GTA LEGAL CLINICS' TRANSFORMATION PROJECT

STEERING COMMITTEE MEETING

MONDAY JANUARY 27, 2013
6:00PM-8:00PM
METRO HALL, ROOM 302

PRESENT: Vinay Jain (Unison), Joe Myers (WCLS), Sean Rehaag (PCLS), Haris Blentic (NLS), Norma English (NP + DCLS), Nicholas Francis (KBCLS), Dennis Timbrell (FCLS), Erin Metcalf (NLS), Sharon Majik (SECLS), Kier Munn (WTCLS), Isabella Meltz (KBCLS), Liz Klassen (SCLS), Stewart Cruikshank (ETCLS), Elisabeth (WTCLS), Brook Physick (FCLS), Jack de Klerk (NLS), Matt Benson (ETCLS), Cole Webber (PCLS), Julius Mlynarski (SECLS), Pamela Courtot (CLCYR)

REGRETS: Jack Fleming (NPDCLS); Joel Levine; Yodit Edemarium (Rexdale); Christie McQuarrie; Vanessa Emery; Carol Baker

SUMMARY OF TASKS

Agenda Items		Discussion/Information	Outcome	Action/Discussion Points
1	Welcome/introductions			
2	Further report from Public Interest and outline of discussion points to be covered	Information	Received	Sean reported on qualitative data summary report. Highlights included: Students Refer across catchment, serve across catchment Unique approaches to staffing Pressure to do CD Assign to one staff
3	Small group discussion	Discussion	Received	
4	Report back from small groups	Information	Received	
5	Discussion of Update report from Jack De Klerk	Discussion	Received	
6	Further discussion of Communications issues	Discussion	Received	
7	Adjournment and next meeting	Discussion	Approval	Next meeting is February 11/14 in North York

MEETING MINUTES

1. **Welcome and Introductions**

2. **Further report from Public Interest and outline of discussion points to be covered**

   Sean presented on the Supplementary Report for the Qualitative Data Summary, which focuses on innovated approaches and best practices that clinics use to meet client needs. The highlights included:

   - Using satellites to address proximity challenges, mostly operating out of partner agencies, as well as offering mobile services to reach isolated individuals;
   - Adopting team or group approaches to alleviate pressure and workloads also allows for information sharing;

- Increasing use of students and the pro bono bar
- Creating partnerships outside the bar, or acquiring funding to hire non-legal staff to address demands for service that fall outside of scope of law;
- Requirement of staff to spend a minimum number of hours on community development work or dedicating staff to this work;
- Some clinics share space in a hub with partner agencies or have consolidated to become part of a broader range of service delivery;
- Effective approaches to providing legal education by training law students.

3. Small group discussions

4. Report back from small groups

Location & proximity

What are the implications of the access issues generated by location and proximity? How do we address existing proximity issues? Focus on dense spot? Focus on transportation? Focus on satellites? Focus on mobility? Who is left out of services when we don't address this?

- Defining satellite office and what it means w/in the clinic system. Short span vs. full time w fewer staff, define how often they run and how they are staffed
- Transportation target time limits
- RV mobility office
- Better to go to clients, establish relations where clients are, transit not always access
- Still have to do outreach, no matter where you are located
- What makes success for satellites?
- Success for satellites – street
- What will offices look like in future – may be only a computer
- Tech changes satellites
- Common database w partners
- Being n transit it big if your target group is on related lines (FCLS w Flemingdon and TP can get to Don Mills but needed satellite in CT, WT getting their clients at Dundas West but not at St Claire and Yonge)
- If no good transit around, need satellites (YCLS) CHCs and passive providers are not great partners, DPNC was not a good site. Helps to be Visible, get a partners who is active in recruiting and support
- Accessibility is sometimes about more than just location. Familiarity, networks and other factors matter. But good to have dense pops of low income.
- Satellites don't address urgent needs.
- Should satellites be mostly intake or offer services?
- Technologies that allow video conferencing are really helpful. Need good tech though

Beyond casework

How do we address the pressures of casework and the shortage of time for matters like outreach, CD, clinical legal education law reform and appeals?

- Dedicated CD staff
- Build partnerships, partner w others on outreach
- Proactive PLE, reactive
- Performance measurements problems in terms of outreach – funder requirements, needs balance

between cd/casework

- Funders don't know how to measure this right
- Minimum hours for casework, mgmt. structure that enforces cd & casework, embedding cd work in team of caseworkers – need this experience when looking at cd.
- Get PBLO folks to commit to a minimum level at large firms
- No amount of lawyers will relieve the oversupply of demand, need some other approach to ensure CD and law reform.
- Having people who don't do case work is the only way to protect CD
- People do what you measure; funder does not have metrics for CD, just for "assists"
- At least the management level should be demanding their staff deliver the minimum hours – that would get them looking at their case load to find the ones the point to CD and Law Reform opportunities. Needs bigger clinics to do it.
- Hard to organize around a legal issue unless you have skills in that area. May need some engagement in casework to have that skill. However, having a clear team that does CD is a clearer way.

<u>Local control</u>

How do we address the need for local control and responsiveness to local issues? What mechanisms enable community leadership? How do you ensure boards do a good job? How else do we hear from communities?

- What needs to be defined? Outreach, needs, scope of service?
- How do we determine what is local – good & bad about small vs large.
- Small knows city, large can pushback against LAO. If city connections are good, should be able to do it in larger scope. Strong community connections means – good input, good mobilizing. Big means SWOT – can mean good outreach & input
- Regular town halls
- Mandated regular system of public input into the systems they require
- Listen to partners – meet, survey, get pulse
- Representative boards – good, maybe symbolic
- Agencies and city partners connections
- Reps from different geographic areas of catchment
- York region has a matrix of board representation needs – skills, geography and life experiences like mental health or being in the justice system. There is a succession plan that tries to draw people that fill those roles.
- Local responsiveness is also achieved by maintaining strong relationships with local NGOs that give feedback, guide decision-making and inform the work of the clinic.
- If you're far way at the head office, how do you keep the outer areas engaged?
- Try to have the same people at each area in the community – tams of 2 so there is always someone there.
- Surveys of agencies, there close to the pulse. CD and the groups they work with. Relationships with community groups who use the space. History helps.

<u>Scope of service</u>

How do we address the broad scope of legal needs? How do we address the variation in services offered by different clinics in different catchments in the face of those broad needs? How do we address the people that the current system does not serve?

- Access vs Consistency
- Needs Assessments matter
- Access to justice, rethink questions of catchments – every clinic should offer similar services or doesn't matter where you live, work together and formalize agreements between clinics. Get funder beyond issue of pressure of staff, look at other requirements, need accountability
- More service agreement among clinics
- Seamless integration of services i.e. family & criminal – more ops for PLE/CD to fight for enhancements of legal services, LAO download ideas to clinics
- Same services offered throughout clinic system
- Universal core service
- Less focus on staff
- Need accountability
- Reconnect to family and crime
    - More PLEs
    - Fight for expanded service
- Optional attendance, rethink rules
- Increase LICO
- More generous cut-offs – serve more poor people
- Need for other types of law, employment, family, wills/estates, criminal info
- Cross-referral system w other non-legal services for their expertise: i.e. social workers for hoarding issues – general access intake systems, not nec 1-800 – harmonized intake w/out hotline

Partnerships

What role should partnerships play in clinic operations and plans? What are the implications and changes involved in working in partnership effectively?

- Leverage people to act on law reform work
- Need for really good referral lists & resources for all types of service at front desk
- Using PLE to train partners to do better jobs in form filling i.e. doctors to fill out ODSP forms better
- Pro-bono work through law society of Upper Canada, minimum hours
- Important when there is a big move, we don't lose our current partnerships
- Formalizing and solidifying existing relationships
- Use ed. Service to help partners do better forms (esp. ODSP)
- Work to solidify partners during change

Staffing

What are the key stresses on staffing? How can we address the need for backup on files? What mechanisms are there for addressing the pressure on staff?

- No appreciation of services we do accomplish
- Not sufficient training funds for staff development
- Work smarter, with diverse teams
    - Size of staff/teams/mentoring is important
- Decide what services to offer
- More support staff, Non legal supports in house
- Good tools, IT, HR, case management tools
- Mental health and other skills
- Form follows function
- Volume is an issue

- Teams for covering
- Support if alone
- Address complexity, mental health
- Key supports on staff team (mental health, housing)

5. Discussion and Update of Report From Jack De Klerk

- Update report received by steering committee

6. Further of Communications issues

The working group is concerned that discussions are getting ahead of staff and board at the clinics. It is imperative that each clinic steering committee representative attend the meetings.

When it is time to make decisions, lack of communication will become problematic. We need a standardized approach to give feedback to staff and improve the communication flow. The following is a brainstorm of ideas. The working group will consult and present a communications strategy to the steering committee for decision making.

- staff meeting to discuss upcoming agendas prior to meeting – agendas would need to be released earlier
- All materials could be circulated prior to meetings to clinics, have hyperlinks to discussion page, transcript could be brought here by steering committee reps
- PCLS taskforce board & staff members – time intensive, electronic form may not solve prob. More subcommittee of board & staff.
- Ed present to staff as done in NPDCLS
- Add to one pager 2-3 questions for staff / board to think about work
- Could circulate questions that we used today and feedback that info to SC
- It is the responsibility of each individual SC member, not the issue of having more, lots of resources out there. If that is the mechanism going out, what is the flow back coming in? SC member brings perspective back and feeds into these discussions here.
- Special staff meeting after this SC meeting, could have these materials compiled earlier.

7. Next Meeting and Adjournment

Next meeting Feb 11 will discuss communications further

Meeting adjourned 8:25pm