety. Everybody freaks out about legal issues but when you're going somewhere familiar, it makes it a lot easier.”

“I just wanted to thank you so much for Monday. Speaking to you last week I was so nervous to get help and take this step. You made it very smooth by meeting me at the counter when I came in. Just walking in that door was very difficult. You were very kind with me and walked me thru very difficult steps. I do not want to spell her name wrong but the legal staff we saw was so helpful. She let me know what I needed to know but said it in such a way I felt so comfortable. I am very glad we called CPP disability to find out what is going on. I would of never made that call on my own. Having someone like you and with your personality helping me do that was for me. I would of continue to hide with my anxiety. Having “general anxiety disorder” and bipolar 1 can cripple me at times. You are such a good social worker with the credentials to go with it. I will talk to you again in November. I cannot thank you enough. I know I have to deal with what is coming down the road with CPP. Taking this step was huge in my life at this time.”

APPENDIX 2 – Project Map – Objective 1

Objective 1	Project Activities Relating to the Objective	Anticipated Outputs (Direct products of related activities)
<p>Increase access to legal services for hard to serve/ reach clients living with mental health and/or addiction issues.</p>	<p>Staff lawyers from HCLC and LAO are operating on site at 6 clinics in the community.</p> <p>Systems navigator operates with direct line for clients to call if they are not able to connect with staff lawyers at the clinics in the community.</p>	<p>Clients have direct access/face to face access with a lawyer to speak to immediately.</p> <p>Clients have direct access with a systems navigator that can guide them or connect them with the most appropriate legal service and provide follow-up support.</p>
Evaluation Questions Relating to the Objective and Activities	Evaluation Tools (How will you gather evaluation information?)	Source of data (From whom you will gather the information?)
<p>Are outreach clinics an effective means of accessing/ serving hard to serve/reach clients?</p>	<p>HLO monthly site statistics</p> <p>Client Feedback Surveys</p> <p>Community Partner Feedback Surveys</p>	<p>Project Team Members</p> <p>Project Participants</p> <p>Direct Community Partners</p>

APPENDIX 2 – Project Map – Objective 2

Objective 2	Project Activities Relating to the Objective	Anticipated Outputs (Direct products of related activities)
<p>Provide efficient legal services for hard to serve/reach clients through a holistic service model tailored to support their needs, geared to improve client outcomes and stability.</p>	<p>Staff lawyers from HCLC & LAO are operating on site at 6 clinics in the community.</p> <p>Systems navigator provides follow-up support to clients to ensure client is able to navigate the legal system and to access other community resources.</p> <p>Systems navigator receives referrals from community partners to coordinate access to legal services for their clients.</p>	<p>Clients have direct access with a lawyer to speak to immediately in the community.</p> <p>Staff lawyers can provide qualitative services to clients, spending more, one-on-one time with them to ensure their legal needs are met.</p> <p>Systems navigator provides support to clients for smoother navigation of legal services.</p>
Evaluation Questions Relating to the Objective and Activities	Evaluation Tools (How will you gather evaluation information?)	Source of data (From whom you will gather the information?)
<p>How has HLO contributed to client outcomes and stability?</p>	<p>Client Feedback Surveys</p> <p>Community Feedback Surveys</p>	<p>Project Team Members</p> <p>Project Participants</p> <p>Direct Community Partners</p> <p>Indirect Community Partners</p>

APPENDIX 2 – Project Map – Objective 3

Objective 3	Project Activities Relating to the Objective	Anticipated Outputs (Direct products of related activities)
<p>Work across silos within legal aid services and between health and social support sectors to provide continuity of holistic services.</p>	<p>Systems navigator conducting HLO Outreach presentations and making connections with various community service providers such as, The Bridge, John Howard Society, Intensive Case Management Access Coordination, Catholic Family Services, Hamilton Wentworth District School Board, Womankind Services, Hamilton Program for Schizophrenia, Salvation Army Booth Shelter and Experience Annex.</p>	<p>Increased referrals from service providers.</p> <p>Increased understanding of legal aid support for service providers to communicate to their clients.</p>
Evaluation Questions Relating to the Objective and Activities	Evaluation Tools (How will you gather evaluation information?)	Source of data (From whom you will gather the information?)
<p>How has HLO improved the quality of service for hard to serve/reach clients?</p> <p>How has HLO contributed to effective, timely communication between silos to assist clients?</p>	<p>Statistics</p> <p>Community Feedback Surveys</p>	<p>Project Team Members</p> <p>Indirect Community Partners</p>

OUTREACH CLINIC SCHEDULE: January 2019

Meeting People Where They're At

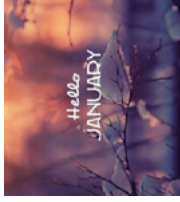

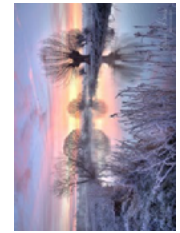






Hamilton Community Legal Clinic
Clinique juridique communautaire de Hamilton



LEGAL AID ONTARIO
AIDE JURIDIQUE ONTARIO

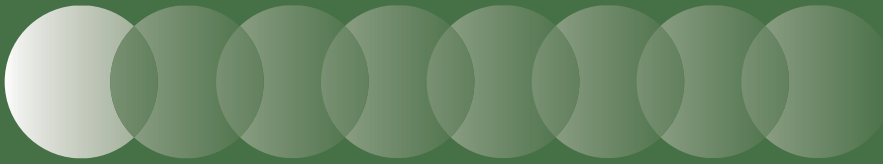


Monday	Tuesday	Wednesday	Thursday	Friday
<p>1</p> 	<p>2</p> 	<p>3</p> <p>Mission Services 9:00am — 11:30am HCLC</p>	<p>4</p> 	
<p>7</p> <p>McMaster Family Practice 1:30pm-4:30pm HCLC</p>	<p>8</p> <p>Good Shepherd Venture Centre 9:00am—11:30am HCLC</p>	<p>9</p> <p>Barrett Centre 2:00pm — 3:00pm HCLC</p>	<p>11</p> <p>Notre Dame House 1:00pm-4:00pm LAO</p>	
<p>14</p> <p>McMaster Family Practice 1:30p-4:30p LAO De dwa da dehs nye>s 1:30pm - 4:00pm HCLC</p>	<p>15</p> <p>Hamilton Regional Indian Centre 1:00pm—4:00pm LAO</p>	<p>16</p> <p>Mission Services 9:00am— 11:30am HCLC</p>	<p>18</p> 	
<p>21</p> <p>McMaster Family Practice 1:30p-4:30pm HCLC</p>	<p>22</p> 	<p>23</p> <p>Barrett Centre 2:00pm — 3:00pm HCLC</p>	<p>25</p> 	
<p>28</p> <p>McMaster Family Practice 1:30p-4:30p LAO De dwa da dehs nye>s 1:30pm - 4:00pm LAO</p>	<p>29</p> 	<p>30</p> <p>Mission Services 9:00am — 11:30am HCLC</p>	<p>31</p> <p>Notre Dame House 1:00pm-4:00pm HCLC Neighbour 2 Neighbour 9:30am— 12:30pm HCLC</p>	



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Part 07

Community Legal Clinics and the Future of Community-Based Justice



Community Legal Clinics and the Future of Community-Based Justice

THERE IS A SOCIAL ORGANIZATION of helping in communities that is part of the social structure of community life, helping people in different segments of communities. This is the character of communities on which all the projects reviewed in this anthology have drawn upon. The conceptual key to building collaborative partnerships with helping organizations in the community is embracing the transformation in thinking about access to justice that has taken the discourse on access to justice from the traditional focus on assisting people with legal problems to the much broader agenda of assisting people with the resolution of problems that often blends legal and non-legal issues. Further, there are barriers to accessing help which are so often complicated by trauma, and for which the service provider must include trauma-informed practice in the course of holistic intake and assessment. The programmatic key is outreach. The community is the source of knowledge about the problems experienced by people, about effective ways to reach people in need of help often with community services and voluntary associations as intermediaries and how to develop approaches to resolving problems that the people receiving the assistance will understand and will perceive as fair and just. Developing collaborative partnerships with community organizations will unlock resources that will enable service providers to assist people to achieve fair and just solutions with community partners that community legal clinics by themselves do not have.

THE CONCEPTUAL KEY TO BUILDING COLLABORATIVE PARTNERSHIPS IS EMBRACING THE TRANSFORMATION THAT HAS TAKEN THE DISCOURSE ON A2J FROM A FOCUS ON ASSISTING PEOPLE WITH LEGAL PROBLEMS TO ASSISTING PEOPLE WITH THE RESOLUTION OF PROBLEMS THAT OFTEN BLENDS LEGAL AND NON-LEGAL ISSUES.

ALL OF THE PROJECTS REFLECT PRINCIPLES stated by Colleen Sym and Guilia Reinhardt, Executive Directors past and present at Halton Community Legal Services,

that “legal services delivery fails if clients must find their own way to legal aid offices.” The community legal clinic partnerships discussed in this anthology have produced outcomes that have achieved some of the most important goals of outreach. Outreach encompasses going out to the community to learn about the problems facing individuals and existing community responses, learning from the community to develop resolutions to the problems people are experiencing, providing a proactive offer of service to people where they live or spend much of their time and assisting people who have not previously been helped with problems they are experiencing.

STRATEGIC OUTREACH IS THE CONTINUOUS PROCESS BY CLINIC MANAGERS AND STAFF WHICH IS BUILDING A PRESENCE IN THE COMMUNITY THROUGH ACTIVITIES SUCH AS PLE SESSIONS, PUBLIC INFORMATION SESSIONS, AND EVENTS SPONSORED BY OTHER COMMUNITY GROUPS.

THE PROJECTS included in this anthology carried out extensive collaboration with community partners, developing the most effective ways to reach people experiencing undiscovered problems. This project-by-project outreach builds on an on-going process that may be termed strategic outreach. Strategic outreach is the continuous process by clinic managers and staff which, at its most basic, is building a presence in the community through activities such as PLE sessions, public information sessions, and attending events sponsored by other community groups. In all of these activities, community legal clinics inform community groups what they are trying to do in the community. The objective is to move people in community organizations from a point where knowledge of legal aid offices is, hypothetically: we have heard of them, they are lawyers, they deal with legal problems but we don't know too much about them or have much to do with them to the reaction of the service provider from Voices for Change, an organization of community

advocates with lived experience of poverty from the legal health check-up pilot project who said, “you must be a different kind of lawyer.” Attitudes about lawyers in popular culture often reflect impressions from the entertainment media. People-centered service delivery based on outreach and on holistic and integrated service may not be familiar to the community a clinic wishes to serve This has to be communicated to them through an on-going process of strategic outreach that emphasizes the mutual interests of legal clinic and community.

THIS IS WHAT ALL OF THESE SUCCESSFUL COMMUNITY-BASED JUSTICE PROJECTS SHARE. Borrowing from the title of the Hamilton Outreach Project, they “[meet] people where they’re at.” The legal health check-up made extensive partnership arrangements with community groups. The number of community groups and individuals sending legal health check-up forms and requesting a contact has diminished since the intensive period of the pilot studies. However, the legal health check-up has maintained a momentum within the community and check-up forms continue to arrive at some clinics. The Rural Mobile Law Van built a substantial presence in communities across the whole of Wellington County, going out to places in 12 rural communities where people mainly found out about the service and came in for help by driving or walking by. The importance of social media increased and it became evident that the Law Van had come to occupy not only the physical space where people spent their time but also the normal patterns of communication among people in the community. One is given to wonder if *the Van will be here tomorrow and you should go see them about your problem* is on the same plane as *there is a good sale on ground beef at the local store and you should pick up some*. The Newcomers project relied on intermediaries to host the Newcomers Conversations workshops. The service providers and ESL teachers in the Intermediary organizations became important players determining the paths to justice followed by individuals needing assistance. The intermediaries were the first line “go to” places.

A BRIEF FOLLOW-UP SURVEY INDICATED THAT THE PRESENCE OF THE LAW VAN HAD ENCOURAGED PEOPLE TO SEEK HELP EARLIER THAN THEY OTHERWISE WOULD HAVE.

EARLY INTERVENTION is an important objective of people-centered legal services. On logical grounds the legal health check-up, Hamilton Outreach and the Newcomers PLE Conversations projects all, through a proactive offer of help, reached people at a point before they would otherwise have requested assistance on their own. A brief follow-up survey of 73% of people who had contacted the Mobile Rural Law Van 1 indicated that the presence of the law van had encouraged them to seek help earlier than they otherwise would have.

A CLOSELY RELATED ASPECT is assisting people who would otherwise not have received assistance. The only evidence comes from the mobile law van project. Matching records from the van with clinic intake records revealed that the vast majority of people using the van had previously contacted the community legal clinic. During the first three months that the van operated only 7% of people visiting the van had previously contacted the community legal clinic. This increased to 18% during the last three months. Of course, it is not possible to ascertain what people will do. Respondents to the follow-up survey may have eventually requested assistance and may have done so from a source other than the Community legal clinic.

EARLY INTERVENTION IS AN IMPORTANT OBJECTIVE OF PEOPLE-CENTERED LEGAL SERVICES. SERVING MORE PEOPLE IS AN OBJECTIVE OF OUTREACH.

SERVING MORE PEOPLE is an objective of outreach that was met by all of the projects. During the first phase of the legal health check-up project conducted at the Halton clinic increased intake by about one third. The second phase legal health pilot project carried out with 12 clinics connected about 1,700 people with community legal clinics, based on a count of completed LHC forms. During the first year of the Hamilton outreach project 697 people received assistance from staff lawyers and 1,163 were helped by the community navigator. During a 6-month period, the mobile law van assisted 467 people.

ALL OF THIS WAS ACCOMPLISHED by building strong connections with organizations already assisting people in communities. The second phase of the legal health check-up established connections with 125 intermediary groups. The Hamilton outreach project worked with 8

major helping organizations in the city. The mobile law van made referrals to 28 organizations and received referrals from 21. The three clinics participating in the legal secondary consultation project received requests for consultations from 235 community organizations.

THE CASE FOR BUILDING COLLABORATIVE PARTNERSHIPS with community organizations made in this anthology rests on successful projects carried out by community legal clinics. These clinics mainly provide services in areas of law such as employment, housing and social benefits, areas often called poverty law. Importantly, however, the argument is made throughout that holistic and integrated service should be organized and delivered around providing resolutions to everyday problems in all of their aspects rather than meeting legal needs within categories of law.

INNOVATION HAS BEEN NO LESS CHARACTERISTIC IN OTHER AREAS OF LEGAL AID, DRIVEN BY TOO FEW RESOURCES AND NEEDS THAT ARE TOO GREAT.

THE ARGUMENT THAT the resources in the community can make possible an expansion of access to justice does not mean that this can come at no additional cost to legal services providers. Although much of the cost comes in the form of “sweat equity” required to do the on-the-ground work of outreach, the human resources required cannot be stretched too thin. Also, pilot projects require operational costs as a service innovation is tried out before becoming part of the on-going service delivery model. Community legal clinics are great innovators, necessity being the mother of invention with a long history of being asked to do more with less. A reliable source of funding for innovation in community legal clinics and for legal aid in general is a missing piece in a good Canadian story. Fund raising can be a daunting task for clinic administrators who are involved not only in providing service but also in a continuous process of strategic outreach, learning what the needs are through involvement with community organizations and leaders. In the longer run good innovations become absorbed into on-going service delivery. The staff model of community legal clinics with staff lawyers, paralegals and community legal workers has the flexibility to absorb the human resource costs of innovation. However, the false panacea of increased service with no increase in costs should be recognized for what it is.

INNOVATION HAS BEEN no less characteristic in other areas of legal aid, driven by too few resources and needs that are too great. Beyond the community legal clinic sector of legal aid there are examples in which the *community is the resource* principle is applied in other areas of legal aid. Examples are familiar in holistic criminal defense, the use of restorative justice approaches in criminal and family legal aid.

Reports

1. Ab Currie, Ten Ideas for Community-Based Justice (2021)
2. Ab Currie, The Needs of Helping Organizations in the Community (2021)
3. Trevor C. W. Farrow, Access to Justice; Ten Steps to Progress (2020)

Part 07 REPORT 01

Ab Currie, **Ten Ideas for Community-Based Justice**
(2021)



Ten Ideas for Community-Based Justice

Ab Currie, Ph.D.
Senior Research Fellow
Canadian Forum on Civil Justice

www.cfcj-fcjc.org/our-projects/community-based-justice-research-cbjr/



Canadian Forum on Civil Justice  Forum canadien sur la justice civile

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.

Overview of the Community-Based Justice Research (CBJR) project. Globally, the evidence to understand, assess and scale access to justice and to make the business case for investing in justice is sparse, especially compared to other essential services like education and health. When people have no ability to access fair justice systems, they are left without the means to resolve grievances, protect their legal rights, livelihoods, assets or their physical security, resulting in inequity, alienation and abuse.

The Community-Based Justice Research Project (2018-2020) aims to compare the costs, benefits, challenges and opportunities for providing and scaling access to community-based justice services in Canada, Sierra Leone, Kenya and South Africa. This project will support, catalyze and promote the importance of evidence-based research designed to improve community justice for everyday people, and promote adequate support for justice reform from national and international sources. The lead research team includes: Trevor C.W. Farrow, Lisa Moore and Ab Currie.

The Community-Based Justice Research project is funded by the International Development Research Centre. For more details please visit Canadian Forum on Civil Justice, “Community-Based Justice Research”, online: CFCJ <<http://cfcj-fcjc.org/our-projects/community-based-justice-research-cbjr/>>.



International Development Research Centre
Centre de recherches pour le développement international





Ten Ideas for Community-Based Justice

Ab Currie, Ph.D.
Senior Research Fellow
Canadian Forum on Civil Justice

Introduction

Community-based legal services have long been a part of national legal services programs in countries that introduced legal aid programs in the early years of the access to justice movement. Because of inadequate funding for legal services the pressure to do more with less has been a constant in legal aid and access to justice services. This rationing of resources has driven much creativity, innovation and a wealth of ideas for improving the delivery of legal services and continues to do so. The ten ideas about community-based justice presented in this short paper are a small part of that much larger world. They are derived from projects exploring innovative approaches to the delivery of legal services carried out over several years with several community legal clinics in Ontario, Canada.¹ The ten ideas are not a systematic summary of research results or of lessons learned. They are the main ideas that emerged in the early development of the projects, in observing the projects through the pilot phases and understanding the outcomes.

¹ Ab Currie, *Extending the Reach of Legal Aid: Report on the Pilot Phase of the Legal Health Check-Up Project*, Canadian Forum on Civil Justice, Toronto, 2015; Ab Currie, *Engaging the Power of Community to Expand Legal Services to Low Income Ontarians*, Canadian Forum on Civil Justice, Toronto, 2017; Ab Currie, *Legal Secondary Consultation: How Legal Aid Can Support Communities and Extend Access to Justice*, Canadian Forum on Civil Justice, Toronto, 2018

1. Engage the Power of Community

The community is a crucial resource for expanding legal assistance. The gap between unmet need and the resources to meet it is greater than what was previously realized. Legal needs research carried out over the past 20 years has raised the bar in terms of identifying hidden legal need and the need to develop outreach mechanisms to meet it. The scope of legal need has led to the realization that better ways to meet the needs of the whole community must be developed. Established legal services providers are unlikely to receive increases in resources from traditional sources sufficient to meet the greater demands as understood in terms of expanded, people-centered justice. Legal services providers in places with more recently established programs often funded mainly by large donor agencies may similarly lack the resources to serve the whole community. Existing community organizations already assisting people may have resources and skills to deal with elements of multifaceted problems that are not part of skill set of legal professionals. They may have relationships of trust with people that allow them entrée into people's lives that a legal clinic does not have. Community organizations have human and financial resources that may be substantial, especially when aggregated across the entire community. Community organizations share with legal services providers common objectives related to poverty reduction. High income areas with many government services and well-funded community agencies will have many resources. However, other communities that are less wealthy may have other institutions such as churches and traditional forms of assistance and dispute resolution that represent resources that legal services agencies do not. This is a powerful way to extend the reach of legal aid.

2. Serve the Whole Community

It is important to set an aspirational goal of serving the whole community. People making up the community represent many groups differentiated by age, gender, sexual orientation, family composition and so on, each with a different set of needs. Other needs vary across life cycle stages such as medical care, education, employment and care for older people. Certain needs such as the safety and security of the person can mean different things in different contexts, such as domestic and other forms of violence or the availability of clean drinking water. There is a tendency for legal clinics of all sizes, but especially smaller ones with limited resources, to focus on a narrow range of needs in the community. Privileging one set of needs over another does not result in justice for all. At certain points in time some needs may take priority over others, but the

squeaky wheel should not always get the grease, nor should the funding priorities of governments or donor agencies.

3. Build Service Delivery on a Foundation of Outreach

The way to serve the whole community is to build access to justice services based on the principles of outreach. 1) Go out to the community to learn about the needs of the people living there. Community leaders and service providers in community organizations have unique and grounded knowledge about the needs in the community, as do the individuals experiencing problems. That is knowledge that is not available to outsiders whose experience and formal education are not grounded in the community. 2) Develop partnerships with the community to address the problems. Community organizations not only have unique knowledge of local problems, they have unique entrée to typically hard-to-reach groups and perspectives on how to address their problems grounded in the realities of their lives. 3) Go out to where people live or where they spend their time to provide assistance. People experience many barriers to accessing assistance; lack of trust in institutions including lawyers and courts, lack of transportation, substance abuse, lack of knowledge about the availability of assistance, inertia. 4) Serve people who would not otherwise receive assistance. People know when they have a problem but they may not recognize the legal aspects of the problem and therefore may not take appropriate action, may not know where to go for help or may feel that the problems is an inevitable condition of life for which no help is available.

4. Build Trust

Highly disadvantaged people with life long and multigenerational poverty may have negative attitudes toward lawyers, seeing them as outsiders, extensions of the government bureaucracies that they may view as having ignored their needs, mistreated them and as being responsible for their troubles. Going out to where people live, working through trusted intermediaries, demonstrating a willingness to listen, a proactive offer of assistance and a commitment to help in any way possible regardless of whether the assistance is strictly legal are important for building trust.

5.

Let people play a role in defining their needs and shaping solutions

The provision of service should be participatory and individualized allowing people experiencing problems to play an active role in constructing the solutions. In combination with outreach activities this makes it more likely that individuals will obtain the help they need for the problems they are experiencing, especially as the problems may come in clusters of inter-related legal and related non-legal issues. There may be several ways to deal with the problem(s) and the best solution may be unique to the particular problem. As a service provider you are dealing primarily with people not problems. There are other important outcomes of participatory forms of assistance. One is building legal capability; the capacity to recognize legal problems early, to take preventative action and to seek help from competent sources.

6.

Encourage Empowerment

It is likely that disadvantaged people are on the weak end of power imbalances in disputes with other parties such as landlords, employers and government services. They may fail to take action because of a fear of reprisal. There can be an element in empowerment in providing legal assistance. People who know their rights and who are alerted to the importance of critically assessing contracts and rental agreements may be able to prevent problems. They may have greater confidence in asserting their rights knowing that help is available from the legal clinic or other trusted advisor. Similarly, community organizations that assist disadvantaged people may do so more confidently and effectively if they know the basics of the law and the administrative procedures that apply in addressing a particular problem. Empowerment comes from building the legal capability of both individuals and community agencies.

7.

Holistic and Integrated Service

Problems frequently do not occur in isolation. They may be multifaceted having interconnected legal and non-legal aspects and they may occur in clusters of interconnected problems. Holistic assessment is

necessary for identifying and fully understanding the problems experienced by people in need. Combining the efforts of several organizations with skills and resources not available to legal clinics may be necessary to deal effectively with people. This observation is related to the second element of outreach outlined above, forming collaborative partnerships between legal services providers and community services agencies and civil society groups with mandates to assist disadvantaged people. It is also related to the principle of allowing people to tell their own story in their own words, allowing aspects of the problem that might not otherwise be evident to come out. As part of taking a holistic approach, build a trauma-informed service. Some people in need of assistance may have experienced and continue to experience overwhelming levels of stress and trauma. The trauma may not be directly related to the immediate problem for which they are receiving assistance. However, providing effective assistance to these clients may depend on discovering and taking into account the ongoing trauma they are experiencing.

8.

Extend the Reach of Legal Aid

In a strongly people-centered approach the boundary between legal and non-legal aspects of the problems experienced by people is very porous. Legal problems are usually aspects of the normal transactions and transitions of everyday life; buying and selling, gaining and losing employment, obtaining, moving or losing housing and so on. Part of the work of a legal clinic attempting to build a community-based approach is to convey to community organizations an understanding that the problems for which they attempt to assist people within their mandates may have legal aspects. There may be more than one solution and going to law may not be the best or the only one. Community organizations should be encouraged to take ownership of everyday legal problems, along with the legal clinic. Many community organizations will have broadly similar poverty reduction and social justice agendas with providers of community legal services. Engaging in outreach, learning about problems from community organizations then partnering with them to address those problems will lead to common definitions and approaches, even though there will certainly be a division of labour in which lawyers employ their special and unique skills. Through this approach legal services becomes an integral part of the community, sharing common objectives and developing integrated, collaborative activities directed toward the same objectives with civil society groups.

9.

Leadership from the Legal Clinic

Leadership from lawyers with progressive views about community justice is a key element in developing this expanded, community-focussed approach to legal services. Volunteer and professional service providers in community agencies may hold to a conventional concept of lawyers that reflects lawyers in private practice and that is predominant in the popular culture. They may not be familiar with the progressive ideas about legal problems and about holistic and integrated solutions. They may not immediately appreciate the value to their organization of collaborative partnering between legal services providers and community agencies. It may come as a surprise that the lawyer from a community legal service is “a different kind of lawyer.” It may require effort by community-focussed lawyers to familiarize community organizations with the kind of service provided by the clinic.

People in the community may think about their work in terms of social justice rather than legal issues. Legal professionals with a community legal service will also have a social justice orientation but will also have the skills to find the legal issues in the tangle of everyday problems that to the community represent unfairness and inequality. A community justice orientation can bridge legal justice and social justice, laying a strong foundation for access to justice partnerships between community groups and the legal clinic.

10.

Strengthen the Community

Building the capacity of community groups to participate effectively as a partner with the clinic is important. Community organizations will not come readily informed and equipped as effective partners. There are many ways to strengthen the community. Some will flow from particular outreach projects and some will be more generic. Providing public legal information on topics relevant to organizations and individuals in the community is one. It may involve equipping community agencies with the knowledge so they can carry out the basic or gateway roles of intermediaries, problem spotting and making good referrals. It may involve assisting an agency to serve their own clients better. This can be done by making the lawyers or legal workers at the clinic available for consultations with other service providers if they encounter a client with problems that may have legal implications.

Sustainability

Assuring the sustainability of community justice initiatives undertaken by legal clinics is essential. Adopting outreach as the foundation for providing community legal services represents to one extent or another a process of transformation from providing service to a relatively narrow slice of the community to providing service for a broader range of needs. As the legal clinic develops a presence in the community and community organizations become aware of the value of partnering with the legal clinic for helping their organization in meeting the needs of their clients or constituents, the process can develop a momentum of its own. Connections with new organizations can multiply quickly because of overlapping memberships in community organizations. Members of one group that is developing a promising relationship with the legal clinic, or who may simply have been present at a one-off presentation about the services available, will often suggest making a connection with another group in which they are a member. One thing leads to another in unpredictable ways. On the one hand, this is the great strength of a community focussed or community development approach to legal services. Outreach creates many pathways into the community that on the return trip become paths to justice (or at least assistance) as people and organizations begin to use them to connect with the legal clinic. However, this can be a strain on the resources of the legal clinic if the resulting change proceeds too quickly. It will take time for a good outreach project to mature into an effective part of the overall service delivery model. Even the best of projects will require some on-going maintenance as do all partnerships. Success creates its own energy that can drive ever more activity, but this has to be managed to assure sustainability.

In building partnerships with community agencies, do not ask too much of them. Front line agencies may be extremely busy. Community service organizations may already have their own processes for dealing with clients. Adopting something in addition to what they already do may be a burden. A community group should be able to see how the partnership with the legal clinic adds value to their capacity to serve their own clients or people in the community. Like all relationships, partnerships between community groups and the legal clinic require some on-going tending. After the initial period in establishing a community-clinic partnership in which there may have been intensive developmental work the clinic should continue to reinforce the relationship.

Part 07 REPORT 02

Ab Currie, **The Needs of Helping Organizations in the Community** (2021)



The Needs of Helping Organizations in the Community

Ab Currie, Ph.D.
Senior Research Fellow
Canadian Forum on Civil Justice

February 2021
Toronto, Canada



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. Learn more about the CFCJ at www.cfcj-fcjc.org.



The Community-Based Justice Research (CBJR) project (2018-2021) is a three-year study that seeks to compare the costs, benefits, challenges and opportunities for providing and scaling access to community-based justice services in Canada, Sierra Leone, Kenya and South Africa. Learn more about the CBJR project at <https://cfcj-fcjc.org/our-projects/community-based-justice-research-cbjr/>.

Author: Ab Currie, Ph.D.

Source: Canadian Forum on Civil Justice (CFCJ)

Citation: Ab Currie, *The Needs of Helping Organizations in the Community* (Toronto: Canadian Forum on Civil Justice, February 2021).

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BACKGROUND

In access to justice, needs are ordinarily conceived in terms of individuals experiencing legal problems requiring assistance from someone with expertise and resources to resolve that problem. Legal problems studies have pointed out the vast number of problems with possible legal aspects experienced by members of the public. In Canada, repeated national surveys have estimated that about half of all adult Canadians will experience one or more problems within a three-year period. This amounted to more than 11 million people estimated by the most recent Canadian study and a greater number of problems because some people experience multiple problems.¹ This volume of need would overwhelm conventional legal services providers who embrace the notional goal of meeting the needs of the public. However, there are many examples of how access to justice can be extended toward meeting the needs of the public by partnering with community organizations that already assist people with problems. Developing successful collaborative partnerships between legal clinics and community-based helping organizations requires the recognition that these organizations have needs as do the individuals they assist. Meeting these needs is integral to expanding access to justice. Two kinds of needs are discussed in this paper; 1) needs related to assisting helping organizations better serve their own clients and 2) needs that arise from the collaborative partnership between legal service providers and helping organizations itself.

There is an enormous reservoir of community-based organizations to which people go for help with everyday problems, with which community legal clinics can connect to expand the historic access to justice project.² Two recent projects have shown that these organizations are eager to establish partnerships with community legal clinics. In phase II of the legal health check-up project, within a 6-month period, 12 clinics in Southwestern Ontario developed partnerships with 125 community organizations to act as intermediaries, using the legal health check-up tool to carry out the gateway intermediary functions of problem spotting and making good referrals.³ The legal secondary consultation project emerged as an extension of the legal health check-up project to assist organizations that as part of their existing activities were attempting to resolve problems for clients or members of their constituencies. In this project within a 6-month period 103 helping organizations requested consultations with 3 Southwestern Ontario clinics.⁴ The organizations covered a wide range from government-funded services and large national NGO's with professionally trained staff to small voluntary associations with volunteer service providers. The remainder of this paper draws heavily on the secondary consultation project.

¹ 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*, Canadian Forum on Civil Justice, York University, Toronto, 2016.

² Karen Kohl, Julie Lassonde, Julie Matthews, Carol Lee Smith and George Thomson, *Trusted Help: the role of community workers as trusted intermediaries who help people with legal problems*, Part 1 Summary and Recommendations and Part 2 Detailed Research Findings, Law Foundation of Ontario, Toronto 2018 and Julie Matthews and David Wiseman, *Community Justice Help, Advancing Community-Based Access to Justice*, A discussion paper, Community Legal Education Ontario, Toronto, 2020.

³ Ab Currie, *Engaging the Power of Community to Expand Legal Services to Low-Income Ontarians*, Canadian Forum on Civil Justice, York University, Toronto, 2017.

⁴ Ab Currie, *Legal Secondary Consultation: How Legal Aid Can Support Communities and Expand Access to Justice*, Canadian Forum on Civil Justice, York University, Toronto, 2018.

Legal secondary consultation (LSC) is a form of outreach that was piloted in 3 Southwestern Ontario community clinics and has since become an ongoing part of the suite of service delivery approaches in each of the clinics.⁵ LSC invites helping organizations in the community to request assistance from the legal clinic to help them to assist their own clients or members of their constituency. The logic underlying LSC is that the problems with which community organizations normally assist their clients, members or constituents have legal dimensions with which the legal professionals at the clinic could help. LSC was initially viewed as a way for clinics to increase the number of persons served without taking on new clients directly through referrals.

TWO LEVELS OF NEED

The need for a legally informed assessment. The first level of need of helping organizations is a legally informed assessment of the potential legal aspects of problems they are attempting to resolve for their own clients. This follows the logic or the justiciable problems paradigm for understanding the legal problems experienced by the public. In a “law thick” world⁶, legal problems are very often embedded in the normal problems experienced by individuals in everyday life.⁷ It can be assumed that similar to individuals experiencing justiciable problems the service providers in helping organizations lacked the legal capability to determine if legal issues were involved and, it follows, might therefore not provide the kind of assistance leading to effective and durable solutions. In the LSC study legal professionals in the 3 pilot sites were asked to characterize the types of advice provided to service providers in community helping organizations. These responses provide an insight into the needs that helping organizations have by looking at what kind of advice LSC lawyers provided. The data were gathered from a case file review of 83 cases in 2 of the 3 clinics that determined the type of assistance provided in response to requests for consultation.⁸

The case file review revealed that in clinic B, legal advice (advice about the legal position in a specific individual matter) was provided in 4 of 42 cases (9.5%), in each case in combination with strategic advice (general advice about how the service provider should proceed with the matter). Legal information (information about how the law applies in general to the matter) was provided in 12 cases (28.6%). Among the 12 cases there were 6 in which legal information was the only information given and 6 cases in which legal information was provided along with strategic advice. Strategic advice (general advice on how to proceed with the problem) was provided in 17

⁵ *Ibid.*, p. 6. An email survey of the 12 clinics involved in the LHC project conducted by this writer indicated that other clinics had long done something similar but as an occasional and informal aspect of their relationships with community organizations.

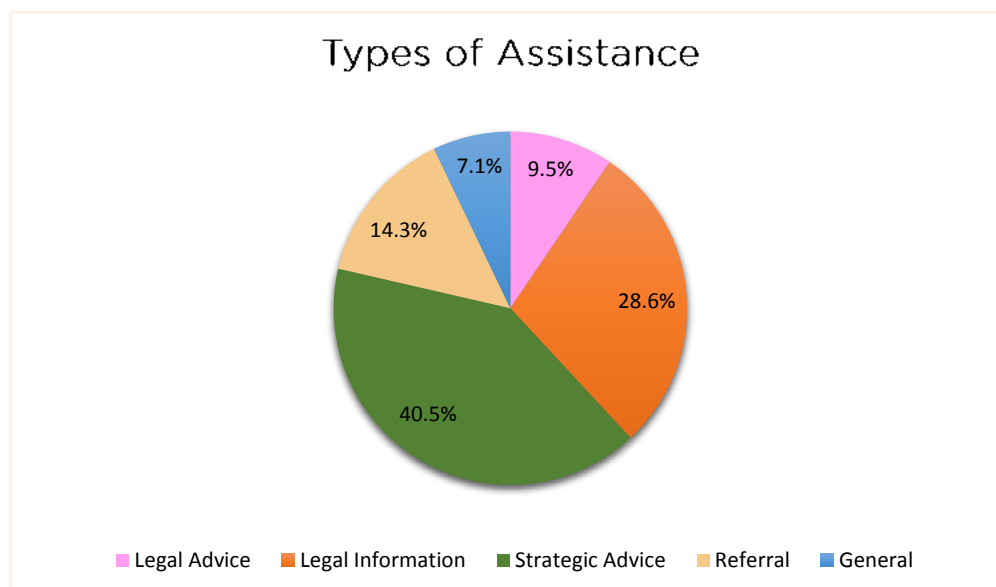
⁶ Gillian K Hadfield and Jamie Heine, *Life in a Law Thick World: The Legal Resource Landscape for Ordinary Americans* in S. Estreichin and J. Radice, *Beyond Elite Law: Access to Civil Justice in America*, Cambridge University Press, 2016.

⁷ Ab Currie, *The Legal Problems of Everyday Life* in Rebecca L. Sandefur, (ed), *Sociology of Law, Crime and Deviance*, Volume 12, Access to Justice, Emerald, UK, 2009 pp 1 – 42.

⁸ The data are presented for 2 of the 3 clinics in which lawyers responded to requests for secondary consultations. In one clinic a community legal worker provided many of the consultations and consultations were often referred within the clinic to others with appropriate specializations. This more complex model of LSC than the two clinics in which lawyers provided the service. For purposes of this brief paper, it is not included.

cases (40.5%). Among the 17 cases in which strategic advice was provided 7 involved only strategic advice, 6 in combination with legal information and 4 in combination with legal advice. Referrals to other organizations were made in 6 cases (14.3%), all of which involved this type of advice only. In 3 cases (7.1%) general information was provided that could not be categorized as strategic advice. 32 cases out of a total of 69 were reviewed which included 42 separate items of advice.⁹

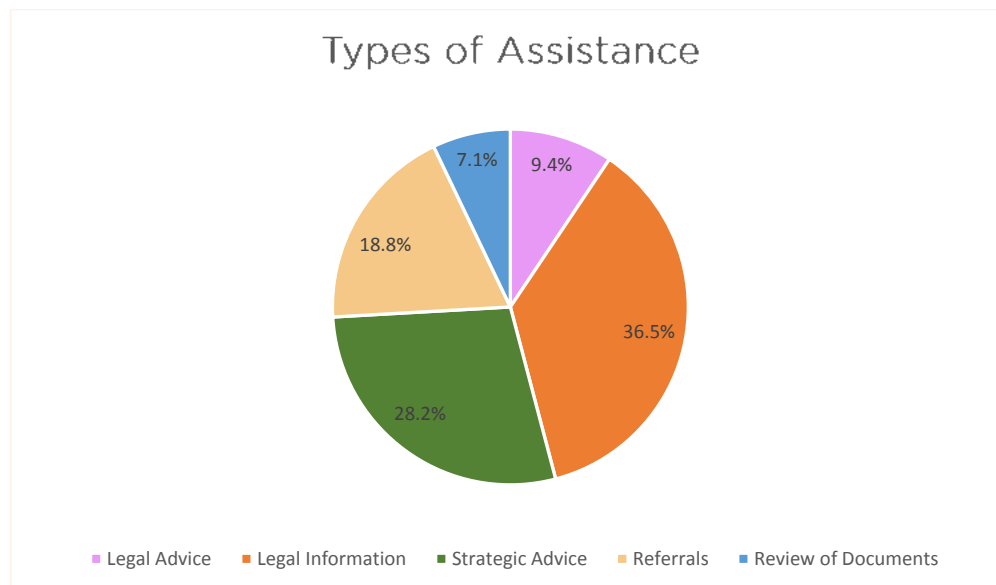
Figure 1. Types of Assistance Provided in Response to Requests for Secondary Consultation, Clinic B



In clinic H, legal advice was provided in 8 cases (9.4%). In four cases the legal advice was combined with strategic advice and 4 with referrals. Legal information was provided in 31 cases (36.5%). In 9 cases legal information was the sole action, in 12 cases it was combined with referrals, and in 10 cases with strategic advice. Strategic advice was provided in 24 consultations (28.2%). In 8 cases this was the sole action, in 10 cases it was combined with legal information and in 6 with review of documents. Review of documents was provided in 6 consultations (7.1%). Finally, referrals were provided in 16 cases (18.8%). The analysis is based on 51 cases out of a total of 97, with 85 separate items of advice.

⁹ The data presented in Figures 1 and 2 were adapted from Table IV, p 14 in Currie (2018). The unit of analysis was changed from case to type of advice. Since there were multiple types of advice provided for most cases the numbers are different from the original table.

Figure 2. Types of Assistance Provided in Response to Requests for Secondary Consultation, Clinic H



Legal advice was provided in a minority of secondary consultations. The most common forms of assistance were legal information and strategic advice. The nature of problems for which the helping organizations requested secondary consultations as indicated by the range of appropriate advice or other assistance went well beyond legal needs and the need for legal advice. This is consistent with Professor Sandefur's view that legal needs is a narrow construct reflecting the perspective of the legal profession.¹⁰ The assistance provided to the helping organizations can be interpreted as having been focused on finding resolutions rather than primarily on meeting legal needs.

The need for a new legal consciousness. Legal consciousness refers to social practices or forms of participation that sustain, reproduce or alter hegemonic structures and meanings about going to law. In the context of helping organizations in communities, legal consciousness refers to developing awareness about the connections between the law and their activities assisting people with everyday problems and developing ways to gain access to assistance in order to better serve their clients, members or constituents. One weakness of secondary consultation as a mechanism to assist helping organizations is that these organizations may lack sufficient knowledge about the legal aspects of the problems they are attempting to resolve for individuals or where to go to find appropriate assistance. This might be related a view of lawyers that is formed by the predominant image of lawyers in popular culture. Holistic and integrated practices of community-based legal clinics may not be well known. A second weakness very much related

¹⁰ Rebecca L. Sandefur, Access to What?, *Daedalus*, 148 (1) Winter 2019.

to the first is that requests by helping organizations for secondary consultations are voluntary. Parallel with individuals experiencing legal problems, if the service providers in helping organizations lack the basics of legal consciousness they will not suspect that the problem they are dealing with may have a legal aspect and therefore may not seek the help they need. Overcoming these weaknesses requires outreach strategies by legal clinics.

The needs of helping organizations take the form of understandings of holistic justice. One need of helping organizations is to understand the everyday legal problems perspective, essentially that legal problems are aspects of the problems experienced by people everywhere. Problems experienced by people in everyday life have both legal and non-legal aspects and that although there is a legal dimension, a legal solution is not always the only or the best option. This is an empowering concept that encourages helping organizations to take ownership of problems for which they offer advice.

A second and closely related need of helping organizations is to understand the way in which legal clinics that employ a holistic and integrated approach deal with problems. This is a corollary of the first need. Legal professionals that follow a holistic approach are interested in resolving problems and not limiting the effort to aspects that can be resolved by legal means. This may fly in the face of preconceived understandings of what lawyers do, perhaps rooted in dominant perceptions of lawyers in popular culture. During an interview carried out in the research on the first legal health check-up pilot study with a service provider from Voices for Change-- a community organization made up of people with lived experience with poverty-- an attempt was made to clarify the nature of the holistic service provided by Halton Community Legal Service. After listening carefully, the respondent remarked: *you certainly are a different kind of lawyer.*¹¹

Another very basic need of helping organizations is the need to strengthen their capacity to better assist their own clients. The advice provided to them through secondary consultation works to achieve this. When asked about the value of secondary consultation to the community organization one respondent said that the advice provided is *Absolutely, precedent-setting. Every time I deal with a situation, I am educated more about what to do next time. It does happen where one [secondary consultation] helps future clients without needing to call [the]clinic again.*¹²

Reciprocal and mutually supporting needs. The needs of legal clinics and community organizations are reciprocal and mutually supporting. Helping organizations have important resources that enable legal services providers to more effectively identify and better serve the needs of the public. First, they have entrée into hard-to-reach segments of the community. Second, they may be “trusted intermediaries” in the sense that disadvantaged people may be comfortable going to them for help. Some clients of helping organizations may resist help provided directly from legal clinics. This can be true in Aboriginal communities or other disadvantaged communities with a longstanding mistrust of the institutions of mainstream society. Helping organizations likely have special knowledge about the needs and conditions of

¹¹ Ab Currie, *Extending the Reach of Legal Aid, Report on the Pilot Phase of the Legal Help Check-Up Project*, Canadian Forum on Civil Justice, York University, Toronto, 2015 p.25.

¹² Ab Currie, 2019, p.19.

people in the community not easily available otherwise to legal clinics. This knowledge is essential if the legal clinic is to provide good holistic advice in secondary consultation. Finally, helping organizations have resources. They have experienced and knowledgeable human resources. They have in-kind resources that allow for venues for the establishment of subsequent contacts, notably in locations where people live or spend their time. It is important for community clinics to be able to tap into these resources and meet their needs in order to extend the reach of their services. What is required to extend access to justice may extend beyond their core financial resources from conventional sources and the skill sets of legal professionals. The community itself becomes the resource required to identify people with problems in that community and meet their needs.

The kind of advice provided by lawyers in response to requests for secondary consultations indicate the importance of forms of advice other than legal. Nonetheless, legal needs remain important. The everyday legal problems narrative suggests that legal needs should always be considered as being potentially part of the everyday problems faced by people. Only people trained in legal matters are able to assess a problem for legal implications and provide legal advice. Even if a legal solution is not recommended as the best option to achieve a resolution, it may be important to make that decision weighing the legal implications. The involvement of legal service providers remains important.

Do collaborations between legal clinics and lawyers require the leadership of lawyers? Judging from the experience to date with the legal health check-up, secondary consultation, justice and health care partnerships, legal clinics have taken the lead organizing partnerships so far. Access to justice has historically been a project of the legal profession, although as the meaning of justice and access to justice and understandings of the nature of legal problems change, the center of gravity of clinic – community arrangements may be shifting away from a legal clinic-centric to a more balanced collaborative model. This may continue as legal clinics concentrate on strengthening the communities they serve. It remains the case, however, that lawyers are uniquely trained and capable of making technical judgements about possible legal issues and actions. Second, lawyers may be viewed by service providers in helping organizations as powerful allies. A service provider interviewed for the secondary consultation project provided the following assessment. *Although I have a generalist's knowledge of some of the legal issues that clients have, having immediate access to more in-depth legal information and advice is second to none. My hands would be tied helping transient patients without having access to secondary consultation. I often find with [government service] they are a barrier-filled organization; I copy [the LSC advisor] on emails to.....and that will get me a response.*¹³

¹³ *Ibid*, p. 19.

CONCLUSION

The evidence from the LSC study supports the idea that the needs of helping organizations include a broad range of strategies to bring about resolutions rather than only meeting legal needs. While the unique capacity community legal clinics is making assessments of legal need, the advice provided through secondary consultations with other service providers and volunteer problem-solvers in community organizations were more broadly resolution-oriented than legal. There are a great many helping organizations in the community that are eager to work with community legal clinics and find value in enabling them to better serve their own clients. Building partnerships with these organizations holds the promise to greatly extend access to justice. This is historically a project of the legal professions but is increasingly also the domain of all organizations committed to social justice. The refocusing on providing resolutions rather than legal advice and the increasing role of organizations that are part of the social organization of helping in communities may change the ecology of access to justice and in doing so expand access to justice.

Part 07 REPORT 03

Trevor C. W. Farrow, **Access to Justice; Ten Steps to Progress** (2020)

Ten Steps Forward on the Way to Justice for All

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19 October 2020

Introduction

Change is happening on access to justice. While not a new concept, the idea of improving access to justice has taken on new significance in recent years. As will be discussed at this week's [Global Week for Justice](#) and next week's collaborative [Access to Justice Week](#), the work toward providing justice for all is not finished. But we are certainly moving beyond the recognition that access to justice matters and can see meaningful progress being made. Our thinking about access to justice is shifting in fundamental ways. In this piece I set out ten steps forward that have been taken, both globally and in Canada, on the way to justice for all.

Ten Steps Forward

- 1. Focus.** There was a necessary although not sufficient change that involved shifting our focus from the provider – the legal system, to the user – the public. The worldwide wave of everyday legal needs research, including recent reports from [Pascoe Pleasence](#), the [OECD/Open Society Foundations](#) and [others](#) – catalyzed by Hazel Genn's [Paths to Justice](#) research – has been fundamental for our ability to understand what we mean by access to justice, to uncover the different ways that people experience and deal with legal problems, and to see important connections between legal problems, other problems and potential solutions. In Canada, the foundational legal needs work by [Ab Currie](#) helped the [Canadian Forum on Civil Justice](#) to develop our recent work on the [Cost of Justice](#). The rise of Self-Represented Litigants (SRLs) as an access to justice issue, and [research and attention](#) related to that rise, has further fuelled this important shift in focus.
- 2. Magnitude.** Once we started to look at those who use (and do not use) the system and what they need, it became increasingly clear that the gap between those who need justice and those who can access it is huge. According to the Task Force on Justice's recent [Justice for All](#) report, 5.1 billion people “lack meaningful access to justice.” Acknowledging a problem is an important part of finding solutions.
- 3. Meaning.** What we mean by ‘access to justice’ has become an increasingly contested and interesting discussion. There is no doubt that we at least mean access to courts and lawyers. However, what I found through our “[What is Access to Justice?](#)” research is that, when asking the public what they want, people aren't ultimately hoping for more courts or more lawyers; rather, what they are really looking for – in essence – is some

¹ I am grateful for comments from Mark Benton, Ab Currie, Maaïke de Langen and Janet McIntyre.

version of the good life. How far we move toward what amounts to substantive, engaged and reflective justice is still an open question. As seen by recent discussions, like the work of [Rebecca Sandefur](#) and [others](#), at least we are having the discussion.

- 4. Innovation.** That change is needed in the justice sector is not exactly a ground breaking revelation. [Charles Dickens](#) was not the first nor the last person to mock the state of the justice system. We have discussed this for years. However, linking innovation in justice to more general [human-centered design](#) thinking and reform has catalyzed a new kind of interest – and opportunity – in justice innovation in Canada and around the world, involving public, private and hybrid initiatives. [Hiil](#) has been encouraging this kind of innovation for some time. British Columbia’s [Civil Resolution Tribunal](#) and the work of the [Labratoire de Cyberjustice](#), the [Legal Innovation Zone](#), the [Access to Justice Centre for Excellence](#), [CREATE Justice](#), the [Winkler Institute for Dispute Resolution](#) and [CLEO](#) are but several Canadian examples. Law Societies are also starting to think seriously about the importance of [future](#) changes and innovations in legal services and legal regulation, as animated by the work of [Richard Susskind](#), [Gillian Hadfield](#) and [others](#). Much can be done to bridge the gap between those who need legal services and those who can provide legal services, including properly supporting those who need legal information (perhaps with some technology-based or in-person assistance) and those who need a lawyer. Having said all of that, as I have argued [elsewhere](#), it will be important to identify and maintain core aspects of what is important about our systems of public justice in order to protect important rule of law and justice values as we move forward with innovations and reforms. Put differently, we need to be careful not to ‘throw the baby out with the bathwater’.
- 5. Collaboration.** There is no doubt that the world-wide collaboration that has increased over the past decade has made a big difference in terms of access to justice attention, momentum and action. One only needs to look as far as this year’s [Global Week for Justice](#) for a flavour of this collaborative effort. Canada’s [Action Committee on Access to Justice in Civil and Family Matters](#) and its [Justice Development Goals](#) provide local examples of this important recognition. We’re learning, supporting, building on and starting to align our collective efforts.
- 6. Development.** It is now increasingly accepted – by international organizations (e.g. the [UN](#), [OECD](#) and [World Bank](#)), governments (e.g. Canada’s federal [Department of Justice](#) and its [Access to Justice Secretariat](#)), Crown corporations (e.g. [IDRC](#)), non-governmental organizations (e.g. [World Justice Project](#), [Hiil](#), [Namati](#), [Pathfinders](#), [Open Society Foundations](#), [Law and Justice Foundation of New South Wales](#), [Canadian Forum on Civil Justice](#), etc.), bar associations (e.g. the [Canadian Bar Association](#)), research and other coalitions (e.g. the [CBJR](#) project, [ILAG](#) and Canada’s [Action Committee on Access to Justice in Civil and Family Matters](#)), among many others – that providing people with meaningful access to justice is good for individual wellbeing, commercial prosperity, investor confidence as well as sustainable collective development.
- 7. Government Buy-In.** Although no credible opposition is raised to the importance of access to justice for development, there generally continues to be a lack of adequate

government buy-in. Justice budgets continue to be inadequate in terms of meeting even the most basic justice needs. From the work of the [OECD and World Justice Project](#), [Hiil Pathfinders](#), [World Bank](#), and [Lisa Moore and me](#), the business case is being made. However, a significant lack of resources still exists. Having said that, there are some new signs of important governmental recognition. For example, in Canada, leaders from various governments and parties are starting to say out loud that our system of justice “[has failed](#),” that we need to “[reimagine a system of justice](#),” that “[change is needed all over the place](#),” and that “[comprehensive action](#)” is required. The federal [Department of Justice](#) has recently become increasingly engaged, which is important. Although provincial justice budgets are still too low to meet basic needs, Canada’s [legal aid plans](#) continue to provide excellent services (to those who can access them). As evidenced by the [Global Week for Justice](#), some top-down momentum is happening around the world. Mobilizing that government interest, and the buy-in and resources that need to follow, is an important element of meaningful change.

8. **People.** We know that justice matters to people. In my small Canadian “[What is Access to Justice?](#)” survey, 97% of respondents indicated that people should “have a right to justice” and 76% indicated that “justice is of fundamental importance” (with another 23% providing more mixed answers, and only 1% saying it is not). However, until those people put more pressure on their government representatives – until access to justice becomes a coffee shop, book club, dinner table, Zoom meeting and ultimately a voting discussion – meaningful change is not going to happen. At the moment, health, education, policing, the environment, privacy, security, etc., continue to dominate our public consciousness. In turn, those issues dominate Cabinet and Ministerial mandates and budgets. Justice (and not only criminal law) needs to join those topics in order to move the dial on meaningful access to justice. [Public legal education](#) – at all levels – will help with this step.
9. **Crises.** The global [COVID-19 pandemic](#) has brought more change in the past six months than perhaps has occurred in the past 60 years. A lot has been [happening](#). Governments, courts, lawyers, law schools – everyone – has had to adapt, and adapt quickly. Willingness, imagination and money have all been available. Not only is this result mostly a good news story coming out of a terrible world event, it also shows that change can happen. We also need to recognize that other – different – crises have happened in the past and continue to occur all around us. One only needs to look at the work of Canada’s [Truth and Reconciliation Commission](#) or the [National Inquiry into Missing and Murdered Indigenous Women and Girls](#), the ongoing work of the [Black Lives Matter](#) movement, or the [climate crisis](#) to see that we are surrounded by inequity, violence, racism, and ultimately a lack of meaningful justice for all. Crises help to focus attention and catalyze action. However, we should not need to wait for the next crisis, or miss those around us, before further change occurs.
10. **Research.** It has become increasingly well accepted that data is a necessary asset for driving change. With a growing body of [access to justice research](#), we are now at the stage of getting to the next steps of focussing on different kinds, areas and ways of scaling data to help better understand the costs, benefits, value and complexities of access

to justice. A recent example is our new book, *The Justice Crisis: The Cost and Value of Accessing Law*. Topics and findings in this collection focus on: price, cost and regulatory reform; performance and benchmark indicators; public spending; individual and state-based costs; access to justice and Indigenous communities; domestic violence; paralegals; family law; class actions; social enterprise and innovation; legal fees and contingency fees; client interests and risk analysis, among others. The research methodologies used in this collection are innovative and exciting. Equally important is the fact that a new generation of scholars and researchers is starting to emerge alongside those who have been doing this work for a while. Generating new ideas, voices and ways of thinking, as well as sustaining future access to justice research agendas, is an important part of this work. We need to keep moving forward, particularly as we try to evaluate the [impact of legal services](#) on peoples' lives, in order to understand whether in fact better access to justice – and ultimately justice for all – is being achieved.

Conclusion

Although I am generally an optimistic person, looking around at the world's political, economic, social, health and climate situation, it is hard to avoid thinking that 'Rome is burning'. It is also hard to say, as evidenced by the findings in the *Justice for All* report, that the situation when it comes to access to justice is that much better. However, given the steps toward progress that I have discussed above, I do think there is reason for hope.

In addition to those ten steps, there may be more or different steps – I'd be happy to be corrected. The important thing is that we learn from the past, recognize what's happening now and find ways to break free from inaction in order for meaningful change to flourish. The real test of progress will be whether peoples' lives improve in a meaningful way. I hope what we are now seeing will lead to that improvement.

Endnotes

- 1 Hazel Genn, *Paths to Justice, what people do and think about going to law*, Hart Publishing, Oxford, 1999, p. 15.
- 2 *Ibid*, p. 12
- 3 See CFCJ, “Community-Based Justice Research”, online: CFCJ <<https://cfcj-fcjc.org/our-projects/community-based-justice-research-cbjr/>>.
- 4 Rebecca L. Sandefur, *Access to What?*, Daedalus,
- 5 For a general discussion, see Julie Mathews & David Wiseman, *Community Justice Help: Advancing Community-Based Access to Justice*, Community Legal Education Ontario (2020).