

# Steering Committee Work Plan

The Steering Committee decided to set up some subcommittees to examine specific issues and report back to the Steering Committee.

The Steering Committee adopted several guidelines to direct to guide the work of subcommittees. [These are listed at the end of this document in Appendix “A”.]

These include matters that guide the content of the subcommittees’ deliberations, specifically that they be based on the principles adopted in the vision report, that they take into account the issues raised in the Clinic resolutions, and that they be client centered plans.

These guidelines also include some matters that shape the outcomes of the subcommittees’ work, specifically that they produce strategies with clear plans, with milestones and specific deliverables that are actually implementable.

Finally these guidelines also include some matters that shape the process the subcommittees should follow, specifically that the subcommittees build on existing work as well as adding new insights, and that they complete their work in time to allow their proposed plans to be implemented this year.

These guidelines should be considered as the subcommittees undertake the tasks in their workplans and were used to provide specific direction in the workplan tasks and process.

## **1. Community engagement: community development, community legal education and clinic governance**

Objective: To identify specific ways clinics can maintain and increase community development as an integral part of the work of legal clinics, while facilitating greater awareness of legal issues within the client community and within the service provider community, and supporting the principle of governance of legal clinics by community boards of directors.

### Tasks:

- a) Identify and propose specific tools and processes clinics can use to maintain and build on their effective responsiveness to community needs and priorities and inclusiveness of community voice.
- b) Identify how clinics could have more staff with distinct job descriptions that commit them to dedicated community development work.

- c) Identify ways that the clinics can assess the assets in the community to help clinics ensure that different groups and viewpoints are welcomed and considered and engaged; in particular consider whether efforts could be made to realize the potential contribution of community partners in both supporting clients and in defining community needs.
- d) Identify what clinics could do to develop relationships and practices with community partners that facilitate working together to assess needs and promote community development for the clients they share.
- e) Identify what clinic members (board, staff and volunteers) need to do to develop a strategy for developing and maintaining visibility within the communities they hope to engage.

## **2. Access issues and partnerships including external partners**

Objective: To identify specific ways in which clinics can make their services accessible to all their potential clients, regardless of proximity to the legal clinic, and to ensure that those services are delivered in ways that are appropriate for those clients and in ways that also take into account the client's other needs.

### Tasks:

- a) Identify the process and specific criteria required to ensure that every clinic has in place an access strategy that uses promising practices and defines how services will be delivered to all their clients in a way that does not favour those clients who have easier physical access to the clinic's location or those who have linguistic or literacy skills that give them advantages.
- b) Review models of providing "access points", offsite intake or satellite service delivery and identify the most promising practices.
- c) Identify potential examples of community partners and discuss with them their level of interest in any system of "access points", offsite intake or satellite service delivery, and the processes required to obtain and sustain their participation.
- d) Identify potential examples of community partners and discuss with them the processes required to obtain and sustain their participation in strategic alliances that will facilitate the delivery of "wrap around" services where this is needed and appropriate and simple and co-ordinated delivery of services with common clients where services are related or inter-dependent.

- e) Identify promising practices in providing training to community partners to support the relationships outlined above and, similarly, for clinic staff to be trained in identifying non-legal issues and resources so that referrals can be made and supports arranged for.

### **3. Expanding areas of law, closing service gaps and ensuring consistent services across the GTA**

Objective: Identify the areas of law that all clinics will treat as “core services” equally available and accessible to all low-income residents of the GTA regardless of where they live. Identify the expanded areas of law that need to be added to the core, and non-core service offerings in the GTA. Identify mechanisms for delivering services in all of these areas of law and the processes that sustain, support and update that arrangement across clinics over time.

Tasks:

- a) Work with existing processes including the TLCMG and the inter-clinic working groups dealing with the various areas of law, to identify specific recommended core areas of law, and the basic services that should be available within each of those areas of law.
- b) In regions of the GTA where resources cannot meet the requirements of the core areas and/or any expanded areas, identify specific strategies for how those services can be provided.
- c) Identify clear procedures to deliver services in core areas of law to clients when their clinic is unable, for whatever reason, to meet those needs.

### **4. Optimizing systems and improving operational efficiency**

Objective: Identify specific changes that clinics can make in structures, policies or practices to use all our resource as efficiently as possible with a view that as many of those resources as possible can be dedicated to direct client service.

Tasks:

- a) Review administrative activities undertaken by all clinics such as hiring auditors; bookkeeping; needs assessments; strategic planning; funding applications; training staff, volunteers and board members; and determine which, if any components of those activities could be undertaken more efficiently and effectively by creating structures or processes that reduce redundancy of the tasks.

- b) Identify areas where case management practices can improve the quality and/or quantity of service delivered and the structures, policies and processes required to implement case management models in those areas.
- c) Identify areas where joint or common intake practices can improve the quality and/or quantity of intake conducted and the structures, policies and processes required to implement case management models in those areas.
- d) Identify where the use of teams can improve service and the structures, policies and processes required to implement team models.
- e) Identify any areas where structural changes, including collaborative structures, mergers or new clinics could improve the quality and/or quantity of service delivered.
- f) Identify any IT changes that would improve services, enhance efficiency or support consistent practices and create greater collaboration opportunities for staff and clinics.

## **Process**

Prior to June 2<sup>nd</sup>, each subcommittee will define the activities required to complete the tasks assigned to the subcommittee and draft a plan for their work, including timelines for activities, how they plan to draw on the existing work done to date and where supports required to complete new work. Circulate the plan by June 2<sup>nd</sup> for approval at the June 9<sup>th</sup> Steering Committee.

Subject to approval or amendment by the Steering Committee, each subcommittee will carry out the activities in its plan and develop a proposal for the Steering Committee on the recommended practices, policies, structures and procedures that achieve the stated goal of the subcommittee, and reflect the specific areas of work indicted in the subcommittee's mandate. These recommendations can offer multiple options for achieving an objective but should reflect the subcommittee's view on what constitutes good practice in keeping with the principles, the commitment to client centred practice and the resolutions adopted by the clinics.

Complete a final report on the recommendations prior to the 30<sup>th</sup> of September for circulation to the Steering Committee on the 30<sup>th</sup> of September, and for approval at the October 13<sup>th</sup> Steering Committee meeting.

## Appendix A: Guidelines

- i. The work of the subcommittees should align with the principles already agreed on in the Vision Report
- ii. The subcommittees are working on ways to move forward toward implementable strategies, building on the work done so far
- iii. The strategies generated by the subcommittees should be client centered
- iv. The work of subcommittees should be oriented around developing a clear plan, with milestones, that creates a strategy that can be implemented this year
- v. The work of subcommittees should be oriented around developing a plan with clear deliverables
- vi. Planning for the subcommittees should take into account the issues raised in the resolutions from clinics on the vision report