The GTA Clinics Transformation Project
By
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When talking about transformation, we must acknowledge that legal clinics have hardly been standing still. In fact, our collective 40-plus years of history are littered with the impressive results for our clients; community legal clinics have been at the forefront in the development of virtually every area of poverty law over the past few decades. Read the law reports, talk to the old politicians, go to the communities where we do our business, and you'll find our footprint. We've fought in the courts; when we didn't win, we organized and went to the governments' seats and had laws changed. Not to boast, but we made justice accessible. Now I want to say all of that again in the present tense. That's true too. In the work we do, we have been – and usually are – ahead of the curve.

That isn't quite as true of *how* we do our work. Not that it, too, hasn't changed over the years: I remarked to colleagues in the office last week that this is the first event of this sort, in which I've been engaged, that is virtually paperless and utilizes completely electronic registration. That's just one small example. Computers and files in the clouds have replaced Gestetners, nail polish remover, desk drawers crammed with stuff, and lord only knows what else we used back then to keep our clients in their homes and in funds to buy food.

But for all that, there is much that has not changed in either our interactions with our clients or how we interact and our relationship with our community. Without suggesting for a moment that there are not important practices to maintain with respect to these areas, it is still here that the greatest (and, I think, most important) opportunities for transformation await.

I want to touch on just two aspects of what we do that are critical to keep in mind when we talk about transformation, because we do not want to lose them. I'm not at all suggesting these are the only two.

The first is the willingness and the ability that we have demonstrated in the past to give our clients the time they need. The reason that this is particularly important now is that, on the one hand, we are all experiencing more high need clients, clients with multiple problems, clients with fewer coping skills, clients who are increasingly marginalized and isolated, and clients who have what we euphemistically call mental health issues. On the other hand, there is lots of pressure to use self-help, telephone advice, internet-based service and other 'cookie cutter' approaches to serving our clients. Many of these techniques will work for many people, but they will not work for all our clients. The most vulnerable in our community need to have the confidence that we will continue to be there for them.

The second aspect of what we do that needs to be preserved is our relationship with our community. Clinics are not just not-for-profit law centres; nor are they the same as staff offices of Legal Aid. Our communities are an important source of our volunteer board members. It is in governance, but also in listening to community partners and clients as to what the community's legal needs are, that the clinic gets oriented to the community: "oriented" in the sense that we see what we do through the eyes, as it were, of the community. We put on the "community" lens when we do our planning and our acting. Just as we know that those who live in sheltered or privileged environments often see life from that perspective, community legal clinics are embedded in the community so that we see legal issues from *that* perspective. It is not an exaggeration to say that our community connections are the clinic's life vein.

So where will transformation take us? Let me say, from the outset, that there are some key aspects of the transformation process in the GTA that should be kept front and centre in the discussions. The first is that this process is clinic driven. The GTA Project has its roots in discussions by clinic managers who felt that greater collaboration and co-operation between us could allow us to do more. This aspiration started a ball rolling that is now engaging all but one of the geographically based general service clinics in the GTA. We have found that the spirit of working together is infectious; many of our clinic colleagues in the rest of the Province are now also talking about and working on transformation in their own clinics and regions. To be sure, this is all taking place in a context that is exerting a fair bit of pressure on us: pressure from Government and LAO to do more with less, pressure from potential clients and community partners to help those who have not been clients in the past and who otherwise have poor prospects for either access or justice, and pressure from ourselves to find better ways of doing things, better work life balances and better splits between routine casework and work for systemic change. We are convinced that change is our business too, and we are pretty convinced that we know or can find out how to change what we do – better than any outside stakeholder could.

The second important aspect of this process is that we are proceeding by way of building a consensus. We need to build awareness of the fact that we all have ownership of the issue of ensuring that clinics stay true to their mandates, remain viable and productive organizations, and continue to work with their clients in respectful and meaningful ways. If we don't want someone else to tell us what to do, then we have to figure out ourselves what needs to be done. This means engaging our colleagues and partners in a process that builds, without a real roadmap and without drawings or instructions that tell us what to do next. It requires trust that has to be earned.

We cannot build an effective consensus without including our funder, LAO. At the end of the day, when we want to implement our ideas we need to have the assurance that LAO is on side, in agreement and prepared to go ahead. But we cannot learn of their commitment, or their willingness to work with us, on that day

when we are having to decide. Unless we are prepared to do a lot of work and risk losing it all, we need to know at every step of the way that LAO is on side. They are, in fact, part of the consensus-building process – a process that is likely outside their comfort zone.

So let me come back to that question: where will transformation take us?

Given what I have just said, I can't offer you a metaphorical address at the end of the road; it is a work in progress. There are some things, though, that we know and that are guiding our thinking and our discussions.

1. There is widespread recognition that the way resources were allocated in the past 40 years, and the way in which clinic catchment areas were drawn back then, both need to be radically updated. No one believes that, if we were starting from scratch today – even with all the same money that we have now – we would come up with the current GTA clinic system. Poverty has changed in colour, location, quality, and quantity. NLS today has a "poor population," as defined by LICO, of around 40,000. We have a staff of seven. The Community Legal Clinic of York Region (the clinic serving all of York Region) has over 100,000 residents with an income under LICO. They have a staff of ten. That kind of disparity is repeated throughout the GTA (not to mention the province).and it's unacceptable. It's particularly unacceptable today if we want to maintain a harmonious clinic system or if we want to give more than lip service to the 'access' part of 'access to justice'.

2. There are too many redundancies within the system. These would include:

    a. 17 managers completing the same funding applications for about seven or eight positions every year; most of the content of each application is very similar to the others;
    b. 17 clinics – with very few resources for the purpose – create and maintain web sites that contain (or should contain) much of the same information pertaining to legal rights of potential clients, other community resources, and the like;
    c. Staff trying to negotiate with organizations that are offering additional resources: Pro Bono Law, volunteer organizations, and schools with student placements. In fact, few clinics have the resources to even organize effective programming for volunteers, let alone to organize the volunteers; the organizations supplying the volunteers (who are themselves strapped for funds) have to deal with a multiplicity of groups, so they have the same conversations many times over.
    d. Back-office functions are repeated over and over again, times 17.
    e. Professional services including bookkeeping, accounting, human resources, labour relations and others are provided to all or most clinics at an almost prohibitively high cost.

f. While CLEO is an important resource for clinics in terms of developing public legal education materials, clinics are left to their own devices in terms of delivering the education sessions. Some do it better than others, and some don't do much at all.
g. Funding today is increasingly bureaucratic, certainly much more than it was 40 years ago. Each time our funder proposes a new way of doing things, 17 clinics in the GTA are asked to give their feedback. While we have an effective Association to speak for us, we still all have to give feedback regardless. There is a lot of duplication in this process and it takes clinic staff away from client services.
h. There are many instances in which several clinic staff members from different clinics are attending at the same Tribunal at the same time. It is not always possible to avoid this, but certainly there are times when we could cover for each other. When we have different employers, it's not as likely to happen.

3. It is very difficult for an organization of seven or eight staff to develop expertise in any area. Our clinic has been more than fortunate of late in its ability to hire staff who come with expertise. I suppose that if one is lucky in this sense, one counts one's blessings. However, that expertise should be shared with others. That itself is a challenge when dealing with a large number of small organizations.

4. It sticks in the craw of our political representatives and our funders, and also some of our community partners, not to mention clients, that the services clinics offer are not consistent. NLS does not offer much help to tenants of private landlords because we have such a large number of social housing units in our catchment. As reasonable as our Board's decision to limit our service in this way, it is small consolation to the tenant of private housing whose friend across town with a very similar problem can get help from the local clinic. To those who have to give public justification for the expenditure of public funds, this is a hard sell. Clinics need to find ways of addressing this problem more effectively than simply saying that we are responding to local conditions.

5. Many of our staff work in isolation, inasmuch as they are the only ones in the clinic working in a particular area of law. Notwithstanding that they have colleagues in other clinics, this is a lonely existence. Just as important, it becomes difficult in such circumstances (with no one to cover for them) to take the appropriate time off. Having other people to work with on a daily basis improves staff morale and productivity, and it can lead to greater efficiencies.

6. Clinics all struggle with the balance of casework vs. systemic law reform work. The way in which we responded to the tidal wave of demand to assist with denied ODSP claims in the past ten years is a perfect example.

Most clinics responded by taking on the new cases with the result that other areas of work had to be reduced. This is when we cut back on employment and WSIB work, immigration work, and most significantly our outreach work. Individual case work has become the standard that we all are asked to meet. While the clinic system continues to do a lot of exemplary work with government services of all sorts, the work is not evenly divided amongst the clinics. Many clinics are not very engaged in systemic law reform work. In part, this is due to the fact that the integration of case work and law reform work has been lost; the two have become detached. We have become more responsive to individuals than to the community.

7. Clinics' historic connections to the community are at risk of becoming nominal. As communities change demographically and economically all around us, as we strive to serve the neediest, as we try to meet the requirements of our funders (including one that says our boards need to be more professional), our community connection loses vitality: that life-vein loses life. We struggle to know to whom we should connect, with so many forces that pull us in different directions.

8. Access to service has most frequently been associated with proximity. Telephones, internet, transportation and deep need belie this assumption. In addition proximity (by its very nature) cannot satisfy all. Our data to date shows that clinics draw most of their clients from close by. Moving our offices gains clients, but also loses them. More importantly, how do we find those who are not finding the clinic?

We have developed the phrase "community access points" to describe ways that we can meet our clients, develop better connections with community partners, and better understand what the community needs. These points are not just another office or satellite to which our clients come because they are more convenient than our offices. Rather, we understand that our community partners often have relationships with the folks who should be our clients. Those relationships should be exploited for our clients' benefit. These folks do have legal problems; we and our partners know that. However, despite our best efforts, they do not make their way to our clinic. The alternative is for clinics to come to the client.

It really is a two-way street: our clients get help, and we develop a relationship with a community partner that gives us the needed perspective on the client's world. Moreover, we can develop a real partnership: we can rely on the agency to support and develop wider campaigns to address systemic issues; we can use the agency to give us and the client the support they need in "non-legal" issues. They may also be able to support the client in addressing legal issues. It does have the appearance of 'win/win'.

If these partnerships are successful, clinics will not need to be as concerned that they are located in a place that is close to where their clients are. This could mean that more options are available to consolidate resources with other clinics; it may also mean that old clinic boundary lines are no longer relevant. It really does open up the option of pursuing the development of larger clinics.

On paper or over the microphone it all sounds very plausible and practical. Getting from A to B, however, will be a challenge: one that we have not faced for a very long time. I believe my colleagues and I are up to the task; however, we will need some help from our friends. Thank you. We look forward to working with you.