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Legal Secondary Consultation: Expanding the Reach of Ontario's Community Legal Clinics through Community Partnerships

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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 legal secondary consultation (LSC) has been a successful innovation in legal aid delivery to address these problems. LSC 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 (Currie, 2018, p. 1).

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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 permanent component of a community legal clinic's service delivery model in Ontario, Canada. The LSC service has two key features that makes it unique from similar service delivery models based on outreach, such as medical legal partnerships, where legal professionals address legal problems that create or perpetuate poor health in a medical setting: (1) LSCs are available to *any* organization in the community and capture a *broader* spectrum of unmet need; and (2) LSC advisors engage in collaborative problem solving with these organizations, providing legal *and* strategic advice for a variety of *legal and non-legal problems*. 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' evaluation reveals that the LSC service worked for a wide range of community organizations and social service providers. Three main benefits were identified. First, the LSC service extended the reach of community legal clinics by identifying and addressing unmet legal need in the community that would otherwise have likely gone largely unnoticed. The three clinics helped 103 organizations resolve 267 everyday legal and non-legal problems for their 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 was cost effective; it did 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 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 community organizations or social service providers during a consultation, or by directly asking about their comfort level with following-through on the advice given.

The LSC approach has proven sustainable and has become 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 LSC service within the three community legal clinics. Section III presents the main findings from the authors' evaluation of the LSC service piloted at each clinic, including its benefits (III.C) and potential risks (III.D). Section IV presents updated data and discusses the service's sustainability. Section V concludes.

LEGAL SECONDARY CONSULTATION WITHIN THREE ONTARIO COMMUNITY LEGAL CLINICS: ORIGINS AND DEVELOPMENT

The LSC service under discussion was developed in 2015 by Halton Community Legal Services (HCLS) — a community legal clinic[1] that offers poverty law services to low-income people in Halton Region, located about 40 kilometers west of Toronto, Ontario.[2] The Community Legal Clinic of Brant, Haldimand 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 provided in the previous section (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]

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 community organizations and social service providers throughout the community. HCLS responded by developing the LSC service to leverage and continue to build these collaborative relationships. In fact, HCLS' 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 served 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 and Pro Bono Law Ontario.[7] Medical-legal partnerships are collaborative partnerships between health care providers and lawyers to provide health and legal services at a single cite 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 have been implemented by the three clinics as a permanent component of a community legal clinic's service delivery model in Ontario. 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]

Two key features separate the LSC service under discussion from similar service delivery models based on outreach such as MLPs and the "worker advice service" at CALC. First, HCLS (and the Brant and Guelph 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 of these organizations include: food banks, social service agencies, the police, shelters, family counseling centers, faith-based organizations, refugee organizations and women's support organizations.

This approach is supported by the assumptions and empirical findings from the legal problems research. Legal problems are part of the normal activities of everyday life (Currie, 2009; 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 re-

gions[12] (Government of Canada, 2006; Currie, 2017). 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 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 type of problem solving that is part of the LSC service.[13] Traditionally, legal service providers have tended to focus on providing legal advice and information within their existing practice areas. By contrast, LSC advisors engaged in collaborative problem solving with community organizations and social service providers to identify and resolve the *legal* and *non-legal* aspects of their clients' everyday problems. An LSC advisor would never say "we don't do that" or "I can't help with that." As a result, the LSC service functioned as a gateway to more integrated service for the community organizations and social service providers requesting consultations.

Two examples were provided by the main LSC advisor at HCLS to illustrate this point. In the first example, the LSC advisor received a call from a social service provider whose client was at risk of being evicted due to a hoarding problem, where the client's mental health was unsupported. The advisor helped the service provider resolve the eviction (the *legal* problem) and recommended connecting with professional services and adequate supports to address the underlying mental health issue (the *non-legal* problem).[14] During another consult, the LSC advisor received an email from a service provider about a client who was not receiving child support from their ex-spouse and was worried about being able to pay their rent. An LSC advisor provided a referral for the child support issue (the *legal* problem) since HCLS does not provide family law services. Information and/or advice was then provided on applying for provincial social assistance programs and completing the application and other documentation (the *non-legal* problem). This ensured that the service provider's client had access to a source of income while the family law issue was 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 (Currie, 2018, p. 14).

Strategic — and not strictly legal — advice was also a key aspect of this approach to problem solving. Consider the following example from another LSC advisor at HCLS. She received a phone call from a service provider about a client residing in a retirement home. The client was at serious risk of eviction due to behaviour related to her mental health issues. The service provider asked for advice on what her client could do to prevent an eviction after receiving a legal notice. The LSC advisor provided *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 also discussed 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 an eviction hearing.

The LHC pilot project supported the development of these key features. Knowledge about the LHC became widespread in the community and became HCLS' "calling card." A substantial number of community organizations and social services providers became aware of HCLS and recognized the value of asking them for help. As a result, and by 2015, HCLS had built a strong network of community partnerships. The availability of the LSC was widely advertised; however, the service was provided as a result of requests for consultation, not offers by HCLS.

This network of community partnerships also represented a referral network for the LSC advisors. And since the LHC form included areas of law (family, criminal, etc.) that did not form part of HCLS' practice areas, LSC advisors already had experience finding answers to unfamiliar legal problems.

FINDINGS FROM THE LEGAL SECONDARY CONSULTATION PILOT PROJECT EVALUATION

The pilot phase of the LSC project was evaluated[15] between September, 2016 to April, 2017.[16] Data was collected from four sources: **(1)** data on the community organizations and social service providers requesting the LSC

service for each clinic; **(2)** interviews with LSC advisors;[17] **(3)** interviews with social service providers and community organizations that used the LSC service;[18] and **(4)** case notes from each clinic (Currie, 2018, pp. 8-9). Specific findings from the evaluation are discussed below.

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.[19] 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 (Currie, 2018, p. 10-12).

LSC advisors supported community organizations and social service providers in resolving 267 legal and non-legal problems for their clients over the seven-month period. 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 preferred to deal with one problem at time, even when their clients were 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 problems. 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 informa-

tion, strategic advice and/or a referral (Currie, 2018, pp. 13-14; see also, TABLE 2 for more detailed data).[20]

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 cutting edge of this change. The definition of legal problems has changed with the emergence 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 mains 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).

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.[21] 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 community organizations and social service providers to ensure that both sides understand the other's operational constraints (Currie, 2018, pp. 19-20).[22]

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 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).[23] A discussion of each benefit follows.

EXPANDING THE REACH OF LEGAL AID

The LSC service allowed each clinic to extend the reach of their services to individuals that would otherwise have remained hidden and not sought 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 clinic's advice.[24] They noted several barriers that explained their clients' behavior, such as physical and mental health issues, trust issues and fear of approaching agencies. These responses strongly suggest that the collaborative partnerships that formed between the LSC advisors and community organizations and social service providers were essential to create pathways to justice for these potentially hard-to-reach individuals (Currie, 2018, pp. 21-23).

Based on the data from the case notes, the three clinics helped 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.[25] 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 peace of mind and relief to the client (Currie, 2018, p. 21).

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 effective 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 (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).

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, although the service was built on existing clinic infrastructure, which represents an indirect cost (Currie, 2018, p. 23).[26] Significant time and effort was also spent building relationships with community organizations and social service providers to ensure the LSC service diffused throughout the community (see also, 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 clinic, the authors did not conduct a cost-benefit analysis.[27] The findings nevertheless support the conclusion that the LSC service was cost-effective. The service allowed three clinics to help more than 100 community organizations and social service providers to resolve over 250 problems for their clients, without substantially increasing costs. Community organizations and social 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 community organizations and social service providers to better assist their clients without the support and cost of a legal professional (Currie, 2018, p. 23-24).

RISKS

A potential risk[28] 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.[29] Six LSC advisors were asked whether contacts with outside community organizations or social service providers raised any concerns. Each respondent acknowledged 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.

The LSC advisors used a common risk-management strategy: they would *informally*[30] 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 LSC advisors at the Brant clinic reported that on the rare occasion his assessment raised doubts about the social service provider's level of understanding, he would ask to see the client in person.[31] The LSC advisors noted that, over time, they became familiar with the capacity levels of the community organizations and social 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 an individual through a community organization or social service provider, as opposed to directly from clinic staff. Community organizations and social 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 are made aware of the legal issues involved and are provided guidance from a legal professional in dealing with them. The advantages that come from LSC outweigh the risks, provided that LSC advisors are alert to possible misunderstandings during a consultation and adopt measures to ensure their advice is clear when they detect potential communication problems.

Another 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 the main LSC advisor at HCLS, when confidential information or documentation needs to be shared, the organization will always first obtain their client's consent. And if a client is present during a phone consult, or decides to participate, they can provide their verbal consent directly.

THE LEGAL SECONDARY CONSULTATION SERVICE IS SUSTAINABLE

Data on the number of requests for LSC consultations was collected for 2018 and 2019. The data in Table 3 reveals that the LSC service remained sustainable at the three clinics. The number of requests for consultations has increased, keeping in mind that the pilot data covered a seven-month period compared with the full year data in 2018 and 2019. At HCLS, the number of requests for service increased to 153 in 2019, compared with 89 during the pilot phase. This represents an increase of approximately 72%. Similarly, the Guelph clinic recorded a 75% increase in requests from the pilot phase (98) to 2019 (171). Requests at the Brant clinic increased by about 33% from 48 requests recorded during the pilot phase to 64 in 2019. 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.

Interviews[32] 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. Each clinic plans to continue to offer the service.

The Executive Director and an LSC advisor at HCLS identified another benefit that has emerged as the LSC service has evolved. It has brought different community organizations and social service providers together in a teamwork approach to address client needs. Recall the previously mentioned example of the LSC advisor at HCLS assisting a social service

provider with a client who had mental health issues and a potential housing problem. The LSC advisor further indicated that she encouraged the service provider requesting a consult to work with other members of the client's support team (family doctor, social worker, mental health professional, etc.) to carry out the strategy she provided. The LSC advisor also mentioned another option that she uses: participating in a conference call with a client's support team to help coordinate a strategy.

This teamwork approach has led to an increase in reciprocity between HCLS and those community organizations and social service providers that use the LSC service. When the LSC advisor 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. First, the quality of LSC is sensitive to staff changes and levels of experience. 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. Second, staff turnover and a lack of resources within community organizations and social service providers may limit each clinics' capacity to maximize the availability and value of the LSC service. The Executive Director at the Brant clinic indicated 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, reflecting the importance of, and time involved in, maintaining lasting relationships with trusted intermediaries.

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 ability of the three clinics to fully 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 tears 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
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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ENDNOTES

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.

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 (see, Roberts, 2012, for the evaluation report). 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 partnerships 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).

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).

14 Of course, the community organizations and social service providers are often experts in addressing non-legal issues and will only seek help from an LSC advisor for legal issues.

15 One of the authors (Currie) was the evaluator, while the other (Stewart) provided evaluation and research support, including data collection.

16 The data for each clinic covers slightly different time periods (Currie, 2018, p. 10).

17 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.

18 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.

19 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.

20 There is much discussion over the "murky distinction" between legal advice and legal information. Legal information has been defined as "general non-tailored information about the law" and "self-help materials." Legal advice and legal service, on the other hand, are defined under provincial legislation regulating the legal profession (Perlmutter, 2017). For example, Ontario's *Law Society Act* defines "legal service" as "conduct that involves the application of legal principles and legal judgment with regard to the circumstances or objectives of a *person*" [emphasis added] (*Law Society Act*, 1990, s. 1(5)).

21 For example, one respondent ordinarily deals with clients in-person, which places an obvious constraint on when he can use the LSC service.

22 For example, legal staff at the Guelph clinic are each experts in one area of poverty law, making it difficult to have generalist LSC advisors.

23 Curran served as an advisor for the CALC evaluations and the evaluators referenced her research on LSCs.

24 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.

25 It is possible that some of the people would have ended up at one of the clinics, or already were clinic clients.

26 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).

27 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.

28 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).

29 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).

30 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.

31 The Brant LSC lawyer noted that this happens where there is a language barrier.

32 Emailed interview responses are on file with the authors.

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