

# GTA Legal Clinics Transformation Project Steering Committee

## Terms of Reference

### Background:

- The GTA Legal Clinics Transformation Project is a project of the GTA community legal clinics. It is informed by the experience of staff and boards and the January 2013 report “Refining the delivery of client-centred poverty law.”
- The Project will be a consideration of a new and better system for delivering a full range of clinic law services in the GTA which meet client and community needs and improve access to justice.
- The deliverables for this project are to determine the following elements of the transformation process:
  - Optimal clinic structure in the GTA region
  - Appropriate service areas and number of Clinics in the GTA
  - Process for determining staffing levels
  - Transition plan
- A Working Group was convened out of the Toronto Legal Clinic Management Group and its membership consolidated in the Memorandum of Understanding (“the MoU”) for the GTA Clinics Transformation Project and the GTA Legal Clinics Transformation Project funding agreement. The Steering Committee was convened from the participating clinics.
- Participating community legal clinics in the Project are those which have signed the Memorandum of Understanding.

### Role of Steering Committee/Steering Committee Members:

- To serve as decision-making body for the design of the new model and transition plan.
- To ensure effective communications with and participation of all participating clinics’ boards of directors, members, staff and community partners.
- To liaise with the Working Group on their activities, processes, structure and membership.
- To bring the final report and recommendations to each participating clinic for board review and decision-making.

### Composition:

- Each participating community legal clinic will appoint a consistent representative (i.e. attends all meetings) authorized by their clinic. There is one vote per clinic, to be exercised by this representative.
- A secondary representative may attend from each clinic. A mix of Board and staff is encouraged. If the regular representative is unable to attend, the secondary representative may cast the clinic’s vote.

### Sub-committees:

- The Steering Committee may appoint sub-committees to address specific topics. Sub-committees will bring recommendations to the Steering Committee for review and decision-making.

### Term:

- Duration of the GTA Clinics Transformation Project.

### Decision-making:

- Each clinic will have one vote. The voting representative on the steering committee must be authorized to make decisions on behalf of the clinic.
- Decision-making will be by consensus where possible, and, if consensus is blocked twice, by simple majority vote (see consensus process notes at the end of this document)

### Quorum:

- 50% of clinics that have signed the Memorandum of Understanding for the GTA Clinics Transformation Project.<sup>1</sup>

### Meeting Frequency:

- Monthly with additional meetings as determined by the Steering Committee or at the request of the Working Group.

### Chair:

- The Working Group will appoint an interim chair for the first meeting. The chair's role for this meeting will be to manage the agenda, and to lead a process to review, amend as necessary and adopt Steering Committee Terms of Reference.
- The Steering Committee will appoint co-chairs at the end of the initial meeting. All subsequent meetings will be chaired by the appointed member(s).
- The primary functions of the co-chairs will be: -
  - To prepare Steering Committee meeting agendas
  - To liaise with the Working Group;
  - To manage Steering Committee discussion and decision-making, and
  - To ensure that all elements of these Terms of Reference are applied to Steering Committee process and decision-making.

### Minutes:

- To be kept for all meetings, distributed in draft and reviewed, amended as necessary and formally adopted at the next meeting.

---

<sup>1</sup> In the case of an odd number of participating clinics the 50% will be rounded up to the next whole number, e.g. For 17 clinics quorum will 9 (8.5 rounded up to 9).

### Consensus Process:

- An issue is discussed and a recommendation is made. Everyone who wishes to speak to the issue has the opportunity for input. The chair then repeats the motion/recommendation and asks if the meeting has reached consensus. Silence means consent and the motion/recommendation is approved. However, members have three ways to state their response to a call for consensus from the chair: -
- **"I have reservations."** This means that you are not certain that it's the right decision but you can live with it. Consensus is reached. Your reservations/concerns can be noted so that your position is clear for the record.
- **"I stand aside."** This means that you don't think it's the right decision, but you won't stop it from going ahead. Again, consensus is reached.
- **"I block this."** Finally, you can stop consensus from being reached by saying "I block this." In this case consensus is not reached and the item is re-opened for further discussion.
- After a second round of discussion and call for consensus, if consensus is not reached, the motion reverts to a simple majority vote.

DRAFT