



## West Toronto Community Legal Services

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VIA EMAIL

November 29, 2014

### **Jack de Klerk & Marjorie Hiley**

Co-Chairs, GTA Legal Clinics Transformation Project Steering Committee

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Dear Jack and Marjorie,

### **Re: Decision of the Board of Directors of West Toronto Community Legal Services on the GTA Legal Clinics Transformation Project Vision Report**

I am writing to provide you with the decision of the Board of Directors of West Toronto Community Legal Services (“WTCLS”) on the Vision Report for the GTA Legal Clinics Transformation Project (the “Project”).

#### **Overview**

The WTCLS Board is firmly committed the clinic-led process to transform and improve the clinic system in the Greater Toronto Area (“GTA”). We believe this is a positive process and we would like continue to play an active role in it. There are clearly opportunities to improve the clinic system in terms of client service, community development, efficiency, and effectiveness.

Although we are supportive of this process, WTCLS cannot endorse the Vision Report at this time. The position of WTCLS can be summarized as follows:

1. WTCLS supports a clinic-led process to transform and improve the clinic system in the GTA;
2. WTCLS supports the principles set out in the Vision Report;<sup>1</sup>
3. WTCLS believes large increases in funding are immediately required for the York and Peel/Dufferin regions;

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<sup>1</sup> This includes both the principles set out in the Memorandum of Understanding for the Project with Legal Aid Ontario (“LAO”) and the additional principles developed by the Steering Committee. See the Vision Report Executive Summary, pgs. 2-3.

4. Before considering approval of a new clinic model similar to that set out in the Vision Report, WTCLS would require the following:
  - a. A framework for delivery of client services including more evidence and detail regarding the “access points.” Such a framework would outline the proposed operating model, roles and responsibilities, and governance structure. This is needed prior to the development of the Implementation Plan;
  - b. Concrete evidence, perhaps through pilot projects, that the model would result in efficiencies;
  - c. Preliminary information on new funds to be distributed in the near future;
  - d. A plan for community-based governance ; and
  - e. A plan to allow programs such as our housing help program to still be co-located with legal services.
5. WTCLS believes that alternatives must also be considered in more depth, including hubs, mergers, pilot projects, and a combination of approaches tailored to different parts of the City.

The basis for our position is detailed below.

### **The Question Posed to the Clinics**

We understand the clinics are being asked to approve a vision for a new model for legal aid clinics in the GTA. The clinics are not being asked to approve the specifics, such as the exact number of clinics or the precise catchment areas. The clinics are also not being asked to provide a binding commitment. Once a new model is approved, a transition plan will be developed and clinics will then be asked to sign a binding agreement committing to that plan.<sup>2</sup>

The dividing line between the “vision” and the “specifics” is not clear. However, generally speaking, WTCLS is being asked to approve a new model whereby the 14 metro clinics are replaced by far fewer but larger stand-alone clinics (between 3 to 5 in number). The objective of the new model is that larger clinics would in theory bring benefits, including administrative savings, increased teamwork, better staff coverage, and so on.

### **WTCLS Consultation and Deliberation Process**

WTCLS has been actively involved in the clinic transformation process at both the management and board level and through consultations with our clients. Our Board has an *ad hoc* committee dedicated to this issue and it is a standing item on our monthly Board meeting agendas. We have reviewed all the documents produced by the Steering Committee and its Working Group and discussed their contents in depth.

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<sup>2</sup> Vision Report Executive Summary, pg. 2.

We have also communicated with our clients and community informally, at our AGM, and during a recent well-attended consultation session. We have also communicated with community partners and met with our staff to discuss the project in detail. The position of the Board was informed by the results of these consultations.

## **The Position of WTCLS**

### *The Process and Principles*

As stated, WTCLS is committed to a clinic-led process. We believe clinics are in the best position to understand the challenges of delivering clinic law services and are best suited to assess possible alternative models. WTCLS also supports the principles set out in the Vision Report.<sup>3</sup> That said, we do not believe those principles inevitably lead to the conclusion that the 14 metro clinics should be replaced by fewer stand-alone clinics each with approximately 33 staff persons.

### *Massive Unmet Needs in Peel/Dufferin and York Regions*

Large increases in funding for the York and Peel/Dufferin regions are urgently needed. LAO funding has not kept up with the growth in the low income population in these regions.

However the City of Toronto area is also underfunded compared to the rest of the province. In Toronto the average staff to low income population ratio is 3,032 to 1 whereas outside the GTA it is 2,489 to 1.<sup>4</sup> Therefore, there is no surplus or unneeded funding in Toronto that could be used to address the unmet needs in the suburban regions. Indeed, clinic services across Ontario are stretched. As recognized in the Vision Report, new funds are needed for the 905 – not a reallocation from other areas. The unmet need in the Peel/Dufferin and York regions is therefore a separate issue from the question of the best and most efficient model(s) for all clinics in the GTA.

### *The Model of Larger Clinics*

As stated, WTCLS cannot at this time support a new model for Toronto that would replace the existing 14 metro clinics with far fewer but larger clinics. We appreciate the logic behind larger clinics but do not see enough evidence that the theoretical benefits will be realized in practice, that the downsides of larger clinics can be mitigated, or that this is truly the best of all the available options.

Before any conclusion can be made, the following additional information is needed:

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<sup>3</sup> Vision Report Executive Summary, pgs. 2-3.

<sup>4</sup> Vision Report, p. 77.

## 1. Will access points work?

Significant unanswered questions relate to the proposed new “access points.” The Vision Report found that clients are drawn predominantly from areas *nearby* the clinics rather than the areas of highest *need*. Location matters and physical distance is a significant barrier to accessing services.

Given that the proposed model would result in fewer clinics, spread farther apart and covering wider areas, the efficacy of the proposed “access points” is critical. If the access points do not “work,” our clients will be worse off than before.

The Vision Report contains little information on the access points. We have been told verbally that the access points will involve community agencies providing free space on a periodic basis (e.g. every other Wednesday afternoon) for legal staff to meet with clients. The legal clinic would not have a permanent office at the community agency.

This tentative model for access points raises some important questions, including: (1) Will community agencies have space available for this? (2) How will this impact people with language barriers or mental health issues? (3) What would the impacts be on staff travel time and co-ordination? (4) Why should community agencies be expected to provide space for free? (5) Will this actually improve access? (6) How will clients access service in the more urgent situations typical in housing matters? (7) How would client confidentiality be assured? (8) How would the LAO server be accessed in a secure way from access points? (9) How would conflicts of interest be avoided? (10) How can potential client confusion about the role of the agency vs. the clinic be avoided? (11) How can we ensure that access points will remain stable going forward? And so on.

WTCLS has implemented access points in the past and has encountered a number of significant practical difficulties. Our staff reported isolation, excessive downtime, and difficulty addressing urgent situations, among numerous other problems.

Because access points are the lynchpin of a model involving larger clinics, and could play a significant role in any new model, WTCLS would need guarantees about what they would look like and whether they would work. More research and analysis is required including identifying possible models, assessing them, and looking at case studies.

## 2. Would bigger clinics be more efficient?

Closing down the 14 Metro clinics will be a massive endeavour with huge costs and negative impacts on our clients. Before moving forward, we need to be sure that it will be “worth it.” At the moment we are not confident that it will be. Further evidence is needed, including:

1. **Further staffing analysis:** The predicted 18% increase in front-line staff is based on a comparison of currently *funded* positions with a theoretical number of positions in the new model. We are concerned the analysis does not take into account two issues: (i) Many clinics, including WTCLS, have found savings to hire more staff than the number they are *funded for*. This is not accounted for in the current analysis. (ii) Legal

professionals are more efficient when they work with effective support staff in a well-run office. Our staff believe that the model clinic will require more non-front line staff than currently planned (for administration, reception, and intake) to ensure that legal workers focus on legal work. The theoretical staffing numbers is optimistic and should be revisited.

2. **Case studies:** Mergers have been implemented on many occasions to increase efficiency, by legal clinics and in other sectors. We would benefit from a fulsome literature review on mergers in general as well as an analysis of clinic mergers, including an analysis on opportunities, challenges and overall costs for comparable mergers.
3. **Pilot project:** The best evidence that the proposed model will be more efficient would be a pilot project. Before transforming the entire GTA clinic system, it would be best to start with one area and monitor the impact.

### **3. What funding increases are coming to Toronto?**

New funding has been announced for the legal aid system. This could change the proposed model substantially, possibly allowing for 4 or even 5 larger clinics in Metro. The difference between 3 and 5 clinics is significant. But will there really be sufficient funds for 66 additional staff in Metro? Additional funding could also open up other alternatives. More information is needed on this important factor.

### **4. How will clinics remain connected to the community?**

If catchment areas are increased, community connection may be lost. It will be harder to maintain genuinely local representation on boards and clinics may lose the dedicated staff who have built crucial connections with the community. We believe a new model must include a governance framework which ensures community engagement. This is essential and must be in place before WTCLS can provide approval.

One way that our current clinic is connected to the community is with relationships that have been built over many years between staff and community agencies as well as those between staff and our clients. We are gravely concerned that these close connections will be lost in the transition as staff grapple with dramatically expanded catchment areas and their roles within the new system.

### **5. How can co-located programs be maintained?**

WTCLS currently operates a housing support program funded by the City of Toronto. There are obvious benefits to co-locating these services with our legal services. Before proceeding with a vision, other funders need to be consulted and a plan developed to address their concerns. WTCLS would like to see a commitment to take all steps necessary to ensure that these programs have the opportunity to remain co-located with legal services.

## **6. What about other alternatives, such as hubs, mergers, or multiple solutions?**

WTCLS believes that hubs and mergers should not yet be ruled out. The few pages in the Vision Report on alternatives tell only part of the story. To our knowledge, the Steering Committee did not unanimously reject hubs and mergers and the WTCLS members on the Steering Committee have never ruled out these alternatives. In fact, we would like to learn more from clinics such as Rexdale CLS, Unison, Centre for Spanish Speaking Peoples, and others. We believe that hubs and mergers deserve a second look.

The Vision Report also makes the assumption that there should be only one kind of clinic in Toronto – i.e. a stand-alone clinic with roughly 33 staff members. WTCLS wonders if any “one-size-fits-all” approach can work for an area as large and varied as the GTA. It may be that one area would be best served by a hub and another best served by a large stand-alone clinic. The best option depends on a variety of local factors, including existing clinics, existing community agencies, transit connections, urban density, and so on. The best plan may involve multiple solutions tailored to the specific areas.

The current vision is based on solving the following “systemic weaknesses”:<sup>5</sup>

- Poor alignment between needs and resources;
- Irrational catchment areas;
- Inconsistency in the services provided by each clinic;
- Lack of capacity for staffing and human-resources development;
- Inefficient administrative and technological systems;
- Lack of capacity for coordination; and
- A need to increase service levels and efficiencies.

These are important challenges. However, large stand-alone clinics are not the only way to address these. For example, catchment areas could be revised and resources reallocated by amalgamating some clinics and by moving other clinics to a hub model. Inconsistency in services could be resolved with revised funding and new LAO polices. Changes are necessary. The answer is not simply more funding. But we think alternatives such as hubs and mergers may be part of the solution.

WTCLS also believes that the criteria for assessing the options should be expanded. In our consultations with clients and staff we heard of other challenges and opportunities that should be considered. Some examples include the following:

- The benefits of providing legal and non-legal services under one roof;
- Barriers to access for people with mental health issues or language barriers;
- The importance of retaining our staff with deep community connections;
- The importance of building relationships and trust with clients;
- The problems arising from the inability to retain surpluses in keeping with best practices (e.g. difficulties in retaining a rainy day reserve / maintenance and continuity fund to cover leaves of absence);

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<sup>5</sup> Vision Report, pg. 2.

- Complicated structure for the delivery of legal aid services (e.g. the different access points for different areas of law);
- The possibility of ineffective Boards of Directors;
- The excessively low income cut-off for services and the lack of support for low income persons just above the income cut-off; and
- Legal Aid Ontario's inefficient electronic systems.

In sum, although significant progress has been made, we believe the assessment of options is not complete and that the Steering Committee should: (1) reconsider other options such as hubs and mergers; (2) assess the options with a wider set of criteria; (3) consider an approach involving multiple options tailored to the specific location; and (4) consider pilot projects.

### **Proposed Next Steps**

As a next step, we believe the Steering Committee should resume their work on assessing the options, outlining a plan, and drafting a further report.

In the meantime, the GTA clinics should issue a collective demand that LAO immediately fund additional positions in the York and Peel/Dufferin regions. Immediate steps should be taken to address the severe problems in these areas.

Time is also of the essence in addressing the broader transformation. The work done to date is extremely valuable and will provide a solid foundation on which to build. We need to move forward with this work. WTCLS is firmly committed to continuing its active participation in the clinic-led process to improve services for all of our clients throughout the GTA.

Jack and Marjorie, we appreciate your hard work in addressing the difficult challenges facing the GTA clinics. The Board would be happy to discuss any of the above with you or anyone else involved in the Transformation Process. We hope that we can move forward with open-mindedness and a commitment to collaborative change that meets everyone's needs.

Yours truly,



Kent Elson  
For the Board of Directors  
West Toronto Community Legal Services

cc. GTA Community Legal Clinics