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Legal Aid Ontario

Program Evaluation of Legal Aid Ontario

Community Legal Clinics and Student Legal Aid Services Societies

October 8, 2004

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Our mission is to help our clients and our people excel.

Our Client Service Standards

1. Determine, on each engagement, who our clients are and directly ascertain their expectations for our performance.
2. Analyze our clients' needs and professional service requirements.
3. Develop client service objectives that will enable us to fulfil our professional responsibilities, satisfy our clients' needs, and exceed their expectations. Prepare an appropriate client service plan to achieve these client service objectives.
4. Execute the client service plan in a manner that ensures commitments are met, potential problems anticipated, and surprises avoided.
5. Establish effective and creative communication, both internal and external, to enhance client perceptions of value and quality of our service.
6. Provide management with insights on the condition of their business and meaningful suggestions for improvement.
7. Continually broaden and strengthen our relationships with key management personnel to facilitate effective communication and foster client loyalty.
8. Ensure that any professional, technical, or client service problem is resolved promptly with timely consultation in an environment of mutual respect.
9. Obtain from the client, either formally or informally, a regular assessment of our performance.
10. Receive fees that reflect the value of services provided and responsibilities assumed and are considered fair and reasonable by our clients.

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Executive Summary

This report details the analysis, findings and recommendations from the Program Evaluation of Legal Aid Ontario's Community Legal Clinic and the Student Legal Aid Services Societies (SLASS) programs.

- The scope of this review included the following objectives:
- An assessment of the relevance, efficiency, effectiveness and affordability/sustainability of the Community Legal Clinic and SLASS programs.
- An assessment of the relevance, efficiency, effectiveness of the following support functions: the Clinic Services Office, the Clinic Resource Office, the Quality Service Office, Facilities and Leasing, Information Technology and Human Resources.

Summary of the Program Evaluation & Related Key Findings

This Executive Summary provides an overview of the analysis and summarizes the key findings and observations related to each of the program evaluation areas. The overall assessment for each component area is also provided based on the following legend.

Assessment of the risk level or significance of the findings	
	Strong results - no material improvements required
	Satisfactory results but some improvements required
	Significant improvements required
	Unsatisfactory results - does not meet requirements

Overall Assessment by Component & Program Area

Overall, the results of our program evaluation can be summarized as:

Components of the Process	Relevance	Efficiency	Effectiveness	Affordability & Sustainability	Overall Assessment
Community Legal Clinic Program					
Student Legal Services Societies					
Clinic Services Office				N/A	
Clinic Resource Office				N/A	
Quality Services Office				N/A	
Information Technology				N/A	
Human Resources				N/A	
Facilities and Leasing				N/A	

Overall Conclusions

A. Relevance

The Community Legal Clinic program is a critical public service since it provides access to justice to low income Ontarians. Additionally clinics play an important role in advocating on behalf of their clients who do not have the resources to fulfill this role themselves.

The SLASS act as a niche service provider between the clinics and Legal Aid Ontario's Certificate program, which makes them relevant to meeting the needs of low income Ontarians. The SLASS are also relevant to the Ministry of the Attorney General (MAG) and Legal Aid Ontario (LAO).

The Community Legal Clinic program has a variety of dedicated (Clinic Services Office, Clinic Resources Office) and shared (HR, IT, Facilities and Leasing, Quality Services Office) services that positively contribute to the overall delivery of service. Clinics do not possess the scale or resources to deliver the same services on an individual basis.

B. Efficiency

Measuring the cost effectiveness of this program presented some challenges since data, such as cost per case, does not exist. Clinics do not docket their time and if time is docketed it is not reported to LAO. In the absence of traditional metrics such as, cost per case, an analysis of certain program costs was conducted. Compensation represents the greatest program expenditure. Salaries for lawyers in particular, represent the largest component of compensation expenditure. Compared to other public/not-for-profit organizations, lawyers and other staff within the Community Legal Clinic program are paid at reasonable rates.

Our review revealed that a number of opportunities exist to improve the efficiency of the program. There are 79 Community Legal Clinics located in the province of Ontario. Each clinic is an independent organization that is governed by a Board of Directors. As with any corporation, community legal clinics are responsible for reporting to their Boards. Since clinics are funded by LAO they are also required to report to LAO. Since there are 79 clinics, on an aggregate basis, a significant amount of time is spent on administrative tasks such as preparing for monthly board meetings, developing annual funding applications and reporting to LAO. Efficiencies could be achieved by amalgamating some of the general clinics and decreasing the corresponding administrative burden. Under this scenario, only one Executive Director would be required to manage multiple offices under the governance of a single board. This option is more feasible in large areas such as Toronto that have a significant number of offices within close proximity of each other.

Additionally, in areas such as Toronto where there are a high number of clinics, there is also an opportunity to reduce the number of clinics or move the location of clinics to areas that have greater demand for service.

In addition to amalgamating general service clinics, there is also an opportunity to amalgamate specialty clinics that have overlapping client bases.

LAO often engages the clinics in an extensive consultation process before it implements major initiatives. While it is important to obtain feedback from clinics on new initiatives, consultation is extensive which slows down or in certain situations completely stalls the decision making process. This is an indirect cost to the system since a significant amount of resources are expended in the consultation process.

SLASS are a cost effective channel for the delivery of legal aid services since they are staffed partly by volunteer students who are supervised by review counsel. However, as with the clinics, insufficient data has been collected to date to track the level of outputs (cases / files) which impedes the ability to conclude more fully on efficiency.

The clinic support functions provide services to the clinics on a more cost effective basis than clinics can provide on a stand alone basis, which benefits both clinics and LAO.

C. Effectiveness

The Community Legal Clinic program provides a means of addressing the needs of low income Ontarians effectively. External stakeholders commended the clinics on their specialized knowledge

and their provision of service in areas of law that are not covered by other Legal Aid services such as the Certificate program.

Although the Community Legal Program is functioning well there are opportunities for improvement. Currently the Community Legal Clinic program does not report on any program outcomes. Performance measurement is an essential part of ensuring strong accountability. Although a number of accountability mechanisms exist, the outcomes of the clinic program are not measured. Without measuring outcomes it is unclear how the board and LAO can evaluate whether or not clinics are performing at an optimal level. Additionally, client service measures related to timeliness, access and customer feedback have not been implemented yet.

As with any service organization, the ultimate goal is to provide a high level of customer service. At an individual clinic level there is a strong commitment to providing effective customer service. However, the level of customer service would be enhanced through increased service coordination between Community Legal Clinics and Area Offices. Low-income Ontarians often have a multitude of legal needs and may require services from both the Community Legal Clinics and Area Offices. Interviewees commented that "clients are literally going back and forth between offices." A more effective way of delivering client service is through co-located offices where a range of client needs can be served at one time. There are also benefits to be derived from co-locating services with other social service agencies since clients often have range a social needs.

Stakeholders consulted during this study unanimously agree that the quality of legal service provided by SLASS is high for advice, representation and advocacy. The fact that SLASS provide an entry point for students to learn about legal aid is another important benefit of the system. Improvement opportunities are related to the need for greater coordination between individual SLASS, at a system level, and with other LAO services.

LAO's support functions provide an effective level of service to the clinic program. Key improvement areas that are documented further in the report concern a lack of clarity regarding roles and responsibilities and resource constraints in the Clinic Service Office as well as continued frustration, on the part of clinics with the level of support provided by the Information Technology department. Conversely, the Clinic Resource Office is widely recognized as consistently delivering high levels of service to the clinics.

D. Affordability and Sustainability

In line with LAO's other services, and government services as a whole, the Clinic program continues to experience strong increases in demand in a fiscally constrained environment. The challenge is therefore to identify ways of increasing service within the existing funding envelope. For the Clinic program, LAO needs to critically assess the balance between having 79 independent clinics and six SLASS with the need to optimize resource allocation and maximize service to target clients. This review has indicated that there are inefficiencies within the current model that could be reduced. LAO should explore the concept of increasing the level of coordination across all of its services, as well as with other social service providers in the community.

Although a number of opportunities exist to improve the efficiency, effectiveness and affordability/sustainability of the program, it is important to note that the Clinic and SLASS programs have made great progress over the past five years. The following spectrum illustrates some of the progress that has been made as well desirable future attributes of the programs.

Spectrum of LAO's Clinic and SLASS Programs

	Sample Attributes of LAO's Clinic & SLASS Programs Pre 1999	Sample Attributes of LAO's Clinic & SLASS Programs at Aug. 2004	Sample Target Attributes Of LAO's Clinic & SLASS Programs

Community Legal Clinic Program	• Less accountability
	• Gaps in geographical coverage
	• Financial eligibility test has not been reviewed/updated
	• No co-located offices
	• Little centralization of support services
	• Lack of data on average cost to serve clients by type of service provided
	• Inefficiencies related to time spent on administrative activities due to the number of boards
		• Establishment of a MOU between LAO and the clinics
		• Geographic expansion of the clinic program across Ontario
		• Establishment of Tenant Duty Counsel Program
		• Greater number of speciality clinics
		• A few co-located clinics and area offices
		• Lack of coordination between clinics and area offices
		• Financial eligibility test has not been reviewed/updated
		• Client Service Measures are in the process of being developed
		• Absence of reporting on client service measures and outcome measures
		• Certain clinic boards lack human resources and financial expertise
		• Lack of robust program information including data on average cost to serve clients by type of service provided
		• Inefficiencies related to time spent on administrative activities due to the number of boards
		• Possible misalignment of the location of clinics in certain areas
			• Clinics reporting on program outcomes and client service measures
			• Execution of a five year plan that determines:
			  • The legal service needs by geography
			  • The optimal number and size clinics required to meet those needs
			  • Opportunities to co-locate clinics and Area Offices
			  • Opportunities to co-locate clinics with other social service agencies
			  • Opportunities to establish centres of excellence in particular areas of clinic law
			• Greater number of co-located clinics and area offices
			• Greater number of clinics that are co-located with other social service agencies
			• Establishment of Centres of Excellence

Student Legal Aid Services Societies	• A formal funding agreement did not exist • Less accountability • Fewer policies and procedures	• Formalized funding application process • Establishment of Client Service Measures • Establishment of an agreement between LAO and SLASS • QSO Quality Reviews on SLASS • Development of standardized service definitions • Lack of robust program output data • Lack of integrated planning across all SLASS • Lack of coordinated service delivery between SLASS and clinics	• Better information management and analysis • Program outcome measures • Coordinated service delivery between SLASS and clinics • Common supervision strategies to ensure quality service delivery across the system • Integrated planning sessions involving all SLASS
Support Functions	• The Clinic Funding Office was responsible for managing and monitoring the clinic program • Fewer policies and procedures • Limited business planning and analysis • An IT unit was located within the Clinic Funding Office • Quality Assurance Program was established by the Clinic Funding Committee • Quality Assurance Program was focused solely on the clinics • Less strategic planning • LAO sponsored benefits plans for clinics • No specialized litigation support in the CRO	• Development and refinement of policies and procedures such as the leasing policy, clinic consultation policy, training policy, complaints policy and dispute resolution policy • LAO's centralized IT, HR and Facilities and Leasing departments provide support to the clinics • QAP evolution to QSO corporate service with LAO-wide mandate • Development of CMT • Greater client service orientation • More strategic planning • CRO website	• Implementation of an enhanced information management system • Better information management and analysis • Improved clinic understanding of LAO and clinic board roles and responsibilities • Improved CRO website
Conclusion	• Less Efficient • Less Effective • Not Affordable/Sustainable in the Long Term	• More efficient and effective with certain areas requiring improvement • Sustainable in the Short Term	• Efficient • Effective • Sustainable/Affordable in the Long Term

Introduction

Purpose of the Review

The objective of this assignment is to evaluate the relevance, efficiency, effectiveness and sustainability/ affordability of the Community Legal Clinics and Student Legal Aid Services Societies (SLASS) of Legal Aid Ontario (LAO). This is the third review conducted on LAO in the last two years, with the Client Legal Services and the Administrative component having been previously examined.

Review Objectives

Specifically, the objectives of this review are to assess the following four program evaluation components (for specific questions related to each program evaluation area refer to Section 3.0 – The Evaluation Plan).

1. Relevance of the Program

The objective is to assess whether LAO's Community Legal Clinics and SLASS are relevant to the Government of Ontario and LAO. Relevance is based on whether the Program is aligned with the government and LAO's mandate and priorities, responsive to public needs and delivers a service that is of value and for which there is a perceived governmental role.

2. Efficiency

The objective is to measure the extent to which LAO's Community Legal Clinics and SLASS programs and LAO's support functions are operating efficiently on the basis of productivity, performance, and a measure of inputs versus outputs. Key areas of efficiency include cost efficiency and service delivery efficiency.

3. Effectiveness

The objective is to assess the overall effectiveness of LAO's Community Legal Clinics and SLASS programs, and LAO's management and support functions, based on whether they are producing intended results, meeting objectives, satisfying user needs, and whether it is appropriately designed, structured and monitored. This criterion also includes an assessment of accountability and client satisfaction to the extent the information is available.

4. Affordability & Sustainability

The objective is to determine whether LAO's Community Legal Clinics and SLASS will continue to be affordable and sustainable based on the current costs and medium to long-term budget and fiscal context. Alternatively, are certain cost cutting measures required or can inefficiencies be reduced in order to increase affordability and promote sustainability given the current and expected pressures and risks?

Scope

The scope of this review is LAO's Community Legal Clinic and SLASS programs and its support functions. Therefore, our focus is on the following areas:

- Community Legal Clinics
- Student Legal Aid Services Societies
- Support functions – Clinic Services Office, Clinic Resource Office, Quality Service Office, Information Technology, Human Resources and Facilities & Leasing

When assessing the above areas, our scope focuses on the period of time since LAO became an independent agency of the Government. Therefore, our scope is from April 1st, 1999 until August 2004. Although our scope is multi-year, emphasis has been placed on current policies, procedures

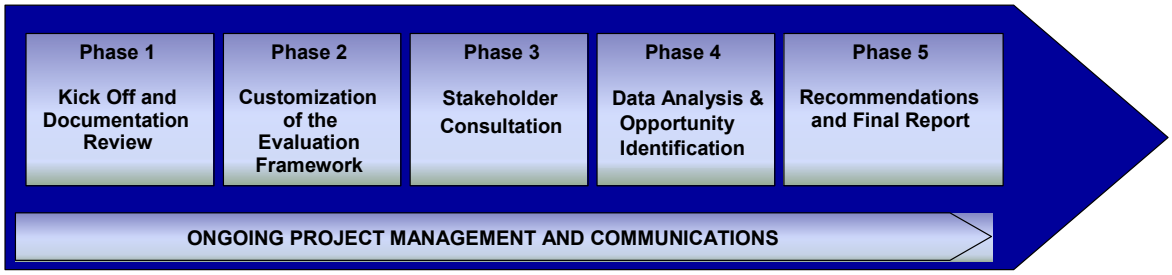
and processes. Historical information has only been used for trending purposes and as a point of reference.

Methodology and Approach

The methodology and approach utilized for this review are consistent with the previous reviews. Key principles of our approach to this review include:

- Consultations across all relevant groups at LAO, with clinics and SLASS, and the broader Justice System within the province of Ontario, with an appreciation of the needs of various stakeholders.
- Independence and objectivity to ensure the credibility of findings and recommendations.
- Open communications that enable both internal and key external stakeholders to provide input throughout the project.
- Balanced consideration of the risks and benefits associated with our recommendations.

Our approach to conducting the Program Evaluation of LAO's Community Legal Clinics and SLASS is comprised of five discrete phases that are outlined below:



Background

Before commencing with a discussion of the analysis conducted for this Program Evaluation, it is important to provide some contextual background on the history of LAO and the Legal Aid Services Act. This discussion will serve to provide the environmental context to this review from which we developed and performed our analysis.

An Introduction to Legal Aid Ontario

LAO was established in 1999 as an independent non-profit corporation to administer and manage the Ontario Legal Aid Plan (OLAP) and the Clinic Funding Committee, which had been run by the Law Society of Upper Canada since 1967. LAO is a corporation that is independent from but accountable to the Government of Ontario. This change in governance and structure was the result of the Legal Aid Services Act (LASA) enacted by the Ontario government in 1998.

Legal aid is delivered in five ways:

1. LAO issues certificates to people meeting strict financial eligibility requirements. Clients use LAO certificates to retain private lawyers, who in turn bill LAO for the legal services provided to the client. This service is delivered through 51 Area Offices across the province.

2. LAO also delivers legal aid services through seven staff offices: 3 family law offices, one refugee law office and 3 recently opened criminal law offices

3. LAO pays and manages duty counsel who provide summary advice and assistance to people appearing in court without counsel, usually at their first appearance. This includes duty counsel service to people with special needs, such as mental health needs. Most duty counsel are private lawyers retained per diem, but, LAO has a number of staff and supervisory duty counsel as well.

4. LAO provides transfer payment funding to 79 independent community legal clinics that assist low-income people with such issues as income maintenance and landlord/tenant disputes. LAO oversees and provides support to these clinics, as well as the six SLASS that it also funds.

5. LAO funds six SLASS, located in Ontario's law schools, which fill a gap between certificate and clinic law services. SLASS also provide opportunities for student training in legal aid services and clinic legal education.

Implications of the Legal Aid Services Act on LAO

The Act gives the Corporation the authority to establish priorities, policies, operational, and administrative arrangements in pursuance of its mandate. Section 4 of the LASA outlines the Corporation's objectives:

- to establish and administer a cost-effective and efficient system for providing high quality legal aid services to low-income individuals in Ontario;
- to establish policies and priorities for the provision of legal aid services based on its financial resources;
- to facilitate co-ordination among the different methods by which legal aid services are provided;
- to monitor and supervise legal aid services provided by clinics and other entities funded by the Corporation;
- to co-ordinate services with other aspects of the justice system and with community services; and
- to advise the Attorney General on all aspects of legal aid services in Ontario, including any features of the justice system that affect or may affect the demand for or quality of legal aid services.

Under LASA, LAO is permitted to provide legal aid services "by any method that it considers appropriate". LASA also requires LAO to provide legal aid services "having regard to the fact that clinics are the foundation of legal aid services in that area."

In deciding whether to provide funding to a clinic, LAO may consider the legal needs of the individuals and communities the clinic serves, the cost-effectiveness and efficiency of providing legal aid services through the clinic, the past performance of the clinic, and the legal needs of other communities. LAO may impose terms and conditions on funding, and must monitor the operation of clinics.

In addition to these objectives, LASA was amended in 2002 to require LAO to consider "an effective balance among the different methods of providing legal aid services." This recent amendment is important because it provides a legislative mandate for LAO to consider a range of options for increasing the efficiency, effectiveness, affordability and sustainability of the clinic program. Although LASA does not specify the full range of options available to LAO for improving service delivery, other possibilities include potential modifications to the governance structure, increased coordination with other LAO services and creative service delivery innovations which will be investigated further in the report.

Overview of Community Legal Clinics

LAO provides transfer payment funding to 79 independent community legal clinics that assist low-income people with such issues as income maintenance and landlord/tenant disputes. In 2003/2004 LAO provided the clinic program with $54 Million[1] in funding.

The clinics are independent non-profit corporations governed by boards of directors. Clinic board members are elected by the clinic's general members who are members of the community and support the clinic's objectives. Under LASA clinic boards are responsible for ensuring that the clinic complies with the LASA, with any terms and conditions attached to its funding, any direction from LAO, and any operational standards established by LAO. The board is also responsible for providing financial oversight of the clinic, determining the legal needs of the individuals and communities served by the clinic, and ensuring that the clinic provides clinic law services in accordance with those needs.

While the clinics are independent of LAO, they are accountable to LAO for the responsible management of public funds. In particular, the LAO/Clinic Memorandum of Understanding (MOU) defines the roles and responsibilities of LAO and individual clinics in the delivery of clinic law services. The MOU also recognizes that LAO and clinics have legitimate, distinct and complementary roles and responsibilities in delivering legal aid services. While LAO is a funder, program manager and has decision-making authority within that context, individual clinics have management responsibilities and decision-making authority at the individual clinic level.

The Roles and Responsibilities of LAO and Clinics

The chart below illustrates the distinct roles and responsibilities of LAO and individual clinics:

LAO Program Management and Decision-Making	LAO Supports to Clinic Management and Decision-Making	Clinic Management and Decision-Making
• Reviewing and analysing annual funding applications and allocating funding • Decision-making in response to in-year and one-time funding requests, based on available resources and any applicable policies or operational standards • Budgeting and decision-making with respect to funding for clinic relocations and renovations, based on available resources and applicable policies or operational standards • Reviewing and analysing clinic financial, statistical, and other reports • Monitoring clinic financial	• Providing assistance and information, through the Clinic Services Office, to support clinic decision-making and management in the areas of financial and human resource management, needs assessment, business planning and policy implementation • Providing research and litigation support to clinic caseworkers through the Clinic Resource Office • Making centralized support services available to clinics where economies of scale exist, such as IT (technical support, purchasing and software development), HR (centralized administration of group benefits and RRSP), and Facilities and Leasing (needs assessment, assistance in lease	• Effectively and efficiently managing clinic services, finances, human resources, and facilities • Ensuring the clinic's board includes members of the community, and members with specific competencies needed to govern the clinic, including financial, management and legal skills and/or knowledge • Ensuring annual clinic audit is conducted and audited financial statements are filed with LAO and presented at the clinic's Annual General Meeting • Providing financial, statistical and other reports to LAO on quarterly basis and as required • Assessing the needs of the

[1] LAO 2003/2004 Unaudited financial statements

LAO Program Management and Decision-Making	LAO Supports to Clinic Management and Decision-Making	Clinic Management and Decision-Making
management, planning, service provision and clinic compliance with LAO policies and operational standards • Establishing operational standards and policies • Facilitating co-ordination among different legal aid services • Identifying legal needs, systemic issues and emerging trends on a province-wide basis	negotiation and identification of preferred suppliers) • Administration of clinic insurance policies • Support for professional and organizational learning through the Clinic Learning and Development Consultant, and through designated program funding	community and developing an annual business plan to meet those needs • Ensuring that clinic staff provide high quality clinic law services • Ensuring that clinic complies with any applicable LAO policies and operational standards, the Clinic/LAO MOU and Funding Agreement, *LASA*, and any other applicable legislation such as the E*mployment Standards Act*, the *Corporations Act*, the *Pay Equity Act*, and the *Human Rights Code* • Ensuring that clinic provides flexible and innovative service and co-operates with LAO and other legal aid service providers to ensure fullest and most complementary range of legal aid services

LAO funds two types of community legal clinics, general and speciality clinics. The general service clinics serve clients in a designated geographic area. There are 17 specialty clinics. Four are ethno/cultural clinics such as the Centre for Spanish-Speaking Peoples, nine clinics deal with a particular area of law such as the Injured Workers' Consultants clinic and four clinics represent specific communities such the Advocacy Centre for the Elderly.

Since the McCamus report findings on Poverty Law endorsed the Community Legal Clinic program, LAO has moved quickly to close any gaps in service across the province by:

- Expanding geographic coverage;
- Expanding French language services;
- Establishing of new specialty clinics in income security law and housing law;
- Expanding Tenant Duty Counsel; and
- Implementing a memorandum of understanding with the clinics.

With its creation in 1999, LAO inherited the role of funding the clinics from the Clinic Funding Committee. Clinics had evolved over the previous 20 years, so LAO inherited a system with a lot of history.

Overview of Student Legal Aid Services Societies
LAO provides transfer payment funding to six Student Legal Aid Services Societies (SLASS), which are located in the six law schools of Ontario. For 2003/04, SLASS received $2.7M in total funding from LAO. SLASS' purpose is twofold, including to:

- Deliver legal aid services to low-income individuals; and
- Provide clinic legal education program to law students.

SLASS provide service in many of the areas in which legal aid services are delivered, including criminal law, income maintenance and housing. Each SLASS is independent from LAO and from each other. While some SLASS have advisory boards or executive committees, they are ultimately accountable to the dean of the law school with which they are affiliated and the dean is in turn accountable to LAO for the funding the SLASS receives.

Issues and Challenges

Providing legal aid services within Ontario is a complex and challenging process. This is evidenced by the transition that the program has undergone during the past several years, including the transition from the Clinic Funding Committee of the Law Society of Upper Canada to LAO. Adding to the complexity are several key challenges including:

- Increasing demand for legal aid services;

- Ongoing demand from clinics and SLASS for increased funding;
- Ongoing pressure to meet the needs of Ontario's ethnically and culturally diverse low-income communities;
- Ongoing legislative reform and possible increasing complexity of the law
- The need to investigate alternative service delivery models such as a more integrated footprint with LAO Area Offices and other social service agencies; and
- The highly publicized on-going fiscal challenges faced by the province of Ontario and the need to raise service levels within existing budgets.

LAO must manage all these challenges within its budgetary, operational and public sector constraints.

In light of the above, the objective of this program evaluation is to evaluate the continuing relevance, efficiency, effectiveness, affordability and sustainability of the Community Legal Clinic and SLASS programs.

Evaluation Plan

Prior to the commencement of this engagement, The Ministry of the Attorney General in conjunction with LAO developed an Evaluation Framework. The Evaluation Framework presented below formed the basis of our review:

Evaluation Questions	Data Required	Key Evaluation Step Community Legal Clinics	Key Evaluation Step Student Legal Aid Services Societies
• Relevance			
1. To what extent is the program aligned with the policy objectives and fiscal priorities of the government, and a core business of the ministry and LAO?	• LASA • MAG Business Plan • LAO Business Plan • MOU's • LAO/SLASS agreements	• Document Review • Senior LAO Interviews • MAG interviews	• Document Review • Senior LAO Interviews • MAG interviews
2. In what ways does this program serve the public interest?	• As above	• Document Review • Senior LAO Interviews • MAG interviews	• Document Review • Senior LAO Interviews • MAG interviews
• Effectiveness			
3. To what extent is the program achieving its expected short, intermediate and long-term outcomes?	• Outcome performance data • Stakeholder Input	• LAO / MAG / clinics/ other stakeholder interviews • Outcome performance data analysis including: # of clients served, # of referrals, # of cases, client satisfaction	• LAO / MAG / SLASS/ other stakeholder interviews • Outcome performance data analysis including # of clients served, types of cases served, # of files settled
4. To what extent is the program achieving its performance targets?	• Performance Measures Data	• Data Analysis • Document Review	• Data Analysis • Document Review
5. To what extent are clients or customers satisfied with the program's services?	• Clients/ Customer Input	• Clinic client surveys if available • LAO interviews • Legal community interviews	• Client surveys if available • LAO interviews • Legal community interviews •
6. To what extent do accountability systems support accountability within the ministry, and between the ministry and its partners, clients and the public?	• MOU's • LASA • Policies and procedures • LAO/SLASS agreement	• Document review • LAO senior interviews • MAG interviews • Clinic interviews	• Document review • LAO senior interviews • MAG interviews • SLASS interviews
• Efficiency			
7. What are the annual multi-year unit costs for the Program for the previous fiscal year (actuals), the current fiscal year (preliminary actual), and the next fiscal year (projected)?	• Financial Statements	• Historic and forecast data analysis, including cost relative to throughput and headcount	• Historic and forecast data analysis, including cost relative to throughput and headcount

Evaluation Questions	Data Required	Key Evaluation Step Community Legal Clinics	Key Evaluation Step Student Legal Aid Services Societies
8. To what extent did the program achieve its objectives within the established timeframes and costs?	• Financial Statements • Performance Measures • Stakeholder Input • Annual Report • Annual funding applications	• Historic data analysis • Case load analysis • Document review	• Historic data analysis • Case load analysis • Document review
9. To what extent is there duplication of effort/funding/ administrative process related to program or grant delivery? What are the efforts/ opportunities to reduce such duplication?	• Stakeholder input	• LAO senior interviews • MAG interviews • Clinic interviews	• LAO senior interviews • MAG interviews • SLASS interviews
10. To what extent are the program and its services appropriately integrated with other legal aid service providers and social service organizations to provide efficient, cost-effective, customer-focused service? What are the efforts/opportunities to increase integration?	• Program Reviews • Business Plan • Pilot Projects • MOU's • LAO/SLASS agreement	• LAO senior interviews • MAG interviews • External interviews • Document Review	• LAO senior interviews • MAG interviews • External interviews • Document Review
• Affordability & Sustainability			
11. Can the Ministry continue to deliver the program in light of current and projected fiscal realities or other factors (e.g., economic, demographic, social, technological) that impact on the program?	• Financial Statements • MAG/LAO Business Plans • LAO Annual Report	• Historic and forecast data analysis • Qualitative input from interviews	• Historic and forecast data analysis • Qualitative input from interviews
12. Are there pressures or under-resourcing that impact program sustainability	• Financial Statements • MAG/LAO Business Plans • LAO Annual Report	• Historic and forecast data analysis • Qualitative input from interviews	• Historic and forecast data analysis • Qualitative input from interviews

Findings on Core Business Relevance, Efficiency and Effectiveness

Clinic Legal Services

Overview

There are 79 Community Legal Clinics located within the province of Ontario. LAO provides transfer payment funding to these clinics and also provides them with several support functions. The Community Legal Clinics assist low-income people with matters related to tenant rights, Ontario Works, the Ontario Disability Support Program, Government Pensions, Immigration, Employment Insurance, Workplace Safety and Insurance, Employment Rights, Criminal Injuries Compensation and Human Rights.

Community Legal Clinics provide a number of services including summary advice/brief services, casework, law reform, community development and public legal education.

Community Legal Clinics are non-profit organizations that are governed by locally elected Boards of Directors. Clinics are incorporated under the Ontario Corporations Act. While clinics are independent of LAO, they are accountable to LAO for the responsible expenditure of public funds. LAO funds two types of community legal clinics: general and speciality clinics. General service clinics serve clients in designated geographic areas. Specialty clinics either focus on a particular area of the law (i.e., workers compensation, workers' health and safety, etc.) or represent groups with specific needs (i.e., seniors, persons with disabilities, urban aboriginals etc.).

In 2003/04 fiscal year LAO funded a total of 530 positions and program expenditures amounted to $54 Million.

Core Business Relevance

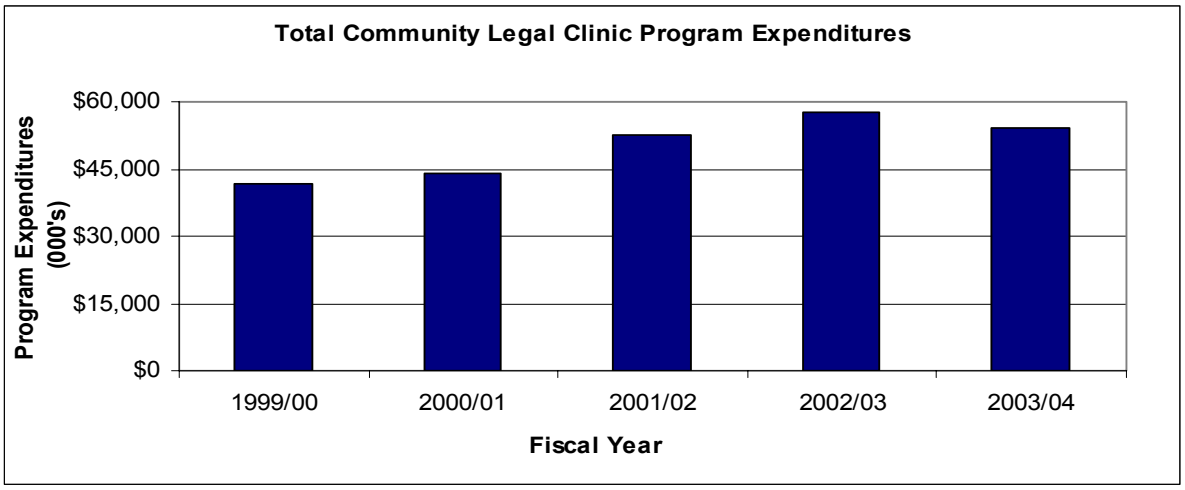
The Community Legal Clinic program is a critical public service since it provides access to justice to low income Ontarians. Through the program clients can receive legal assistance in areas of clinic law. This is important since very few private bar lawyers have expertise in clinic law areas. There is a shortage of private bar lawyers that practice law in the same areas of law that are covered by the clinics.

Clinics also have an important advocacy, law reform and community development role. For example, the Steering Committee on Social Assistance, a provincial clinic working group, meets regularly with the Social Benefits Tribunal and with officials from the Ministry of Community, Family and Children's Services to discuss major issues with the social assistance system and with the appeals system.

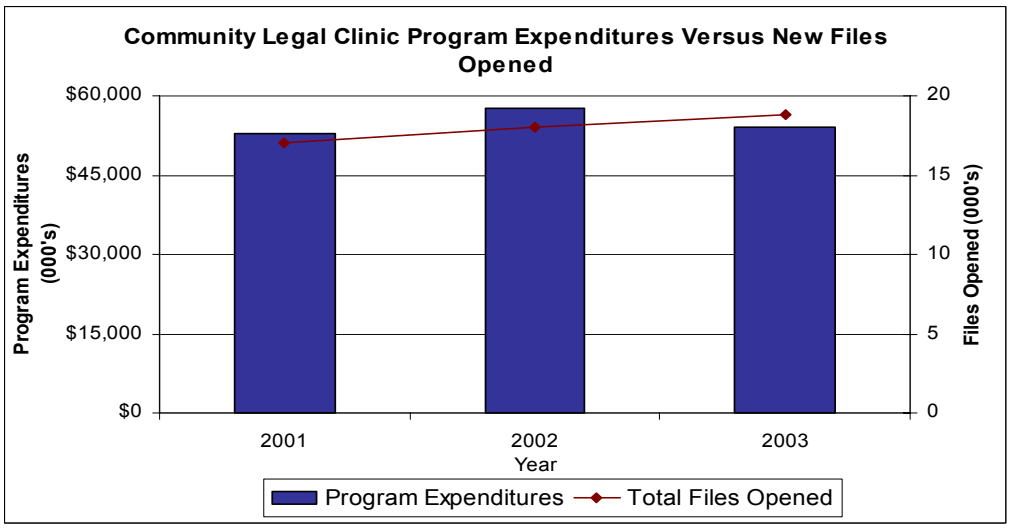
Clinics also educate clients on their rights through public legal education activities. Public legal education enables low income Ontarians to learn about their rights and how to exercise those rights which enhances their access to justice.

In addition to providing a service that is relevant to clients, the Community Legal Clinic program is relevant to LAO. According to the Legal Aid Services Act, LAO's mandate is to "promote access to justice throughout Ontario for low-income individuals".

Cost Effectiveness of the Program



Between 1999/00 and 2003/04, expenditures on the Community Legal Clinic program increased by 30%. Approximately 71% of this increase can be attributed to the expansion of the Community Legal Clinic program, including necessary capital and leasehold improvements. During the clinic expansion nine new clinics were opened, 10 clinics expanded their geographical coverage, 13 clinics were provided with additional staff, one new program was created (the Tenant Duty Counsel Program) and 18 satellite offices were created. A total of 99 new clinic staff positions were created between the 2001 and 2003 fiscal years. The remainder of the increase in program expenditures can be attributed to an increase in funding for salaries for positions in place before clinic expansion, operating expenses (primarily for increased lease costs), capital and leasehold improvements of clinics not affected by clinic expansion.



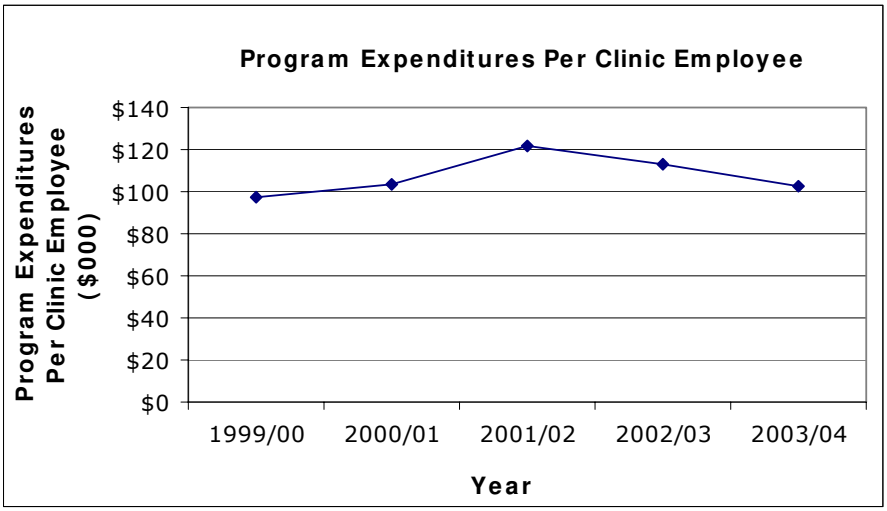
The clinic expansion contributed to an 11% increase[2] in the number files opened[3] between 2001 and 20034. Therefore the additional expenditures in the program have resulted in more clients being served.

However, it is impossible to analyze trends in variables such as the average cost to serve a client by type of service provided since the majority of clinics do not docket their time and if time is docketed, it is not reported to LAO. Although total files are increasing, there is no way of measuring whether

[2] Note: accurate data on the number of files opened prior to 2001 does not exist, therefore, expenditures are compared to new files opened for the 2001 to 2003 time period.
[3] Files opened include case files, public legal education files, law reform files and community development files.
[4] Number of case files is based on a calendar year.

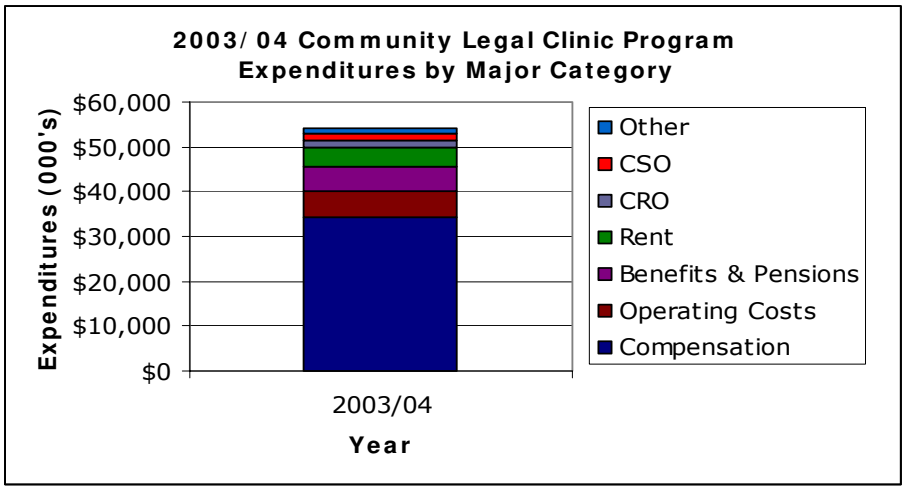
resources are being used cost effectively on a per file basis. For example, if data existed on the cost of producing certain public legal education events, a more informed decision could be made in the future on the cost/benefit of providing the service.

In addition to analyzing trends in expenditures and cases over time we also analyzed trends in expenditures per clinic employee.



Expenditures on a per clinic employee basis have been relatively stable and with the exception of a slight increase in the 2002 fiscal year, overall, expenditures per employee have only increased by 6% over the past five years.

In addition to analyzing expenditures at a program level, it is also important to analyze expenditures at a sub-component level. Total expenditures in the clinic program can be broken down into the following categories: compensation, operating costs, benefits & pensions, rent, support services (the Clinic Services Office and the Clinic Resource Office) and other costs.



At over 60% of total expenditures, staff compensation represents the most significant expenditure within the clinic program. Compensation for lawyer positions is the largest component of compensation expenditures. Salaries for clinic positions are based on a salary funding grid.

The lower and high end of the clinic salary grid is lower than that of comparable public sector and not-for-profit organizations such as the Ministry of the Attorney General and the Law Society of Upper Canada (LSUC). However, the range of the clinic salary grid is more comparable to lawyers that work within LAO and the Department of Justice (DOJ). Given the range of the clinic salary grid, compensation for clinic lawyers is reasonable.

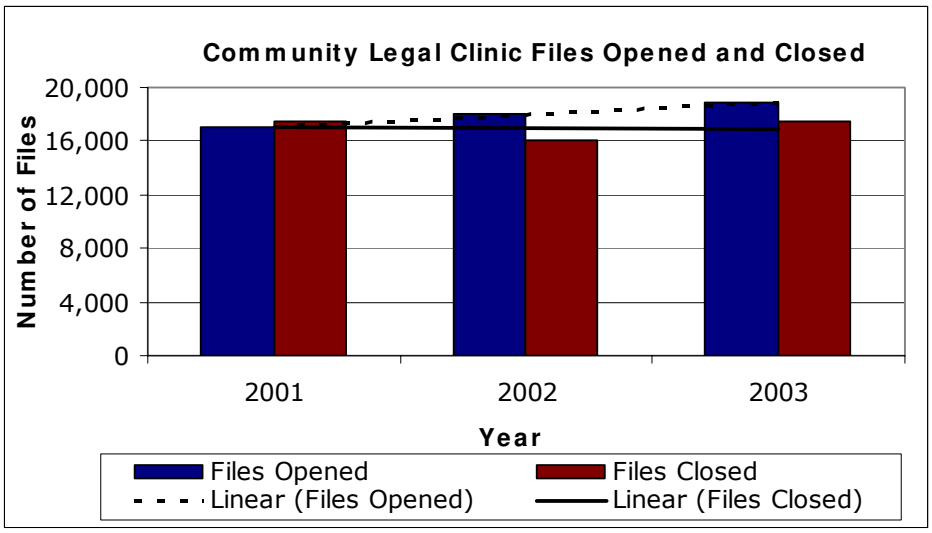
Survey of Salaries[5] for Non Management Lawyers[6]			
	Low	Mid Range	High
MAG[7]	$66,800	$112,600	$158,400
LSUC[8]	$67,600	$84,500	$111,600
DOJ[9]	$53,500	$79,900	$106,300
LAO	$53,900	$71,900	$95,600
Clinic[10]	$55,631	N/A	$98,123

When analyzing the cost effectiveness of the compensation paid to clinic lawyers it is also important to consider whether or not staff members are being paid at competitive rates within various regions across the province of Ontario. Currently the clinic compensation model is based on a single salary grid that is not modified to take into consideration the cost of living within the different regions of the province of Ontario. If lawyers are employed within clinics located within in Toronto, they may be paid below market rates, but lawyers that are employed outside of Toronto may be paid above local market rates.

Efficiency of Service

Currently clinics do not report to LAO on the timeliness of service. Clinic interviewees commented that they are normally able to respond to service within 48 hours, however data does not exist to support this claim.

Overall, the number of files opened within the clinic system has been increasing at a faster rate than the number of files that are being closed. Although LAO has not conducted a comprehensive analysis on the reasons for this trend, LAO reported that the complexity of cases and the resolution time for appeals to tribunals may be contributing to this trend.



LAO has begun to analyze the number of cases opened on a regional basis so that it can determine regional averages for the number of cases opened. LAO has also started to analyse the average number of cases opened per caseworker. This will provide LAO with improved data that it can use to evaluate the productivity of individual clinics.

Staffing Structure

Over the past five years the number of funded clinic positions increased by 23%. The majority of this increase can be attributed to the clinic expansion project. Out of all positions, the number of lawyer positions increased at the fastest rate (by 50%).

5 Salaries do not include benefits

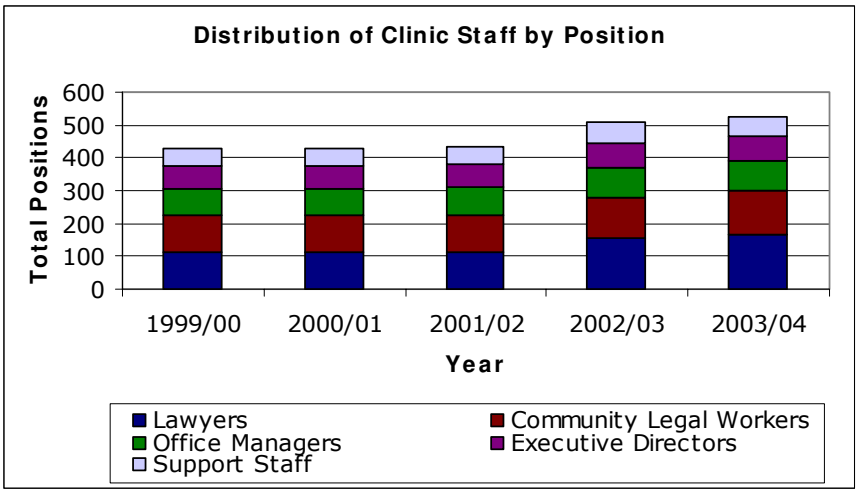
6 Source: LAO HR Department, 2004

7 New rates effective January 1, 2004. Average of CC1 and CC3 (CC2 level was combined with CC3).

8 Data aged by +2.4%. Average of 2 pay levels

9 Data aged by +2.4%. LA1 and LA2A combined. "All Regions" range.

10 Salaries do not include pay equity adjustments



A key question raised during the course of this review is whether the optimal balance of Community Legal Workers, lawyers and support staff is being used by clinics. Interviewees reported that since it is not necessary to be a lawyer to conduct a significant amount of the work that is provided by clinics, more Community Legal Workers should be used. Activities that could be conducted by a Community Legal Worker instead of a lawyer include public legal education and community development. However, all legal casework conducted by Community Legal Workers must be supervised by a lawyer. An analysis of the mix of lawyers, Community Legal Workers and support staff in each clinic revealed that the mix can vary quite considerably depending on the clinic. For example, an analysis of all the general clinics with a staff complement of 10 people revealed that two clinics had five lawyers and one Community Legal Worker and at the other end of the spectrum there is a clinic with only two lawyers and five Community Legal Workers.

It may be possible to reduce program expenditures and reinvest the savings into client service by reducing the number of lawyers and increasing the number of Community Legal Workers who are compensated at a lower rate. As well, by using a greater number of Community Legal Workers the amount of service could be increased while maintaining the cost of the program. If data existed on the number of hours attributable to case work per clinic and the corresponding mix of staff per clinic then benchmarks could be established to determine the most cost effective number of lawyers, Community Legal Workers and support staff that is needed within a clinic in order to undertake a particular caseload. This information would be particularly useful in determining the required staff complement in new clinics and, as employees leave clinics, this data could be used to realign the staff composition.

Payroll

Currently each clinic processes its own payroll and a few clinics still pay employees using manual cheques. Savings could be realized by outsourcing payroll to a third party organization. Since LAO already has a relationship with a payroll provider, it could assist with the negotiation of a contract on behalf of the clinics to provide payroll services at a lower cost.

Opportunities to Reduce Administration and Optimize the Number and Location of Clinics

General Clinics

Currently 79 clinics are located across the province of Ontario. Given that the province covers a very large geographical area, it is necessary to have clinics located in urban and rural areas so that clients have access to service. Throughout the course of review, interviewees stressed the importance of having accessible locations since clients are disadvantaged and travelling to offices that are not conveniently located is a great challenge. While it is necessary to have geographically dispersed offices across the province, there is a high concentration of clinics located in areas such as the City of Toronto relative to other cities in Ontario. For example, in the City of Toronto there are 15 general clinics and two SLASS. Sixteen of the 17 specialty clinics are also located in Toronto.

It could be argued that since Toronto has the largest population of any city in Ontario, the number of clinics and thus client service access points is justified. However, the number of client access points within certain areas of Toronto could be reduced without severely impacting access to service. In

comparison to other cities and rural areas, Toronto has a highly developed transportation system. If the number of clinics were reduced, clients would still have the ability to travel to a clinic via public transportation. Currently other community legal clinics serve much larger geographical areas than clinics located in Toronto.

Having a large number of clinics in areas such as Toronto increases the amount of duplication since each clinic is governed by a separate Board of Directors and has an Executive Director, Office Manager and a receptionist. For example, if three clinics were amalgamated into one, only one Executive Director would be needed to manage the entire clinic. Additionally only one Board of Directors would be required. Since each clinic is an independent organization and must be accountable to LAO a lot of resources are dedicated towards preparing for board meetings and preparing annual funding applications.

For example, a review of funding applications from 20 general service clinics revealed that depending on the clinic, Executive Directors spend approximately 10% to 65% of their time on administrative activities. The average amount of time spent by Executive Directors on administrative activities within these clinics was approximately 30%. Our consultations revealed that a significant portion of administrative time is spent reviewing service and financial statistics, preparing board packages and developing strategic goals and action plans. Clinic Office Managers also assist the Executive Director with these activities. A few clinics that were interviewed reported that they spend up to one month preparing funding applications. This is an indirect cost to the system which could be reduced if there were fewer boards and more time was spent on client facing activities. Additionally, if Executive Director positions were converted into lawyer or other positions such as Community Legal Worker positions an amalgamated office would have increased service capacity. This would occur because the elimination of management responsibilities would increase the time and resources available to engage in client service activities.

Alternatively, in areas where there are a significant number of clinics, a service delivery model could be established where one Board of Directors and Executive Director manage several offices. The Board of Directors would still be responsible for determining the needs of the community but for a larger catchment area. Additionally, in this scenario the number of client access points would not be reduced but instead inefficiencies related to having multiple boards could be reduced significantly. As discussed earlier efficiency gains could be used to provide higher levels of client service.

The location of general service clinics in the City of Toronto may no longer be aligned with the location of high poverty[11] areas within the GTA. A study entitled Poverty by Postal Code, The Geography of Neighbourhood Poverty, the City of Toronto 1981 – 2001 was recently released by the United Way of Greater Toronto and the Canadian Council on Social Development. The study analyzed the spatial concentration of family poverty in the City of Toronto over the past two decades. The study revealed a number of significant findings about shifts in the location of high poverty areas within the new City of Toronto. Specifically, the poverty rate of "economic families"[12] living within the former municipalities that make up the City of Toronto, with the exception of the former municipality of Toronto, has increased between 1981 and 2001.

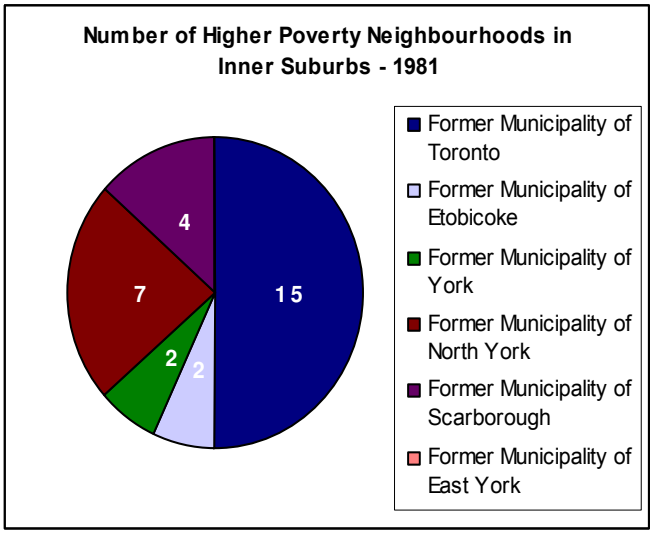
City of Toronto and Former Municipalities Poverty Rate (%)[13]			
	1981	1991	2001
New City of Toronto	13.3	16.3	19.4
Former Municipality of Toronto	18.5	19.1	17.6
Former Municipality of Etobicoke	9.6	12.3	15.3
Former Municipality of York	15.9	19.9	22.1
Former Municipality of North York	13.3	16.4	22.0
Former Municipality of Scarborough	11.2	15.4	20.3
Former Municipality of East York	11.3	13.8	19.7

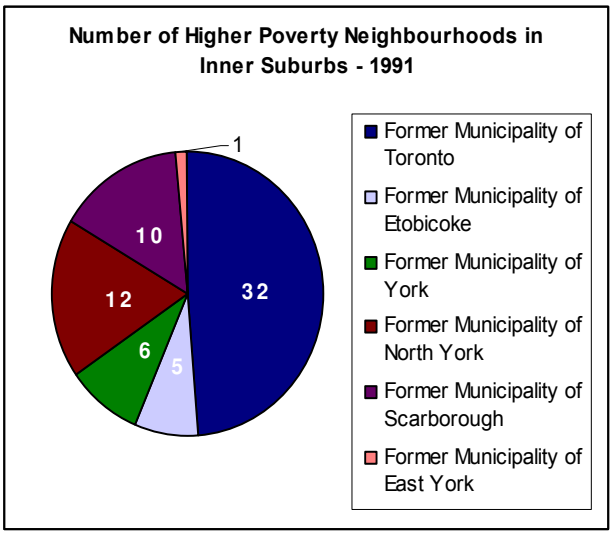
[11] A high poverty neighbourhood is one that has a poverty rate that is double the national average poverty rate of economic families.

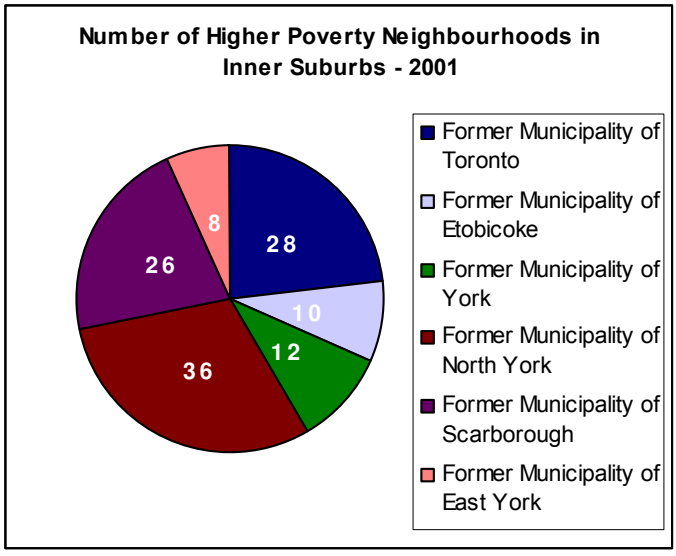
[12] The study uses the Statistics Canada definition of the economic family: A group of two or more persons who live in the same dwelling and are related to each other by blood, marriage, common-law or adoption and includes co-resident, related families and co-resident siblings not living with parents.

[13] Poverty By Postal Code, 2004

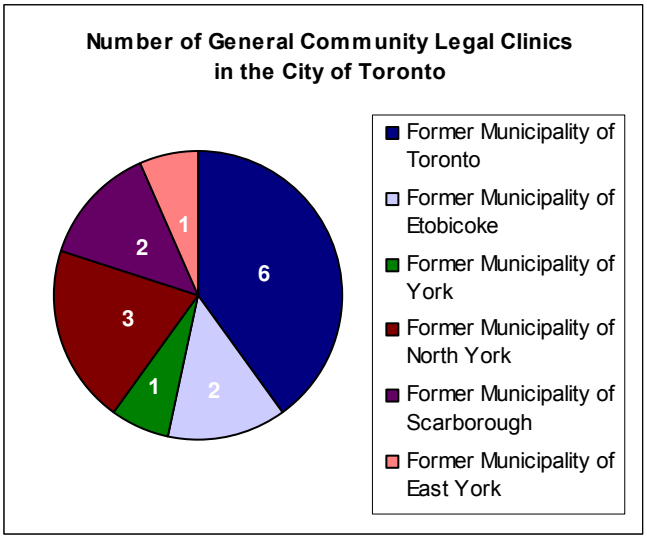
Additionally, while the former municipality of Toronto had 50% of the higher poverty neighbourhoods in 1981, in 2001 it only had 23% of the total. In contrast, by 2001 the inner suburbs had 77% of the higher poverty areas within the City of Toronto.







This finding indicates that the location of clinics and the number of staff working within each clinic may no longer be representative of the location of higher poverty areas within the City of Toronto. Presented in the following table and chart is the location of clinics within the City of Toronto.



Number of General Community Legal Clinics in the City of Toronto	
Area	**Number of Clinics**
New City of Toronto	15
Former Municipality of Toronto	6
Former Municipality of Etobicoke	2
Former Municipality of York	1
Former Municipality of North York	3
Former Municipality of Scarborough	2
Former Municipality of East York	1

The former City of Toronto still has a high proportion of clinics even though the location of high poverty neighbourhoods has shifted to other areas.

Although the inner suburbs such as the former Municipality of North York and Scarborough have a greater number of higher poverty areas, the location of clinics does not reflect this. Given that there have been shifts in the location of high poverty neighbourhoods, LAO should investigate the option of redistributing client access points or clinic staff to areas deemed to be underserved. As part of this analysis, LAO should also examine the number of caseworkers in each area and the ratio of caseworkers to low income Ontarians in each of the former municipalities. This type of analysis will serve to identify which areas are most underserved.

Specialty Clinics

Specialty clinics either focus on a particular area of the law (i.e., workers compensation, workers' health and safety, etc.) or represent specific groups of people (i.e., seniors, disabled, urban aboriginals etc.). There are 17 specialty clinics within the Community Legal Clinic program. While several specialty clinics serve very distinct client groups, there are a few specialty clinics that have overlapping client bases.

These clinics include the Industrial Accident Victims Group of Ontario, the Injured Workers' Consultants and the Toronto Workers' Health & Safety Legal Clinic. These clinics are all located in Toronto and efficiencies could be realized through a strategic realignment that could involve having one board and one Executive Director manage all three clinic locations. Efficiencies would be realized through decreased administrative time that results from having three distinct offices preparing for board meetings, developing funding applications and managing the office.

As discussed above, if two of the Executive Director positions are converted into additional lawyer positions management responsibilities would decrease enabling the lawyers to focus on more client facing activities. Additionally creating one 'Centre of Excellence' would enhance the ability of clinics to deal with issues such as WSIB, health and safety, workers rights and employment law by creating a critical mass of expertise under a single governance structure. Alternatively a Centre of Excellence in employment law could be established. This Centre would cover more specialized WSIB/injured workers issues but also other areas more commonly covered by general clinics such as employment standards, human rights, employment accommodation etc.

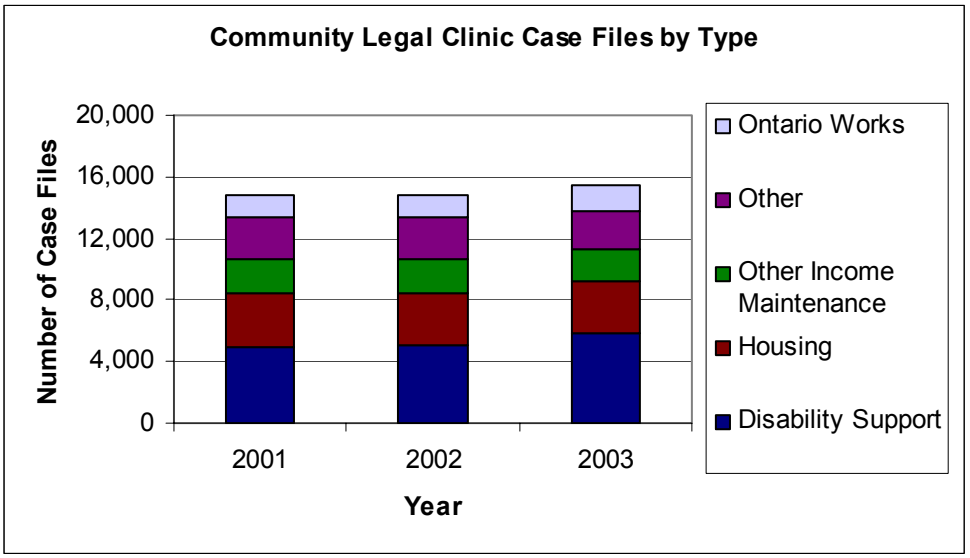
EFFECTIVENESS

Level of Service Provided

Since the clinic program was established it has expanded significantly into one that has offices located across the province. As depicted in the following chart the number of clients served by clinics has steadily increased over the past three years.

Service Provided By Community Legal Clinics – New Files Opened, Legal Advice/ Brief Services and Referrals			
	2001	2002	2003
Legal Advice/Brief Service	119,286	122,122	124,811
Case Files	14,747	14,826	15,497
Public Legal Education Files	1,303	1,806	1,691
Community Development Files	520	844	1,082
Law Reform Files	421	530	570
Referrals	57,872	63,854	60,517

The majority of the case files completed by the clinics are for Disability Support, Housing, Other Income Maintenance and Ontario Works legal matters.



By looking solely at the numbers of clients served it is difficult to evaluate the effectiveness of the program. Our consultations with both internal stakeholders (clinics and LAO staff) as well as external stakeholders revealed that the program has provided a very effective means of addressing the legal needs of low-income Ontarians. External stakeholders commended the clinics on their specialized knowledge and their provision of service in areas of law that are not covered by the Certificate program. Community legal clinics have also been successful in advocating on behalf of low income Ontarians to change legislation that adversely affects their client base. For example, the Income Security Advocacy Centre, in conjunction with other clinics and community partners created Denial By Design, a catalogue of administrative and bureaucratic barriers to accessing disability benefits in Ontario. The report is being used to advocate for reforms to the disability determination process.[14]

Gaps in Service

Although the clinic program provides clients with a critical service, there are gaps in the level of service provided and the resources required for the effective delivery of service. Since clinics only have a limited amount of resources they have to prioritize the areas of law they can cover as well as the law reform, community development and public legal education work they can undertake. Our consultations revealed that clinics are facing increasing demand to conduct more case work. To manage demand some clinics have reduced intake hours to limit new clients. For example, some clinics only conduct intake three days a week. Other clinics have managed demand by narrowing the areas of law that are covered.

Currently clinics do not formally monitor requests for service in particular areas of law or the number of people that are denied service. If this information existed clinics would have a better sense of the number of clients they are turning away for specific types of service. This information would also be a

[14] Legal Aid Ontario 2004/05 Business Plan

valuable input into the strategic planning process and could be included in the funding application as it would provide quantified data on trends in the demand for service.

Another gap identified by clinics is funding for translation and interpretation services. Interviewees commented that sometimes clients are forced to use their young children to translate information since they do not have sufficient resources for translation or interpretation services. This is a particular concern since clients have to relay sensitive information to caseworkers.

Without resources for translation it is difficult for clinics to develop public legal education materials that their client base can understand. The need for translation and interpretation services is especially high in the City of Toronto where English is not the first language for numerous clients.

Although LAO has recently finished a significant expansion of the clinic system, clinics expressed that they are not providing accessible service to their entire catchment area.

Financial Eligibility

In order to qualify for representation for case work, clients must pass a financial eligibility test. The financial eligibility test consists of an asset test and an income test. The financial eligibility test has not been updated since 1993. Although many clinic clients are automatically eligible since they are on social assistance, there may be a group of low income Ontarians that require assistance but fail to qualify for legal aid service. LAO should conduct a study to investigate the number, nature and location of people who fail to meet the financial eligibility test in order to determine the extent of actual need in order to improve access to justice.

Quality of Service Provided

One of the key areas that must be considered when evaluating the effectiveness of service is the quality of service provided. LASA specifically mandates that LAO promote access to justice throughout Ontario for low-income individuals by providing high quality legal aid services.

Our review revealed that clinics conduct a number of activities to ensure that quality services are provided to low-income Ontarians. One of the most significant methods used is file reviews. The Executive Director often reviews files and summary advice. The frequency of file reviews depends on the clinic. In certain clinics, the Executive Director reviews all files and in other clinics a random selection of files are audited on a periodic basis. Although all of the files worked on by community legal workers are reviewed, there is less supervision over the files produced by staff lawyers and Executive Directors. In certain cases a Clinic's board of directors may conduct a performance evaluation on the Executive Director. The Quality Service Office provides boards with performance evaluation templates that cover areas such quality assurance (i.e., does the Executive Director evaluate the performance of its staff on a regular basis?) interpersonal skills etc. The Quality Service Office does not recommend that boards review case files produced by Executive Directors since that could create a conflict of interest and would breach client confidentiality unless each client consented. Additionally, the board member would require a certain skill set and expertise to effectively review the Executive Director's work. To eliminate the potential conflict of interest an Executive Director from another clinic or an objective, independent, qualified third party could conduct a peer review of case files, subject to client consent.

In order to enhance the skills and knowledge of clinic workers training is provided to clinics through regional training conferences. These conferences occur once per year in all regions except for the north where they occur three times per year. Training covers specific case work topics (i.e., the Tenant Protection Act, CRO Barrister Services, WSIB, etc.) as well as strategies related to providing more effective community development. Many clinics are also part of regional study groups and inter-clinic working groups that meet to discuss issues related to specific areas of the law. Although training is provided to clinics interviewees commented that it could be more specialized and targeted so that it is applicable to people that have varying levels of expertise.

In addition to the quality assurance mechanisms used within individual clinics, LAO also has a Quality Service Office with a mandate to support and ensure excellence in high quality legal aid services to clients and communities. The Quality Service Office has an LAO wide mandate and its focus on the Community Legal Clinic Program is limited. However, LAO is moving towards a model in which clinics will take more ownership over quality initiatives through self evaluation and client service measures.[15]

[15] QAP 2002 Final Report April 1, 2003

Instead of conducting extensive on-site quality assurance reviews of all clinics, reviews will be conducted on an infrequent basis and clinics will be provided with a self-assessment tool that will assist in identifying two or three quality improvements each year. Clinics will report the results of their self assessment to the Quality Service Office so that system wide issues can be identified. The Quality Service Office has also dedicated significant resources to quality audits of specific clinics when required.

Although quality assurance mechanisms are in place within clinics, one area of weakness is the fact that the performance evaluations of Executive Directors are not conducted on a frequent basis. It was also reported that files completed by lawyers are also not reviewed on a regular basis.

From a client perspective, it is difficult to assess the quality of service. Although some clinics send surveys to clients once a file is closed, customer satisfaction surveys are not administered on a frequent basis by most clinics.

Since client satisfaction data is not readily available, we obtained feedback from external stakeholders on the quality of the service provided by clinic lawyers. Opinions on the quality of service provided by clinic workers varied. Some external stakeholders reported that the quality of service provided by clinic lawyers is high, while others commented that the quality of service provided by clinic workers could be improved. Specifically, a few external stakeholders did not feel that certain clinics lawyers are as experienced as private bar lawyers.

As part of our review we also conducted interviews with similar legal aid service providers in international jurisdictions in order to gain insight into quality assurance mechanisms used in other organizations. The two organizations that were contacted were Legal Services Commission (LSC) in the United Kingdom and National Legal Aid in Australia.

Legal Services Commission (United Kingdom)

Benchmark Comparison – Legal Services Commission (United Kingdom)	
Overview of Program	**Quality Assurance Mechanisms**

• In the United Kingdom, legal aid is provided through a number of mechanisms including Law Centres.
• Law Centres provide clients with assistance in a number of areas of law including welfare rights, immigration and nationality, housing and homelessness, employment rights, and sex and race discrimination.
• Additionally, according to the local needs of the community, law centres may also provide assistance in the areas of mental health, disability rights, education rights, juvenile crime and children's rights.
• A combination of lawyers, case workers and outreach workers work in Law Centres. Although Law Centres are involved in outreach activities, the LSC only funds case work.
	• To ensure quality service the LSC conducts a number of activities including:
	  • Each Law Centre must be awarded a Community Legal Service Quality Mark in order to provide legal services. The Quality Mark specifies a range of standards that service providers must meet. These include the production and implementation of business plans, management structures, financial management and cost and quality controls.
	  • A detailed analysis of case outcomes is conducted to determine if outcomes are aligned with benchmarks for the type of case conducted.
	  • Peer reviews are conducted on a selected number of files to assess quality and value for money (i.e., is the time spent on a file justified?).
	  • Case workers must docket their time and each case worker has a target of 1,100 hours for legal work. If case workers are consistently either significantly over or under the target then the LSC investigates the variance.
	  • Average case costs are analyzed to determine if they are within certain parameters.
	• The LSC felt that it was necessary to establish these quality assurance measures in order to ensure quality service.
	• In order to balance the cost of ensuring quality with the cost of reviews, the LSC is in the process of implementing a risk based approach where it conducts a more in-depth, rigorous audit on service providers that they perceive to be high risk. The level of risk is determined after a detailed analysis of outcomes is conducted.

National Legal Aid (Australia)

Benchmark Comparison – Legal Aid Queensland (Australia)	
Overview of Program	**Quality Assurance Mechanisms**
• In Australia legal aid is provided through a number of mechanisms including Community Legal Centres. • Community Legal Centres are not for profit organizations that provide assistance related to a number of legal matters including credit and debt, family law, consumer issues, social security, victims of crime, compensation for injury, domestic violence, court support, physical and intellectual disability, environmental law, tenancy, discrimination, employment, and immigration.	• To ensure quality service a number of activities are conducted including: • A detailed audit of each centre is conducted each year. • Every six months each community legal centre must conduct a client satisfaction survey. The survey is conducted over a two week period and it is distributed to any client that has been provided with advice, legal representation or has received public legal education. • Program outcomes are not tracked but in the future Legal Aid Queensland would like to track them.

Level of coordination with other services

The level of coordination between LAO's service providers requires improvement. Currently LAO provides services to low income Ontarians through five mechanisms:

- 79 Community Legal Clinics
- 51 Area Offices
- Seven Staff Offices: three family law offices, one refugee law offices and three recently opened criminal law offices
- Duty Counsel
- Six SLASS which are located within Ontario's six law schools.

Given the number of service providers it is possible for the coordination to exist at a number of levels. Within this review the following levels of coordination have been considered:

- Coordination between Clinics
- Coordination between Clinics and Area Offices; and
- Coordination between Clinics and SLASS

Coordination between clinics

Each Community Legal Clinic has the authority to determine the areas of law on which it focuses and the best way to deliver services in order to meet its objectives. Although clinics often specialize in different areas of poverty law, the clients that they serve and the issues they deal with are often the same. There is a need for clinics to work together to share knowledge and resources in order to reduce duplication and provide service that has a greater impact on clients. In recognition of this need, working groups have been established. LAO funds 6 interclinic working groups. For example, the purpose of the Workers Compensation Network is to support the delivery of community legal clinic services at a high level in the areas of workers' compensation casework and law reform. Worker's Compensation is a complex area of law and it is difficult for many general service clinics to maintain working knowledge of the law. This group facilitates the sharing of expertise and resources in order to develop more expertise in workers compensation across the clinic system.[16]

Specialty clinics also increase coordination across clinics. Community Legal Education Ontario (CLEO) has a provincial mandate and produces community legal education materials that can be used by clinics across the system.

The level of coordination that exists between the three clinics located in the Hamilton area presents a good example of coordination between clinics. The three clinics conduct joint planning sessions. At these planning sessions the clinics determine jointly high priority projects and identify a lead from each clinic to work on the projects. The legal aid service providers in Hamilton have focused on more integrated planning to ensure that they do not duplicate effort. Working on a more integrated basis has allowed the clinics to take on projects that they would normally not be able to take on if they were

[16] 2003/2004 Workers Compensation Network Learning Initiatives Funds Application

working in isolation (e.g., the Pro Bono Law Project). The clinics also have a joint website that outlines all of the services and available within their catchment areas.

Despite these mechanisms outlined above, the overall level of coordination between clinics requires improvement. For example, the amount of coordination among clinics related to community development could be improved. Different clinics may conduct very similar community development activities without leveraging resources in order to reduce duplication of effort. Part of this can be attributed to the fact that clinics are not always aware of the activities that are being conducted by other clinics.

One of the challenges faced by clinics in coordinating efforts is the lack of an IT solution, such as a clinic-administered intranet, that can enhance communication and information sharing across all clinics. Communication among clinics would improve considerably and potentially increase in volume if they had access to a common intranet.

Coordination between clinics and area offices

With the exception of a few area offices and clinics, the level of coordination between LAO service providers requires improvement. Although area offices and clinics make referrals to each other, interviewees reported that clinic and area office staff do not fully understand the scope of services or the eligibility requirements. Interviewees commented that sometimes clients are referred by LAO area office or clinic staff to other offices for services that are not covered. Additionally, sometimes clinics will change the services that they offer but do not communicate this information to the local area office. As a result, area offices refer clients to clinics for services that are not covered.

Coordination between clinics and SLASS

The level of coordination between these entities requires improvement. Sometimes clinics refer clients to SLASS once they are at capacity with no regard for the ability of the SLASS to manage the demand for additional services. Since clinics and SLASS primarily serve the same client and demographic group, they should work together to determine the needs of the community and which entity is in the best position in terms of capacity and expertise to meet those needs.

The lack of coordination between various LAO service providers impacts on LAO's ability to serve clients in an effective manner. Although LAO offers a number of distinct services, the client group that it serves is essentially the same, low income Ontarians, who often have a range of legal and social needs. Interviewees commented that "clients are literally going back and forth between offices." This is particularly inconvenient for clients since they have low incomes and obtaining and/or paying for transportation can be challenging.

Co-Location between LAO service providers

<u>Client Service</u>

From a client service perspective, a more effective way of delivering client service is through co-located offices. Currently LAO has five co-located area offices and clinics. All of the staff members from the co-located offices that were interviewed agreed that it provides the opportunity to serve a range of client needs at the same time. For example, if a client goes to the clinic to discuss a housing issue and their case worker discovers that they have a criminal law problem immediately after the meeting they can apply for a certificate without having to go to another location. There is a strong belief among interviewees that clients are often "lost" in the system as they are referred from one office to another. Additionally by having staff members from clinics and area offices working within the same location, they have a greater understanding of the services provided by each entity.

Providing more integrated service is a key strategy that is being pursued by Ontario Government.

Best Practice Example – ServiceOntario[17]	
Overview of the Initiative	**Overview of Ottawa Counters Project**
• The Ontario Government has launched a project entitled ServiceOntario with the objective of integrating all three government service delivery channels: walk-in public counters, web and telephone. • Initially ServiceOntario will focus on consolidating and relocating as many as 12 over-the counter program operations into one site. • One of the key benefits of this initiative will be to provide citizen-centric access.	• The Ottawa Counters Project is a sub project of the ServiceOntario initiative. The objective of the project is to integrate, co-locate and deliver multi-jurisdictional government services through a single counter location. • Once it is established, the Ottawa Counter will provide a one-stop location where people can obtain information and submit forms related to obtaining passports and birth certificates, SIN cards and health cards. • One of the primary reasons for establishing the multi-jurisdictional counter is the fact that there are 16 provincial counters in the Ottawa area. Additionally there are opportunities to generate cost savings and efficiencies at all levels of government. • The flagship counter is scheduled to open in May 2005, and is expected to be located in downtown Ottawa.

Organizational Structure

Currently the LAO co-located offices employ one of two organizational structures. A few offices are led by a co-director that is responsible for both the clinic and area office services while the remaining offices have a director for the area office and a separate director for the clinic office. There are several issues which reduce the effectiveness of having two directors managing one office. Most of these issues are a result of clinic independence since clinics have the authority to establish their own personnel and operating policies which may be different than those of the area offices. Policies which were identified as being different across the two entities include:

- Vacation
- Benefits
- General hours of operation (i.e., sometimes a clinic may close over the Christmas holidays while the area office remains open)
- Client intake hours

While it may not be possible to harmonize all policies it is important to have one leader in place within the clinic to establish uniform polices in areas under their control. Furthermore, it is critical to have one person in place with overall decision making authority to ensure that issues related to personnel, operations and clients are dealt with in a consistent manner. A single leader also facilitates the development of a shared organizational culture, vision and goals.

Change Management Strategy

Given challenges with co-location, LAO should develop a list of best practices that area offices and clinics should adopt when co-locating locations. Interviewees commented that they did not feel that they were provided with a sufficient level of support to deal with some of the personnel and operating issues that arose as a result of merging two offices. One particularly beneficial practice that has been implemented in one of the co-located offices is job shadowing. After the office was co-located, all of the staff members from both offices were trained on each staff member's roles and responsibilities.

Although co-location is a desirable model for the reasons mentioned above, there are significant challenges to implementing this model. Clinics are independent organizations and cannot be easily mandated to co-locate with local area offices. While all of the co-located interviewees agreed that it provides the most effective client service, other interviewees felt that co-location with area offices presents too many challenges. The challenges that were most frequently cited in interviews were:

- There is potential for a woman to be confronted by her abusive husband while she is at the clinic and her husband is at the area office trying to obtain a certificate.
- There is a possibility of confidentiality issues if a clinic client is also a client of the Area Office.
- The culture of Area Offices and clinics are too different. Area Offices provide a primarily administrative service while a clinic is a law office that provides service directly to clients.

[17] City of Ottawa, 2004

- The personnel and operating policies of clinics and Area Offices are different.

Our consultations with co-located clinics provided some key insights into some of the perceived challenges listed above.

- The likelihood of a woman being confronted by her abusive husband in the waiting room of a co-located area office and clinic is extremely rare. Interviewees from the co-located clinics that we interviewed could only recall one situation in which both parties of a legal mater were in the office at the same time.
- With respect to confidentiality, only one significant issue has been reported.
- Challenges with integrating the cultures of two distinct organizations can be expected with any merger. However, strong change management strategies and tactics can help to ease the transition. Two out of the three co-located clinics that were interviewed reported that they have been able to achieve cohesive working relationships with staff from both the area office and the clinic.
- Finally, co-located offices that have a single leader have had success in harmonizing a number of policies and procedures.

In addition to the challenges listed above, the optimal location for a clinic office from a client service perspective may not be the same as that of an area office or a social service agency. For example, some area offices are located near the courts which may not be located in low income areas.

Co-Location between LAO service providers and other social service agencies

There are also benefits derived from co-locating services with other social service agencies. Clinics are often required to obtain medical reports for ODSP and refugee cases. Medical reports can be obtained faster and at a lower cost if the client is also a client of another service provider located within an integrated community centre that offers a variety of social services including health care.

Best Practice Examples	
Centre medico-social communautaire	**York Community Services**

• Centre medico-social communautaire is a multidisciplinary centre that in addition to having a French legal aid clinic offers:
  • medical services such as family practice, dietician and nutrition counselling
  • social services such as therapy and counselling, advice on housing and social assistance issues and homeless outreach and intervention
  • family services such as early childhood programs
	• York Community Services is another multidisciplinary centre that in addition to offering clinic services offers:
	  • social services such as individual, family, marital and seniors' counselling, crisis intervention including social, legal and health services for assaulted women
	  • a community health centre that offers primary health care, family planning, and a community mental health program
	  • a Housing Help Centre which assists persons with low incomes in obtaining adequate stable housing
	  • community outreach including an income tax clinic.

Our overall conclusion is that despite the challenges presented by co-location it can provide enhanced client service. Thus, additional opportunities to co-locate clinics with other LAO services and social service agencies should be explored.

Annual Planning Needs Assessment

Most clinics have not conducted a formal needs assessment to determine the needs of the community. Instead they rely primarily on staff members to identify trends in the types of service requests and changes in legislation. They also leverage the knowledge provided by board members to provide a broader perspective on the needs of the community. Interviews commented that although staff and board members can provide valuable insight, formal needs assessments should be conducted. Clinics often provide service to clients within large geographical areas. It is difficult to truly determine if those needs are adequately being met without formally evaluating the demographics of the area and the types of issues faced by clients that fall within certain demographic profiles. Some clinics that were interviewed also commented that the annual strategic planning process is very challenging since the Executive Director and board members do not always have the skill sets necessary to develop a strategic plan that will have the most significant impact on the community.

However it is important to note that prior to opening the new clinics as part of the expansion project, comprehensive needs assessments were conducted to understand the legal needs of the communities in which the new clinics were to be located.

Governance

Community Legal Clinics are not for profit organizations that are governed by locally elected Boards of Directors. Boards of Directors are responsible for the governance, planning and overall oversight of the community legal clinics.

Board members are drawn from the community and come from diverse backgrounds. Board members include lawyers, people with disabilities, people with affiliations to other community agencies, people with financial expertise, health care workers and former clients.

Determining the needs of the community

The most significant advantage of having a local board of directors that was cited by interviewees is that the board provides a broader perspective on the needs of the community. Board members are often affiliated with other social service agencies that provide service to current and potentially future clinic clients. Thus they have the ability to provide a more holistic view of the needs of clients. Additionally, since board members are drawn from the community, they have a vested interest in ensuring the success of the clinic, which can be viewed as an additional layer of accountability.

Previous reviews of the community legal clinic system including the McCamus Review and the Janet E. Mosher paper on Poverty Law have concluded that a community board is necessary to be responsive to the needs of the community. However, the value of some Community Legal Clinic boards in determining the needs of the community is questionable. It is clear from our review that Community Legal Workers, staff lawyers and Executive Directors have the best knowledge of the needs of the community since they work directly with clients on a day to day basis. It is these individuals that are involved with client intake, provide summary advice and legal representation and interact with clients during numerous community outreach initiatives. As a result of this some clinics do not feel that their boards are critical to the process of determining the needs of the community.

Human resource management

As employers of clinic staff, boards are responsible for: employee relations, approving terminations and administering the compensation funding that they receive from LAO. Given that board members have these responsibilities, boards are required to have members who have human resources skills and expertise. Our review revealed that most clinics do not have board members who have the ability or the time to deal with complex human resources issues. For example board members struggle with issues associated with terminating employees, employee relations and compensation. In particular, the LAO/clinic compensation review project has demonstrated this weakness.

In the fall of 2002, as part of the Clinic Compensation Review Project, LAO established a Clinic Compensation Review Committee. The Committee's mandate was to recommend a principled and sustained approach for funding compensation in the clinic system. Although the committee made several recommendations, the primary recommendation was to provide compensation funding to clinics based on a pay range system instead of a salary grid in order to provide clinics with greater decisions making authority. This recommendation has been negatively received by many clinics.

A key issue identified by clinic boards in the consultation relating to the 2003 LAO/Clinic Compensation Committee Report and Recommendations is that the proposed "pay range model creates new responsibilities that are too complex for clinic boards". Additionally clinic boards reported that "administering a pay range system requires more human resource expertise and a greater time commitment than should be expected of volunteer board members"18 . The Memorandum of Understanding requires clinic boards to have management skills and as employers clinic boards are responsible for human resource management. Therefore clinic boards should have members with human resources expertise so that they can develop policies related to human resource issues such as compensation.

[18] LAO/Clinic Compensation Committee Report and Recommendations, November 2003

Financial Oversight

Community Legal Clinic board members are also responsible for ensuring the proper expenditure of public funds. The amount of funding provided to a clinic depends on the number of approved staff positions. The amount of funding provided to community legal clinics in the 2003/04 fiscal year ranged from a low of $221,541.13 dollars for the smallest clinic to a high of $1,642,186.48 dollars for the largest clinic. The average amount of funding awarded per clinic in the 2003/04 fiscal year was $564,565.04. Clinics have had difficulty with recruiting board members with financial expertise. Without financial training, the board cannot make informed decisions and do not have the expertise to identify significant financial issues. However it is important to note that in the past five years, LAO reported that only one clinic has had significant issues with financial management of LAO funds.

Governance model

Our consultations revealed that most clinics follow the Carver model of board governance. At a high level, within this model board members establish the organizational mission, direction and general policies governing operations. The Executive Director reports to the board and is responsible for all operational matters. A weakness that was highlighted in our review is that in some clinics, the Executive Director exercises a significant amount of control over the board and the board often "rubber stamps" recommendations made by the Executive Director.

Although there are issues with some clinic boards, the key questions that must be answered are what impact have these issues had on the efficient and effective delivery of service and can these issues be resolved. Despite the issues identified above our review has not revealed that community boards have had a detrimental impact on service delivery. In fact some boards are quite effective. The personnel and financial management issues can be resolved by ensuring that board members are recruited with the requisite skills and qualifications. For existing board members training must be improved. Several board members commented that the current level of training is insufficient.

Accountability

A number of mechanisms are in place within the Community Legal Clinic program to ensure accountability. These mechanisms include:

1. Monthly review of financial and service statistics by clinic boards of directors.
2. Quarterly reporting of financial and service statistics to LAO.
3. An annual independent financial audit of each clinic.
4. Annual submission of funding applications. The annual funding application is a comprehensive document which includes:
   - The clinic's funding request for the following year;
   - Annual service statistics;
   - A report on whether the clinic's objectives were met for the year and if objectives were not met, justification is provided;
   - A list of objectives for the following year and the activities that the clinic will conduct to achieve those activities;
   - Clinic achievements.

Recently LAO implemented the first ever Memorandum of Understanding (MOU) with the clinics. The purpose of the MOU is to:

- Define the roles and responsibilities of LAO and the Community Legal Clinics in the delivery of clinic law services;
- Define the terms and conditions under which LAO provides funding to a clinic.
- Define LAO's role in funding, monitoring and supporting clinics, and the role of clinics as independent entities accountable for the funding they receive, the services they provide, and the effectiveness and efficiency of their operations; and
- Establish a framework for ongoing relations between Legal Aid Ontario and the Community Legal Clinics

The establishment of the MOU is a significant move towards clarifying the roles and responsibilities of LAO and the clinics and enhancing the accountability for the expenditure of public funds.

Performance measurement is an essential part of ensuring strong accountability. Performance measurement is what determines if government organizations are contributing through, their programs, outcomes, that matter to Canadians.19 Although a number of accountability mechanisms exist, the outcomes of the clinic program are not measured. Without measuring outcomes it is unclear how the board and LAO evaluate whether or not clinics are performing at an optimal level. Currently the outputs of the program are measured (i.e., number of cases, number of public legal education files, number of referrals etc.) But no data exists on whether or not these program outputs are achieving the desired outcomes of the program.

It is also important to note that while clinics are required to submit funding applications, with the exception of the financial statements, they are not used to make informed decisions regarding the allocation of funds to individual clinics.

Complaints Process

The complaints process is another mechanism that promotes accountability for the expenditure of public funds. The Community Legal Clinic program has a very structured and formal three stage complaints process. The first stage involves local resolution of the complaint. Complainants have the ability to make a complaint following the clinic's complaint policy. If the complainant is dissatisfied with the clinic's board of Director's resolution of the complaint then the complainant can have the CSO review the complaint. This forms the second stage of the Complaints process. After the CSO reviews the clinic's response to the complaint, it tries to resolve the complaint. If the complainant is unsatisfied with the CSO's resolution of the complaint the complainant can have his/her complaint reviewed by LAO's General Counsel. This forms the third stage of the complaints process. Finally, if the complainant is unsatisfied with LAO's Complaints process he/she has the right to contact the Ombudsman's office.

In general, very few stage two complaints are received. For example, no stage two complaints were received in the 2003/04 fiscal year. Data does not exist on the number of stage one complaints since clinics are not required to report this information to the CSO. However, the CSO will begin collecting this information for the 2003/04 fiscal year.

Overall interviewees commented that the complaints process is effective.

Barriers to Change

Some clinics are resistant to implementing changes that, from LAO's perspective, would have a positive impact on the program. For example, at the beginning of the year LAO began the process of introducing client service measures which focus on three areas - access, timeliness and client feedback. These measures are fundamental to developing an understanding of the efficiency and effectiveness of clinics and will increase accountability. However some clinics are extremely resistant to implementing these measures. They perceive that the initial consultation process was insufficient to justify the need for client service measures and are concerned that such measures would lead to inappropriate comparison across clinics for resource allocation purposes. The SLASS, however, accepted the proposed client service measures immediately.

In addition to challenging the implementation of client service measures, clinics have also resisted the implementation of a new compensation model. Recommendations for a new compensation model were developed by the LAO/Clinic Compensation Review Committee that has both LAO and clinic representatives and was designed to mitigate a number of issues. When the recommendations were sent to clinics for feedback, the clinics submitted numerous responses outlining their dissatisfaction with the proposed model. Specifically, clinic boards feel that the "pay range model (which is a component of the new compensation model) creates new responsibilities that are too complex for clinic boards". Additionally clinic boards reported that "administering a pay range system requires more human resource expertise and a greater time commitment than should be expected of volunteer

[19] Institute On Governance, 2002

board members."[20] Clinic staff feel that the "time spent on administration will increase" and there will be "labour unrest and staff tension due to disputes over salary dollars."[21]

While it is important to obtain feedback from clinics on new initiatives, the consultation process can slow down or in certain situations completely stall the decision making process. Part of this issue can be attributed to the fact that LAO often receives feedback on various initiatives from individual clinics instead of at an aggregate or system level. Given that there are 79 clinics the volume of feedback can become onerous, especially when the feedback is related to contentious issues. While it is important to gather feedback to ensure that new initiatives have a successful outcome, the amount of feedback must be balanced with the need to implement initiatives in a timely manner. Lengthy consultations are an indirect cost to the system since a significant amount of resources are expended throughout the process.

Student Legal Aid Services Societies

Overview

The Student Legal Aid Services Societies (SLASS) are jointly funded by LAO and the university with which the SLASS is affiliated. SLASS services fill a gap between certificate and clinic law areas as they provide free legal assistance to clients who cannot afford a lawyer and do not qualify for legal aid certificates. LAO provides envelope funding to the SLASS. SLASS do not receive the same centralized support from LAO (such as Facilities and Leasing and IT) as the Community Legal Clinics receive. In Ontario, there are six SLASS – one at each law school. LAO provided $2.7M in envelope funding in 2003/04 or 70% of the SLASS system total funding package. A list of the six SLASS in Ontario is presented in the following table.

Student Legal Aid Services Societies (SLASS)	
SLASS Name	**Academic Institution**
Downtown Legal Services	University of Toronto
Community Legal Aid Windsor	University of Windsor
Community Legal Services	University of Western Ontario
Queen's Legal Aid	Queen's University
Community and Legal Aid Services Programme	York University
University of Ottawa Community Legal Clinic	University of Ottawa

SLASS are staffed by law students working under the supervision of review counsel and a clinic director. These students are volunteers, employed summer students or students enrolled in an academic program. The dean of the law school is ultimately responsible for the SLASS. The SLASS serve both the community in which they operate as well as the students of the university with which it is affiliated with.

Typically, legal service provided by a SLASS cover areas such as criminal offences, provincial offences, worker's rights, small claims court, human rights, criminal injuries compensation, victim witness accompaniment, immigration, wills and estates, university affairs and student appeals. SLASS also provide some clinic law services, such as landlord and tenant issues and income security. SLASS, also, but to a lesser extent than clinics, engage in law reform and public legal education. In 2003/04 there were 1,103 students working in six SLASS in Ontario. Most students are volunteer caseworkers or researchers. Some students only participate in SLASS steering or advisory committee members and are not directly involved in service delivery.

Core Business Relevance

The SLASS evolved under the Ontario Legal Aid Plan, and as a part of their role, fill the gaps in service between the areas practiced by the clinic and the certificate programs.

Since the SLASS use students, it maintains relevance to both legal aid and the broader legal profession by providing an opportunity for students to receive training before they are called to the bar. This helps students develop litigation, negotiation and defence skills and educates students about

[20] LAO/Clinic Compensation Committee Report and Recommendations, November 2003

[21] LAO/Clinic Compensation Committee Report and Recommendations, November 2003

legal aid services. Furthermore, the services delivered by these students are in line with LAO's core business of providing legal aid services to low-income individuals.

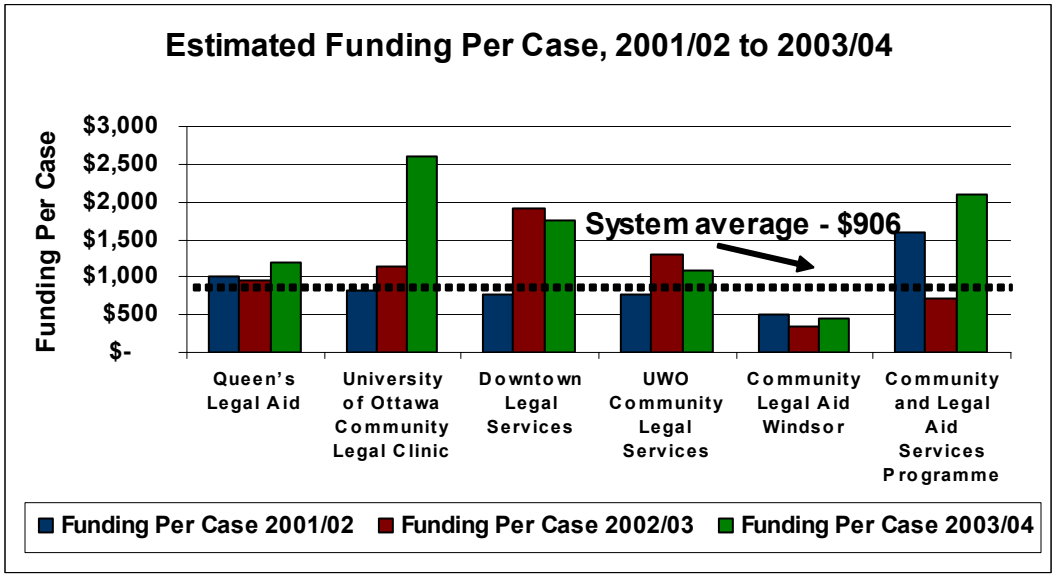
Traditionally, SLASS has been viewed as a 'developmental' system that encourages law students to work in the legal aid system after they graduate – in clinics, area offices or as certificate lawyers. While students who are in the SLASS program do not always seek employment within the legal aid system they do acquire skills that can be used within the private bar, the Crown system and other public sector agencies. While this may not benefit LAO directly, it contributes to a strong legal profession, including the defence bar.

SLASS will be able to maintain their relevance so long as they maintain a unique role in the provision of legal services and do not duplicate the available services at the local clinic or Area Office. While the total impact and scope of service of SLASS is limited by the number of law schools in the province, this does not diminish their relevance to the system.

EFFICIENCY

Cost Effectiveness of the Program

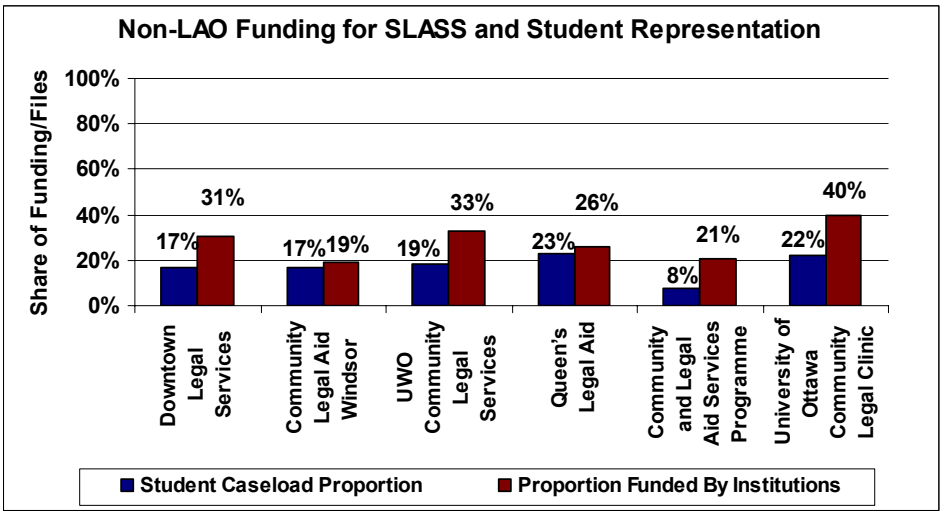
The SLASS have traditionally been provided with envelope funding and staff are not compensated using a salary grid. As such, the CSO has traditionally had less involvement in SLASS financial matters.



Over the past three years, the average funding on a per case basis has increased. SLASS have benefited from increased funding but have recorded fewer cases. The SLASS should investigate the reasons for the drop in number of cases produced to determine if factors such as increasing case complexity or supervision practices are contributing to this issue. For 2003/04, every SLASS except Community Legal Aid Windsor was significantly above the three-year funding per case average. However, it was reported that Community Legal Aid Windsor has a definition for casework that is significantly different from the other SLASS and thus the number of cases that it has reported may be artificially high. No SLASS currently use the same definition of a case for statistical reporting purposes.

The lack of accurate data from SLASS is a major impediment to assessing performance and ensuring accountability. LAO and SLASS have recently established a Financial and Data Reporting Working Group that will be making recommendations on uniform case categories (for statistical reporting) and classifying all SLASS services into one of three categories: case, brief services (summary advice, affidavits) and referrals. The Working Group is also in the process of developing definitions for each category to create uniform and consistent categories to be used by each SLASS. This should improve LAO's ability to analyze the output of the SLASS program.

Of particular note is the relationship between the amount of funding provided by universities and the actual amount of case representation received by university students. Between 2001/02 and 2003/04, the six universities generated a greater percentage of funding for the SLASS than the corresponding percentage of casework completed for student clients.



The current SLASS/LAO funding arrangement is beneficial for LAO, the student body and the university. Non-student clients represent approximately 83% of the average SLASS caseload but LAO only provides 71% of the total funding. LAO also benefits from the in-kind donation to the SLASS of rent-free accommodation and IT services by the university. Evidence from some SLASS indicate that certain non-case services (notary and affidavit services, academic and OSAP appeals) are largely demanded by the student body which may not be available to them if the SLASS was not on campus. The universities themselves benefit by maintaining a unique campus service that enhances the profile of their law program as well as their status within the community. It is questionable as to whether universities would be able to maintain their SLASS if LAO withdrew its funding.

One major efficiency benefit of the student volunteer system is the ability to minimize costs. All student work is conducted under the supervision review council. In some cases, review counsel are able to delegate some responsibilities for clients to ”team leads” (who are students that generally have more experience and often are taking clinic credit courses) so that the review counsel can have a larger case management role and focus on supervising more challenging cases. This case management approach is unique to the SLASS and rarely found in the clinic system.

An objective of the SLASS is to introduce students to poverty law and other LAO services such as criminal law. Additionally, the SLASS may potentially serve as a recruiting ground for clinics and the rest of the legal aid system. This is important because the private bar and other public sector entities have identified that the skills acquired from the practical experience gained in a SLASS are valuable and produce well-rounded new candidates. However, interviewees commented that students who work for a SLASS do not always choose to work in the legal aid system once they graduate from university. External factors such as the need to pay for high law school tuition can factor into the decision to do legal aid work, either in a clinic or through the certificate program, for which the remuneration is generally lower than in the private bar. LAO and the SLASS should examine the possibility of collaborating on a survey to investigate:

1. Where former SLASS students are practicing; and

2. The number of current staff in clinics, LAO offices and certificate panels that have SLASS experience.

The results of this survey would validate whether the appeal of a career in the legal aid system has been declining over time. The survey could also identify the areas of legal aid that are most attractive to SLASS students and provide further insight into the interest in the level of interest in legal aid service, including the clinic program as a career choice.

Efficiency of Service

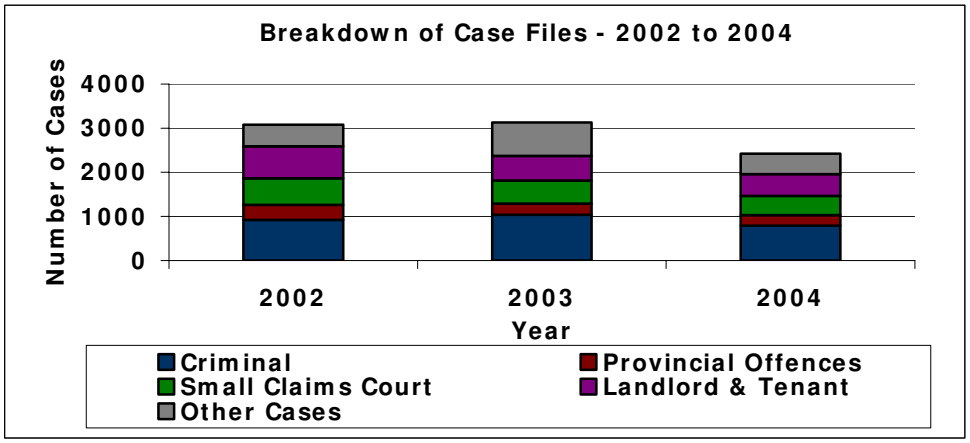
Informal feedback from SLASS and external stakeholders has indicated that the SLASS respond to clients in a timely manner. However, because the SLASS are staffed mainly by students, there are service interruptions during exams. Although intake is shut down for several weeks at a time, students still need to manage the progress of their case file(s). These competing priorities can jeopardize both the timeliness and quality of service received by clients.

As previously identified, every SLASS could benefit by maintaining an articling student on staff. An articling student would help manage the down time when students are in exams or on vacation. LAO should consider the benefit of entering into a funding arrangement with the SLASS to ensure that each SLASS has at least one articling student on staff at all times.

EFFECTIVENESS

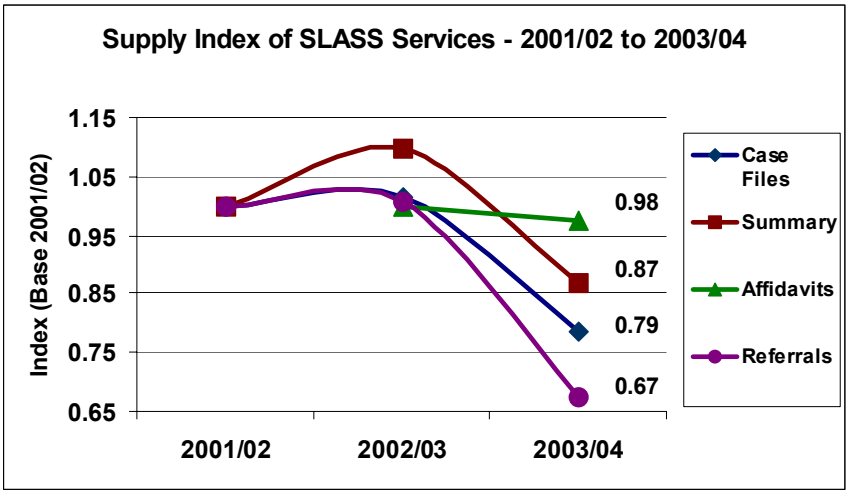
Level of Service Provided

Similar to the clinics, the SLASS provide brief services to clients and open case files where necessary. SLASS also have a significant number of clients that are students.

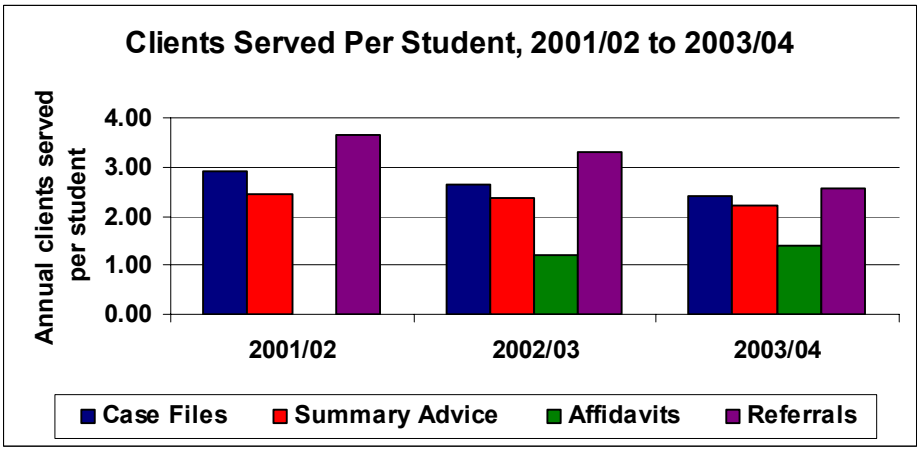


Over the past three years, four areas of law continue to comprise the majority of casework delivered by the SLASS: criminal law, provincial offences, small claims court and landlord and tenant issues. While there is some variation among the individual SLASS, these areas of law represent at least 75% of the system-wide casework.

SLASS have indicated that they are operating at maximum capacity and that their services are oversubscribed. Furthermore, SLASS staffing complements do not permit them to open case files for all of the clients who would qualify for representation if more resources were available. An analysis of the four different services available at the SLASS demonstrates the supply of services over the past three years.



SLASS do not engage in marketing campaigns in order to promote their services. Most clients are referred to the SLASS from other community agencies or through word of mouth. However, an index of the different types of service available indicates that demand for services is decreasing across the system. Conclusions cannot be drawn unless service levels are analysed on a per student basis, as detailed below.



The number of case files and referrals made by SLASS between 2001/02 and 2003/04 has fallen by 21% and 33% respectively. As the overall supply of services from all of SLASS declined since 2002, the number of students working at the SLASS did not decrease at a similar rate. These two competing factors translate into declining per student service rates. Service levels are decreasing in every area except for affidavit preparation. Unfortunately, SLASS have not been effectively recording service delivery levels effectively enough to accurately forecast continued growth in demand for this service.

The ability to effectively serve clients in the SLASS is fundamentally based on the availability of students and review counsel. There is no shortage of students willing to participate in the SLASS. The percentage of students working or volunteering in a SLASS can range from 18% to 56% of the law student body. More volunteers apply than can be accommodated because students want to develop their practical casework skills and client experience.

Some of the data reported by SLASS as part of the funding application process is not properly validated. SLASS should be encouraged to standardize tracking mechanisms to ensure consistency of data across the system. The lack of quantifiable evidence also presents challenges when trying to accurately gauge the level of service provided by the SLASS.

If SLASS are in fact operating at maximum capacity, they could benefit by examining alternative service options for clients. SLASS could dedicate some effort towards the design of self-help modules. While these modules would not be useful for every client or every situation, they would empower certain clients to solve their own problems and serve as an important learning program promoting preventative measures. Areas such as provincial offences or student appeals may be candidates for

examination as to their suitability for self-help modules. Students in the SLASS would then have more time to dedicate to non-routine services.

Quality of Service Provided

LAO, SLASS employees and external stakeholders unanimously agree that the quality of legal service provided by the SLASS is high in terms of advice, representation and advocacy. Although the students are not yet professional, seasoned lawyers, SLASS clients benefit by having agents that can dedicate more time than certificate lawyers to cases. External interviewees commented that since SLASS caseworkers can dedicate more time they are often extremely prepared when they represent clients in court and at tribunals. Unlike certificate lawyers, SLASS caseworkers are not bound by guidelines under the tariff for the number of hours they are supposed to allocate to a task.

Internally, SLASS have independently developed quality assurance mechanisms that involve the review counsel, peer reviews and the Director/Senior Review Counsel, and more informal checks and balances. Students also receive training prior to engaging in client work and are also invited (in some cases expected) to continue to attend training sessions throughout the year.

Although review counsel supervise all of the work produced by the students, there is a variance in the types of quality assurance mechanisms that are in place within each SLASS, specifically the level at which the review counsel manages each case/student. Every SLASS maintains a core number of senior students who work with and can provide guidance and direction to more junior students. However, review counsel provide differing levels supervision depending on the SLASS. The implementation of a uniform set of quality assurance guidelines could therefore lead to efficiencies that would allow SLASS to take on more clients. While the QSO has developed quality criteria surrounding supervision requirements, there still exists significant variation within each SLASS. As part of the guidelines, standards for client satisfaction surveys should be developed.

While the SLASS have a good reputation, quality can be compromised by the turnover of students and the need to close down client intake during examination periods. Although students will always have a need to focus on academic work, some of the service gaps could be alleviated by ensuring that each SLASS is staffed with an articling student who would bridge some of the gaps in delivery, either through continued client intake or emergency file work, whenever SLASS need to shut down.

Furthermore, SLASS clients whose service requirements (generally casework) span more than one academic year are often represented by multiple students. The lack of continuity of representation can affect both quality and efficiency of service delivery. A potential case management strategy would be to engage volunteers for a three-year term. This, along with the involvement of an articling student, will mitigate some of the quality challenges associated with student workers. This would also increase the overall capability of each student and relieve some of the burden on review counsel.

In addition to some of the quality assurance mechanisms that already exist within the SLASS, the QSO has also developed a Quality Review Tool to establish SLASS quality standards across five broad quality dimensions:

1. Accountability and Management
2. Program Planning and Evaluation
3. Supervision
4. Client Relations
5. Delivery of Legal Services

The QSO conducted its on-site reviews of the SLASS during 2002 and 2003. The review culminated in a number of recommendations, including a formal set of client service measures (CSMs). The measures have been accepted by the SLASS and will begin reporting on the measures to the QSO in 2005. With the CSMs, LAO and SLASS will now be able to monitor some aspects of quality by comparing SLASS performance on the CSMs against the system averages and other benchmarks.

Level of Coordination with Other Services

Given the number of service providers it is possible for the coordination to exist at a number of levels. Within this review the following levels of coordination have been considered:

- Coordination between SLASS and Clinics;
- Coordination between SLASS and Area Offices; and
- Coordination among SLASS.

Coordination between SLASS and Clinics

Because SLASS have evolved independently of the community legal clinic program, there is less focus on community involvement than in the clinic program. As well, not all SLASS have a strong relationship with their local clinics.

SLASS generally have a broader focus than clinics, although sometimes there is duplication in service areas (e.g., landlord and tenant issues, income security). As discussed earlier, sometimes clinics refer clients to SLASS once they are at capacity with no regard for the ability of the SLASS to manage the demand for additional services.

SLASS operate within the same catchment area as community legal clinics. To improve both the effectiveness and efficiency of service delivery, LAO and the SLASS should ensure that respective service areas for clinics and SLASS are properly outlined and communicated. Areas of responsibility should also be prioritized and protocols for identifying emerging legal service needs should be identified. Currently, SLASS participate in outreach and community legal education activities on a limited basis. In the future the SLASS should increase the level of coordination with clinics when conducting these activities.

Depending on the location of a SLASS, each SLASS has the opportunity to coordinate services with up to six community legal clinics. As part of the coordination of services, SLASS and clinics would be better able to identify and address duplicated services and unmet need in their respective communities.

Geographical Coverage of SLASS and Community Legal Clinics		
SLASS	**University**	**Clinic**
Downtown Legal Services	University of Toronto	1. CMSC French Legal Aid Services 2. Kensington-Bellwoods Community Legal Services 3. Neighbourhood Legal Services 4. Parkdale Community Legal Services Inc. 5. West Toronto Community Legal Services
Community Legal Aid Windsor	University of Windsor	1. Legal Assistance of Windsor 2. Windsor/Essex Bilingual Legal Clinic
Community Legal Services	University of Western Ontario	1. Neighbourhood Legal Services Inc.
Queen's Legal Aid	Queen's University	1. Kingston Community Legal Clinic
Community and Legal Aid Services Programme	York University	1. Community Legal Clinic of York Region 2. Downsview Community Legal Services 3. Flemingdon Community Legal Services 4. Jane Finch Community Legal Services 5. York Community Services 6. Willowdale Community Legal Services
University of Ottawa Community Legal Clinic	University of Ottawa	1. Clinique juridique francophone de l'Est d'Ottawa 2. Community Legal Services 3. South Ottawa Community Legal Services 4. West End Legal Services

Another approach that could enhance the coordination of services between clinics and SLASS would be to examine the possibility of a co-director model between the SLASS and one local clinic. This model has been implemented within the clinic located the City of Windsor. It is a strategy that would also serve to enhance the SLASS's profile in the community by utilizing the clinic's established networks. The co-director would ensure that there was a strong referral system between the clinic and the SLASS as well as involve the SLASS in more legal education and advocacy work where appropriate.

Coordination between SLASS and Area Offices

In contrast, because SLASS provide service in criminal matters, their relationship with the LAO Area Offices is better defined. Since the SLASS offers service in criminal matters not covered by the

certificate program, Area Office employees know to refer their clients to SLASS if they cannot receive a certificate. All SLASS should ensure formal policies and procedures are in place to ensure that client who are not referred from an area office are not eligible for certificates.

Coordination among SLASS

There are several opportunities for SLASS to clarify their goals and direction as a system. SLASS would benefit from a formal strategic planning exercise. The planning could be done collectively through a facilitator for all six SLASS. While each SLASS is unique, there are more similarities than differences. The exercise would help define the scope in which to operate and further provide direction to capture synergies at the community level. There would also be an opportunity to promote the sharing of better practices around the SLASS system.

Due to the unique academic setting in which SLASS operate, there is a further opportunity to create synergies with services that may be available on each SLASS's university campus. SLASS can leverage their position as part of the academic community by establishing links with other faculties to enhance their services. In addition to teaching and research responsibilities, academics often have a 'community activity/involvement' component in their job requirements. An initial list of partnership opportunities is indicated for each SLASS in the following table.

Partnership Opportunities Between SLASS and Academic Institutions				
Institution	**Social Work Program**	**Medical School**	**Clinical Psychology**	**Asian Languages**
University of Toronto	●	●	●	●
University of Windsor	●		●	
University of Western Ontario	●	●	●	
Queen's University		●	●	
York University	●		●	●
University of Ottawa	●	●	●	

Source: University Program Calendars; University Websites.

One systemic issue that can be addressed through these partnerships is the minimization of disbursement costs. Due to the nature of the casework and clients, disbursements are sometimes necessary to retain an expert to validate mental and physical disabilities or to hire an interpreter. Physicians, psychologists and other professionals may be able to reduce fees for reports or letters provided to SLASS clients if their service is regarded as community involvement. Although SLASS have less need to minimize their disbursement costs due to the broader focus of their casework, relationships that are initially established by the SLASS could potentially be extended to local clinics in the future.

Governance

Unlike the clinic program, the SLASS do not have a community board that provides oversight and guidance in order to meet service goals. The SLASS are ultimately accountable to the Dean of the law school. As well, each SLASS also reports to a steering or policy management committee within the university that provides directional advice.

Therefore, SLASS are typically governed by three agents – the Dean for program approval and special requests, the Steering Committee for direction and to LAO during the funding application process. Furthermore, when other organizations contribute to the SLASS (e.g., an alma mater or faculty society), there can be additional accountability requirements.

Furthermore, the CSO is in the process of changing reporting guidelines and the annual funding process. The CSO now requires more detailed activity and outcome statistics to ensure accountability within the SLASS.

As the system is currently structured, there is little scope for altering the governance framework. Therefore, it is in the interest of the SLASS to ensure that the reporting requirements for each level are similar to minimize the amount of time spent on administrative tasks relating to governance.

Clinic Services Office

OVERVIEW

The Clinic Services Office (CSO) provides a number of services. These services include:

- The CSO is the first point of contact for the 79 clinics and the six SLASS.
- The CSO acts as a liaison between the clinics and LAO's Information Technology, Facilities and Leasing and Human Resources departments.
- The CSO makes business and policy decisions in relation to clinic Information Technology, Human Resources and Facilities and Leasing matters.
- The CSO manages funding requests, designs policies, participates in special projects and oversees the clinic and SLASS programs.
- The CSO conducts business and strategic analysis and planning for the clinic and SLASS programs

In 2003/04, the CSO budget was $1.3M and employed approximately 9.4 FTEs.

The CSO has recently undergone a large organizational redesign in order to improve its ability to serve clinics as well as define its role within LAO. The CSO now serves the clinics and SLASS through a 'single window' approach, in which a single Clinic Service Advisor is assigned approximately 20 clinics and SLASS. The CSO also employs a Clinic Learning and Development Consultant as well as a Business Services unit and other project managers as necessary.

The CSO has a dual role within the Community Legal Clinic program as it provides operational support for clinics and also monitors the clinic system for funding purposes. This dual role can present a potential conflict of interest since the CSO is required to provide support to the clinics but it must also monitor the activities of the clinics.

CORE BUSINESS RELEVANCE

The CSO interacts with the clinics in a funding, monitoring and support capacity. The CSO has a dual role of supporting and monitoring clinics and supporting LAO's strategic decision making and planning related to the clinic and SLASS programs.

The CSO also provides advice to clinics and their boards, human resources support, insurance coverage, training support, and provides financial analysis and policy development. Within LAO, the CSO acts as the liaison between the clinics, SLASS and other LAO departments. It also supports decision making and planning. The CSO works with other LAO departments to meet the needs of the clinic program as well as communicate the needs of clinics within the broader LAO organization. The CSO is the medium through which the clinics and LAO interact.

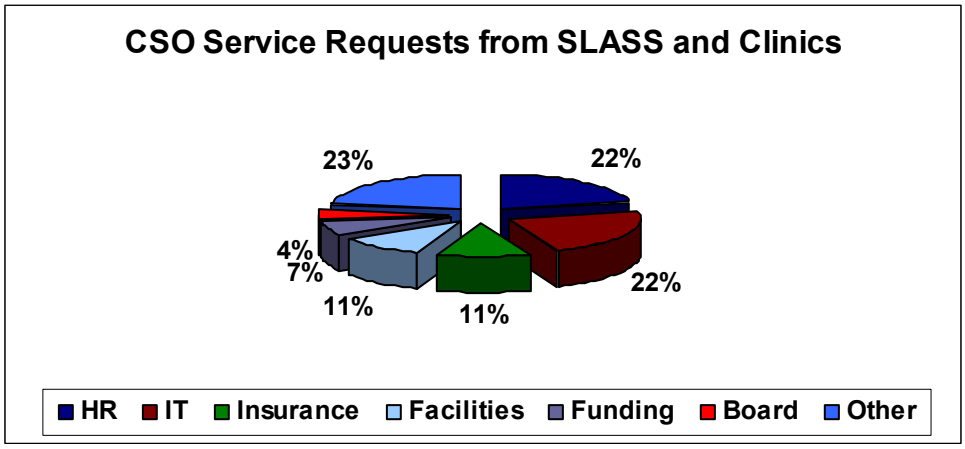
Since the clinic and SLASS programs are comprised of 79 independent clinics and six independent SLASS, the CSO is integral to the management of the program and the dissemination of information between the clinics, SLASS and LAO.

EFFECTIVENESS

Level of Service Provided

As discussed earlier, the CSO provides a 'single-window' point of contact for each clinic. The CSO relieves some of the administrative burden on the clinics. Collectively, the CSO coordinates training, provides financial support and has a Clinic Advisory Services Team (CAST) which responds to requests for service. Requests for service are generally related to HR, IT, Insurance, Facilities, funding and board governance issues.

The five-member CAST, more so than the other areas of the CSO, operates as the front-line support staff for the clinics and SLASS. Over a four-week period, the CAST managed 166 requests for assistance from the clinics and SLASS. The breakdown of service requests is presented below.



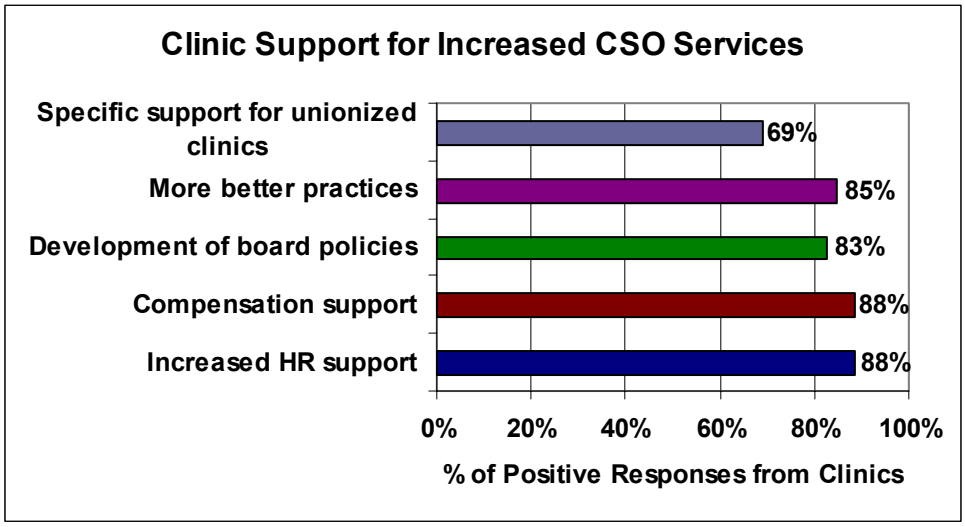
The majority of all clinic requests fall into one of three categories: HR, IT and Other. Although the CSO receives requests related to HR and IT, it only provides limited HR and IT advice. The CSO can only offer limited HR support because of the need to maintain its relationship with the clinics as a funder and not a direct employer. The CSO does not provide clinics with technical support. IT support is provided to clinics through the IT department's service desk. If an IT issue involves funding, the CSO is involved in making a business decision as to whether the expenditure is appropriate. Additionally, if a clinic does not receive a sufficient level of service from the IT department it may contact the CSO, which will liaise with the IT department so that the problem is resolved. The 'Other' category includes a wide range of discrete issues including general information requests, requests for assistance in distributing a clinic newsletter within LAO, questions about the salary grid, clinic statistical reporting, survey tools and needs assessment reports.

The three other types of requests that the CSO can manage internally (Board, funding and insurance inquiries) comprise only 22% of the total amount of inquiries.

During a four-week time period, Clinic Service Advisors spent 60% of their time on clinic related projects, policy work, committees or system wide issues, and 40% on direct clinic support. The Clinic Service Advisor Team Lead spent approximately 75% of time on project/policy related work and projects, 20% of her time providing direction to the Clinic Service Advisors in relation to both their project and clinic support work, and 5% responding to direct clinic inquiries.

Given the types of requests received by the CAST and the amount of time allocated to project, policy and committee work in relation to direct clinic support, the CSO may not be allocating sufficient time to meet the clinic system's immediate needs. Since the CSO staff do not docket their time or track services rendered to the clinic system, the lack of data presents challenges when trying to accurately gauge the effectiveness of the CSO's services.

The clinic system has identified through a survey a number of service areas in which they would like the CSO to develop competencies or improve its scope of service. Details are contained in the graph below.



Improved support in four areas: HR, compensation, Board policies and better practices, would be welcomed by clinics.

Although these are areas of demonstrated concern, the CSO must continue to limit its support regarding compensation and HR. The CSO must manage its relationship with the clinics to ensure that it is perceived as the funder and not the employer and does not become a de facto employer in legal terms.

The CSO, in conjunction with the Quality Service Office (QSO), should continue to address some of the needs surrounding Board policies and better practices. Initial steps are in place with the development of a Board Training Manual by the QSO. The CSO should also collaborate with the QSO to determine which improved or revised better practices are needed.

In less demand, but still desired, is specialized support for dealing with issues faced by clinics who have staff that are part of a union. Although deemed important in the survey, the number of unionized clinics is low, which implies one of two things:

1. Non-unionized clinics that routinely interact with unionized clinics have identified issues and desire support; or

2. Clinics generally prefer to have the knowledge readily available for them in case they need to use it in the future.

This type of support must only be provided in a way that does not result in LAO being found to be acting as an employer by a court or by the Labour Relations Board.

ORGANIZATIONAL STRUCTURE

The CSO recently moved to its present organizational structure, the 'single window' approach. The transformation was necessary to ensure that staff roles and responsibilities were clearly understood by both LAO and the clinics. The redesign has also allowed the CSO's goals and objectives to better align with LAO's objectives.

The new structure required internal role redesign as well as a staff expansion which was accommodated by offsets from other LAO funding lines. The new structure moved the CSO towards the 'single window' approach and has allowed it to strengthen the services demanded by clinics by focusing on core issues.

Across the system, 90% of clinics have indicated that they are satisfied with the 'single window' approach. There is no variation in preference when examining satisfaction by region, clinic type or union status. However, there are some issues regarding 'buy-in' as some clinics continue to contact CSO or other LAO staff with whom they have had previous experience instead of their assigned CAST member.

INTERNAL CLIENT SATISFACTION

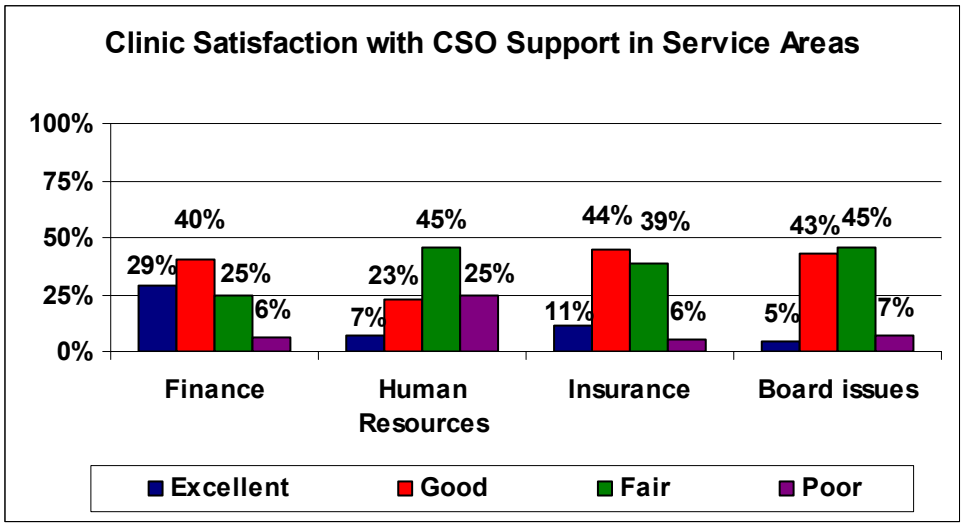
As part of a survey sent out to all 79 clinics, respondents were asked to rate the CSO as well as certain aspects of the service it provides.

Over 96% of clinics surveyed indicated that they used the services offered by the CSO. Of those who used the service, only 52% indicated that the service they received was either 'good' or 'excellent'. Detailed analysis below highlights the CSO's success as well as indicating areas where the CSO has the opportunity to improve.

The CSO offers information support directly to clinics in the following areas:

1. Finance
2. Human Resources
3. Insurance
4. Clinic Board and management issues

Results from the survey are captured in the graph below.



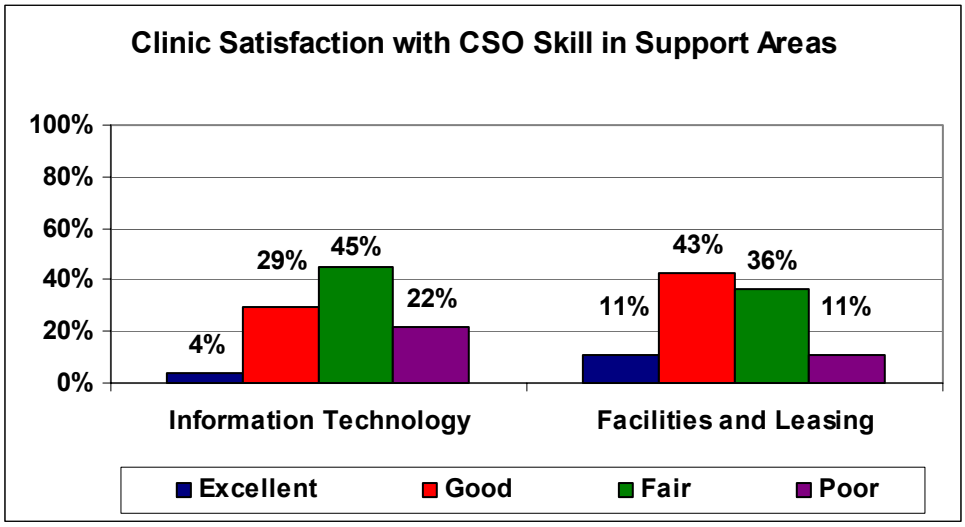
Clinics are pleased with the CSO's ability to deal with finance and insurance inquiries. A key component of the new organizational design was to develop the CSO's strengths in these functional areas by ensuring that CSA's developed functional specialties.

Clinics have also identified that support for Human Resources and Board Issues is an area that requires improvement. Clinics want more HR support than the CSO can accommodate. As discussed earlier, support provided would need to reflect LAO's role as the funder since LAO is not the employer of clinic staff. The CSO should properly communicate to clinics the scope of services it provides and the reasons for limiting its involvement in providing HR advice.

The CSO also offers its problem solving support to clinics when managing inquiries relating to:

1. Facilities and Leasing; and
2. Information Technology.

Results from the survey are captured in the following graph.



The CSO strives to assist clinics on an as-needed basis but does not have the in-house knowledge to deal with all issues. However, as the CSO has evolved to become both the clinic liaison for LAO as well as the first point of contact for clinics, the CSO has naturally had to support clinics in some specialized areas. While the CSO has performed well regarding facilities and leasing matters, clinics are not satisfied with the CSO's ability to manage IT issues. The lack of satisfaction may be due to the fact that clinics call the CSO instead of the IT service desk to receive support for technical matters or reflect clinic dissatisfaction with the service received from the IT service desk. The CSO should clarify its roles and responsibilities related to IT (i.e., the CSO makes decisions related to funding IT investments and it does not provide technical support). Once clinics have clearly understood the roles and responsibilities of the CSO satisfaction with CSO support for clinic IT issues may improve.

One common theme surrounding the clinic system's lack of satisfaction with the CSO is the staff turnover in the office. While part of the issue was due to the one-time disbanding of the Clinic Funding Office (CFO) in 2001, the CFO and the new CSO have historically maintained a high staff turnover rate.

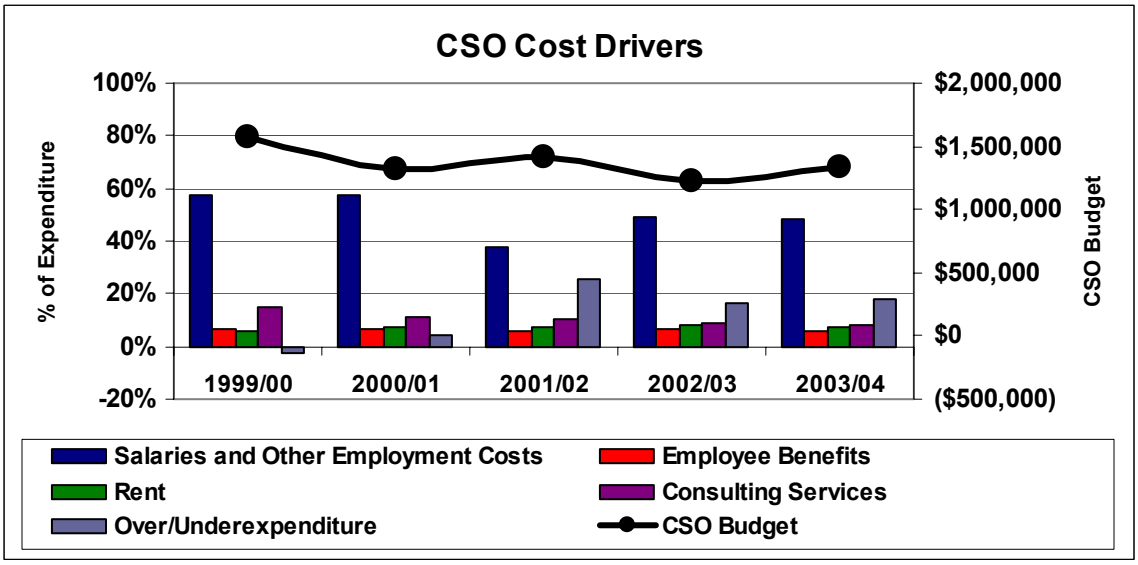
Over a five-year period, 24 different employees have filled an average of 7.8 FTEs in the CSO. In 2001, 13 different staff member combined to fill 6.8 FTEs in the CSO/CFO. Although this particular point is due to the transition from the CFO to the CSO, the department continues to average 11 different employees per year. Between 1999/00 and 2003/04, the average tenure of a CSO staff member (excluding administrative staff and summer students) was under 17 months. One reason for this level of change is that staff were hired to fulfill short term project roles. Other new staff have been hired as a result of the CSO reorganization. While these factors all influenced the staff turnover rate, clinics are not aware of or understand the reasons and view turnover in staff negatively.

The CSO does not have a critical mass of staff to ensure that service delivery is not jeopardized when staff leave. Furthermore, clinics develop relationships with CSO staff that are lost when particular staff leave. The CSO should strive to retain the employees that currently work in the department in order to improve service delivery to the strengthen relationships among CSO staff, LAO and clinics.

EFFICIENCY

Expenditures

Over the past five years, the CSO budget has declined by 13% – from a high of $1.54M in 1999/00 to $1.34M in 2003/04. Overall, expenditures have been relatively stable, only varying by approximately 6% each year. Cost drivers are detailed in the graph below.

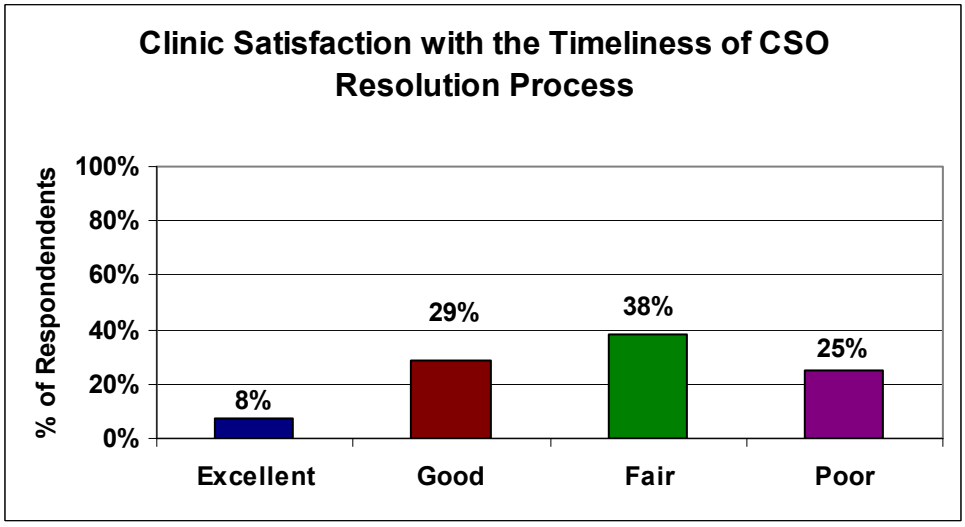


The majority of the CSO budget is spent on salaries, rent, benefits and consulting services. Over the past five years there has been some variability the level of budgeted to actual expenses. In particular there was a relatively high unused portion of the budget in 2001/02. However the majority of this under-expenditure is the result of unused staffing allocations and related costs. A number of staff left the CSO in 2001/02 and the positions were not immediately filled leaving a surplus of funds in the salary component of the CSO budget.

CSO staff levels have increased from 6.3 FTEs in 1999/00 to 9.4 FTEs in 2003/04. Given CSO's stable funding, the corresponding departmental expenditure per FTE has decreased by 41% - from $242,103 in 1999/00 to $142,130 in 2003/04. During this period, the CSO has managed increasing responsibility. Over the five-year period, the clinic expansion has led to an increase in the number of clinics served by the CSO. Furthermore, the CSO has increased its responsibilities regarding the management of the SLASSs. Given the large responsibilities and staffing levels within the CSO, they are adequately managing their budget.

Timeliness of Service

Because the work performed by clinics is often time sensitive, it is important that the CSO aims to resolve incoming requests as quickly as possible. Clinic satisfaction with the timeliness of the CSO is contained in the chart below.



Just under two-thirds (63.5%) of clinics indicated that the CSO's response time is fair or poor. Due to the critical nature of some of the requests regarding insurance or board issues, these response rates need to be improved.

Our consultations revealed that the following issues were impacting the timeliness of service:

1. Staff turnover has been an issue in the past;
2. The office may be understaffed; and
3. Staff members are still developing expertise.

The CSO needs to re-examine its client service measures to ensure its internal standards are aligned with clinics' expectations for timeliness of service. The reasons behind the gaps should be investigated and communicated.

Clinic Resource Office

OVERVIEW

The Clinic Resources Office (CRO) is the research and support department for the 79 community legal clinics and six SLASS. The CRO directly manages clinic inquiries and requests for service. In 2003/04, the CRO budget was $1.8M and employed approximately 17.3 FTEs.

The mandate of the CRO is to provide high quality research and litigation support services in order to increase the efficiency and effectiveness of the legal services provided to the clients of the clinics. As such, the CRO is engaged in a responsive service relationship with the clinics and responds to requests, sometimes of an urgent nature, in order to provide assistance to the end client.

The majority of the service provided by the CRO is responding to clinic research requests. SLASS tend not to use the CRO as much as the clinics because of the need to develop research capabilities within the students. The CRO also consults with the specialty clinics in order to perform specific legal research where necessary.

CORE BUSINESS RELEVANCE

Due to the volume of clinic work, caseworkers often need to respond to requests for service in a timely fashion and simultaneously deal with a myriad of issues. Clinic clients do not necessarily have one legal issue that needs to be resolved but instead face a complex set of interactive issues. Therefore, caseworkers face multiple constraints on their time.

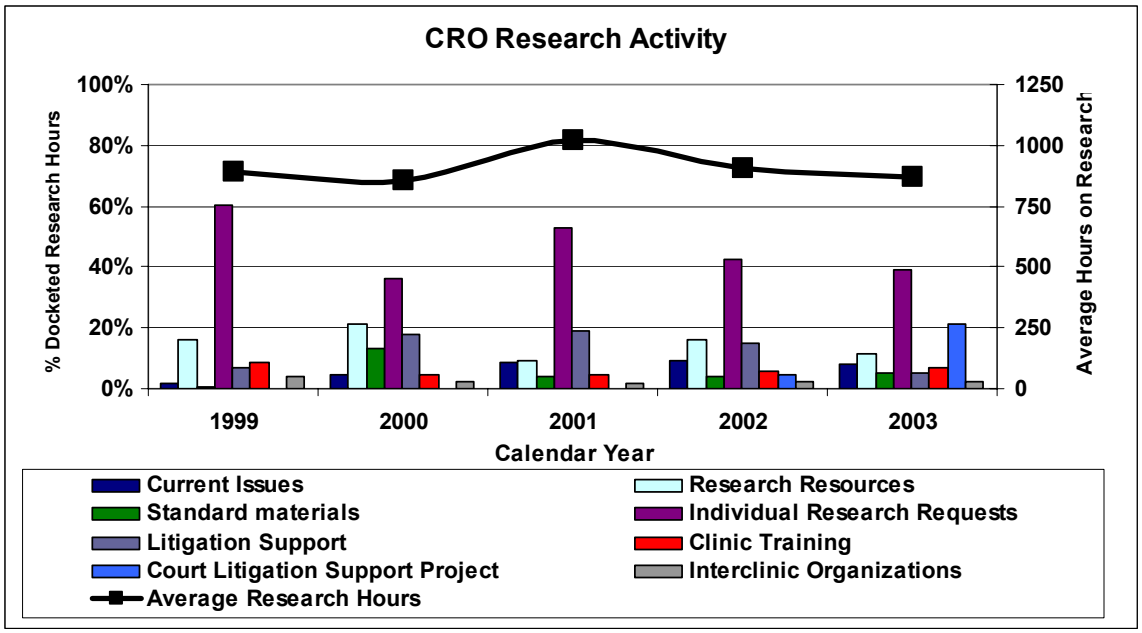
As such, the research and litigation support functions of the CRO are key enablers within the clinic system. The CRO's services allow clinics to focus more effort on the core aspects of client service delivery. The number of cases per caseworker and quality of service are therefore improved by the existence of the CRO.

EFFECTIVENESS

Level of Service Provided

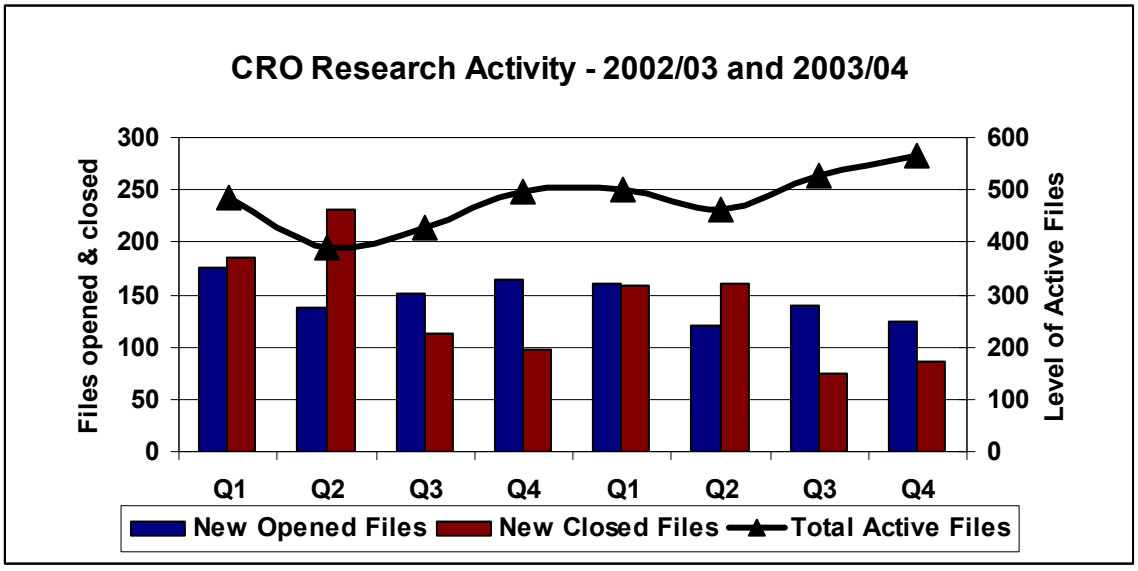
Clinics acknowledge that, although they have some capacity to conduct research, the services provided by the CRO are extremely valuable. The CRO enables caseworkers to spend more time providing direct assistance to clients. The CRO provides a number of services including publications, practice resources, training, legal research and litigation support.

The CRO is a demand-driven department. At the request of an individual clinic/caseworker, the CRO may supply individualized research, litigation support or other research resources. An analysis of the CRO activity drivers is contained in the following graph.



Over the past five years, the bulk of research activity as indicated by docketed CRO staff hours has been for individual research requests. Individual research requests have comprised between 36% and 61% of research lawyers' time over the past five years. Furthermore, there is a strong positive correlation between individual research requests and the average number of total research hours for CRO lawyers. This positive correlation along with the share of docketed time supports the conclusion that individual research requests are the CRO's key activity driver.

However, a closer look at the CRO caseload activity reveals that the actual number of new research files is increasing while the average number of hours spent on research and time allocated to individual research requests has been decreasing since 2001. Details are contained in the following graph.



Although the CRO research lawyers open and close files on a regular basis, there is a growing stock – or number of active files – in the department. In 2002/03, the number of new files opened equalled the amount of closed files. However, in 2003/04 69 more files were opened than closed. This represents a 14% increase over the level of active files recorded in the fourth quarter of 2002/03. Despite a marginal increase in the number of research FTEs in 2003/04, the research file closing rate per FTE fell from 50.6 in 2002/03 to 37.6 in 2003/04. Since the level of active files is increasing, LAO should investigate how factors such as the complexity of research requests or the timeliness of file

closures is contributing to this issue since it could have a negative impact on client service going forward.

The increase in the level of active research files could imply a decrease in productivity. The level of research is growing at a rate of approximately 5.5 active files per researcher. Given that individual research requests represent the core activity driver, this continued growth of individual research requests without productivity increases will force the CRO to evaluate its method of resource allocation in order to ensure that the quality of the research and its other activities do not suffer.

Other major activities conducted by the CRO include research resources, litigation support, standard materials and training. Over the past two years, the time allocated towards the Court Litigation Support Project (CLSP) has increased four-fold.

Of particular note is the relationship between the two litigation support activities. Combined, their share of docketed time has increased annually over the past five years. However, the introduction of the unique CLSP in 2002 has been accompanied by a strong decrease in general litigation support. In order to maintain cost effectiveness the CRO should continue to ensure that there is no duplication of services between the two litigation services as the CLSP continues to evolve.

Since 2001, the average number of research hours has been declining. 2001 marked the beginning of the clinic expansion across Ontario. These new clinics contributed to an increasing workload for the CRO. Apart from another clinic expansion, major policy changes or developing research in new areas of law, there are few factors that will directly increase research hours. As the CRO develops a large body of expertise in-house, it should be able to respond to individual research requests more efficiently because it can reference the information and knowledge it has already developed.

As well, the CRO, (in conjunction with the Provincial Learning Advisory Committee and the CSO as a facilitator) develops and produces training sessions for clinic staff in different areas of law. It is evident that training has not been held at a consistent level over the past five years. While the clinic system has gone through expansion, there has not been a marked increase in the number of staff hours devoted to training until 2002. Clinics, new and old, continue to identify increased training opportunities as key to their ability to effectively serve their clients.

The CRO may find an opportunity identifying emerging areas of clinic law and (where applicable) developing new training courses by incorporating the expertise of the specialty clinics. Any other training that is consistently done on a routine or annual basis could be formalized into independent training modules that could be made available to clinics on an as-needed basis

Internal Client Satisfaction

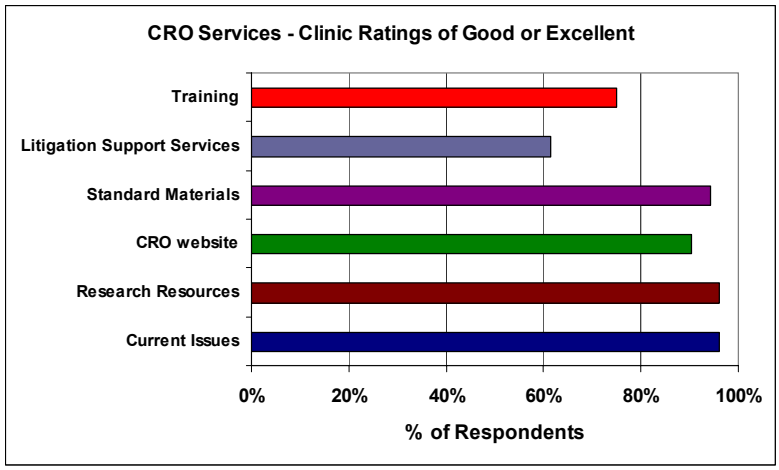
As part of a survey sent out to all 79 clinics, respondents were asked to rate the CRO as well as some of the aspects of its service.

Over 96% of clinics surveyed indicated that they used the services offered by the CRO. Of those that used the service, 98% indicated that the service they received was either 'good' or 'excellent'.

Specifically, clinics were asked to rate the CRO department in six areas:

1. Current Issues
2. Research Resources
3. The CRO website
4. Standard Materials
5. Litigation Support Services;
6. Training

Results from the survey are captured in the graph below.



One of the more widely used services of the CRO is its web site. While the clinics use the site frequently, usage statistics have been poorly tracked and are not reliable at the current time. Although there was some concern related to the ability of the end user to navigate the site and properly locate documents, the CRO is in the process of implementing a new web site.

The new CRO website will be hosted from within LAO and is expected to generate meaningful usage statistics upon its September 2004 launch. Given the value of the website to the clinic system, it is critical to ensure that a proper statistical tracking mechanism is in place. Tracking statistics will allow the CRO to evaluate trends and page utilization so that the site can be kept up to date and relevant.

Litigation support services were the least well received services offered by CRO. The total amount of time allocated to both litigation support services has increased over six times since 1999 and now accounts for over 26% of the CRO's docketed research activity. The allocation of time by CRO staff members may not be completely aligned with the demand for services from the clinics.

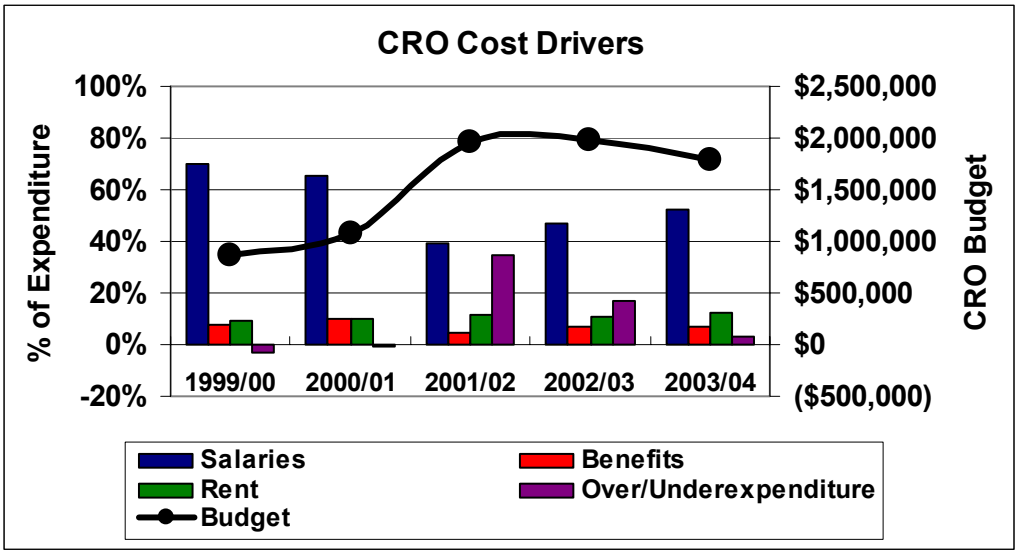
However, a 2003 survey about the CLSP indicated that 74% of clinic staff who used this service would have otherwise not pursued court-based litigation or would have done so with hesitation. Staff suggested that the CLSP relieved some of the burdens imposed by court-based litigation, including relieving some of the work that they may have done themselves. Finally, 18% of individuals relying on ongoing litigation services and 50% of individuals using co-counselling services would not have pursued litigation without the availability of these services through the CLSP. This evidence contradicts the results in the graph above. Because the CLSP is a service with which not all clinic staff are familiar, clinics may be less likely to offer positive performance ratings.

Another popular service offered by the CRO but not captured above is the development and maintenance of the email list serves. These tools allow clinics to effectively "reach out" to clinics across the province that practice similar areas of law in order to access knowledge and perspective regarding case/client approach and precedents.

EFFICIENCY

Expenditures

Over the past five years, the CRO budget has varied substantially, ranging from a low of $863,000 in 1999/00 to a high of $1,965,905 in 2001/02 – equivalent to 128% growth in only 2 years. This growth is due to the expansion of the CRO as the number of staff lawyers increased as well as a new funding stream for the Court Litigation Support Project. However, these high levels have since been reduced. Cost drivers are identified in the graph below.



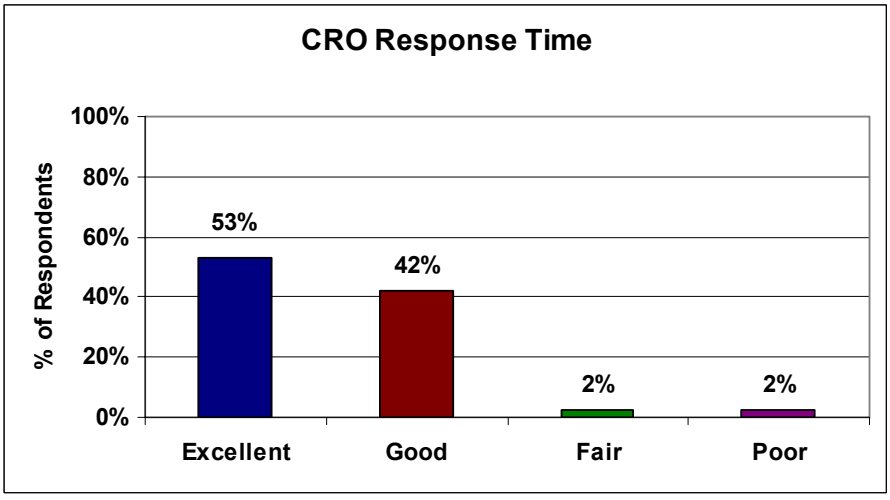
The majority of the budget is spent on salaries, rent and benefits. While salaries as a percentage of the operating budget have decreased since 1999, there is considerable volatility in the annual budgeted to actual expenses. Specifically, there was a large under-expenditure in the 2001/2002 fiscal year. Part of this can be attributed to the fact that the CRO was not able to spend a large portion of its salary budget. All unspent funds are allocated to LAO's bottom line.

The number of FTEs in the CRO increased from 11.4 in 1999/00 to 17.3 in 2003/04. The corresponding program expenditures per FTE have increased by 27.4% - from $78,207 in 1999/00 to $99,611 in 2003/04. More importantly, this expansion has allowed the CRO to improve its annual research allocation from 6832.8 hours in 1999/00 to 11,071.71 hours in 2003/04, a 62% improvement in total hours available for research and support services to the system.

Timeliness of Service

Clinics value timely service from the CRO. Since the work performed by the clinic system is often time sensitive, it is of the utmost importance for the CRO to maintain its effectiveness in this area.

Responses from clinics show that 95% of respondents believe that the timeliness of the services produced by the CRO was either 'good' or 'excellent'.



Although the CRO responds well to clinic requests, it should continue to manage and monitor its workflow so that increasing workloads and decreasing productivity do not significantly deteriorate its responsiveness.

Of note is the CRO's performance against its benchmarks for posting court decisions to its database. According to the CRO's internal benchmark, the planned target is 30 days with an acceptable standard of 60 days. The CRO's performance in the first quarter of 2003/04 was above the 60-day standard and reached a maximum of 92 days before managing a reduction in the posting time to 47 days by year end. This fluctuation underscores some of the challenges the CRO will face in maintaining its timeliness going forward.

Quality Service Office

OVERVIEW

The Quality Service Office (QSO) was established in 2003 in order to ensure that LAO would be able to support and assure excellence in high quality legal aid services to clients and communities. The QSO is the result of the integration between the clinic-focused Quality Assurance Program (QAP) and the LAO-wide Quality Service Project. The QAP was originally created by the Clinic Funding Committee to ensure high quality clinic law services. When LAO was created in 1999, the QAP was in the process of conducting baseline on-site reviews of 70 clinics. It also provided quality supports to all clinics. In 2002, LAO's Quality Service Project began developing quality supports and initiatives for all of LAO's services. These two streams came together in 2002/03 with the creation of a new department, the Quality Service Office which had an LAO wide mandate. The QSO is now responsible for ensuring quality service delivery across LAO and acts as a corporate support to all LAO programs including the clinic program. The QSO's priorities reflect LAO wide priorities.

The QSO has 5.6 FTEs. The actual time allocated to the Community Legal Clinic program varies based upon the service delivery priorities that are established for the QSO. While the QAP program between 1996 and 2001 was solely focused on the clinic system, the QSO began to work with the SLASS in 2002. Approximately one FTE going forward will deal with the clinics and SLASS in 2004/05. The QSO will also dedicate one FTE to the family certificate bar and duty counsel. Sixty percent of one FTE will be dedicated the criminal certificate bar and 60% of another FTE is focused on the refugee bar, area offices and provincial offices. This allocation of staff resources reflects LAO's current priority to develop panel standards for certificate lawyers.

CORE BUSINESS RELEVANCE

As part of the mandate to provide high quality service within LAO, a statutory requirement exists for a quality assurance program in LASA. The program ensures both quality and cost efficiency throughout the system and has the authority to engage in audits in any area funded by LAO.

The movement towards quality-centric delivery improves outcomes. The independent nature of the clinic system has caused clinics to develop their own quality standards. Managing quality across the system through benchmarks and better practices can therefore lead to gains in both efficiency and effectiveness.

EFFECTIVENESS

Level of Service Provided

Since the integration of the QAP and the QSP, the QSO has become a corporate program with an LAO-wide mandate that includes all LAO services including the clinic program and the SLASS. With a LAO mandate, it supports quality service initiatives, ongoing support for recommendations from the QAP and contributes to overall accountability.

Key activities undertaken by the QSO that benefit the clinics include the development and distribution of precedents and better practices. The QSO also performs clinic quality reviews and audits at the request of the CSO. The current new activities undertaken by the QSO that relate to the clinic system include the development of the following items:

1. Core client service measures;
2. A self-assessment tool; and
3. A clinic Board manual.

In addition to the QSO website which serves as a quality reference point for all of LAO, a complete list of services made available to the clinic system over the past five years are presented in the table below.

QSO Services for the Clinic System	
Service / Product Provided	**Production**
Better Practices	Stock of 10 developed
Precedent Requests	Approximately 73 annually
Bulletins	9 per year
QAP Reviews	70 – approximately 14 per year (between 1998 and 2002)
SLASS Reviews	6 – approximately 4 per year
QSO Reviews	2 (1 per year)

Given the new mandate of the QSO, it is unlikely that it will be able to continue to deliver the same level of services to the clinics that it previously delivered. In the case of 'Better Practices' and 'Precedent Requests', the QSO will be able to revise some of its previous work to prepare the products for reuse with little marginal effort.
The ability to continue creating QSO Bulletins and, most importantly, the on-site reviews will be challenging in the QSO's new role. Although the delivery of on-site reviews is not a current QSO responsibility the QSO is not currently resourced to perform a second generation of reviews. Furthermore, the QSO would have difficulty performing a significant number of quality audits (even if they are requested by the CSO) because of the resource-intense nature of such requests.

Internal Client Satisfaction

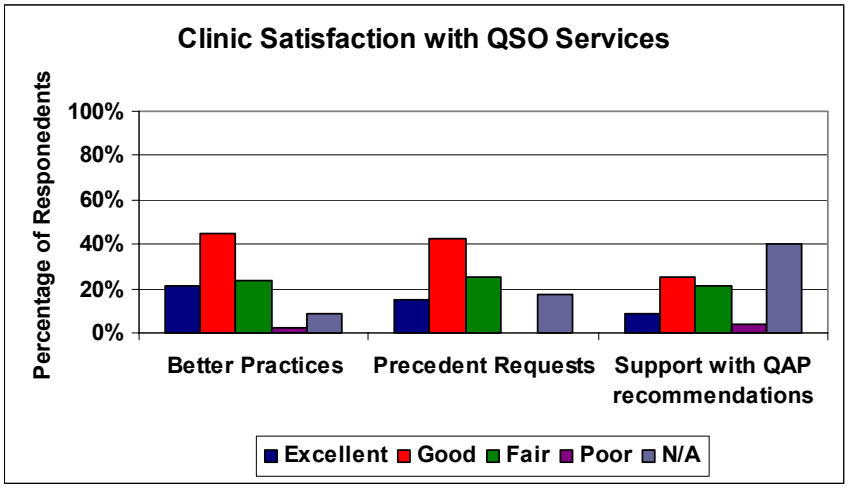
As part of a survey sent out to all 79 clinics, respondents were asked to rate the QSO as well as some of the aspects of their service.

Of the clinics surveyed, 87% indicated that they used the QSO. While over one-third (36%) of clinics indicated that the QSO's performance as a whole ranked 'fair' only 2% of responding clinics ranked the service as 'poor'.

Clinics were also asked to rate the QSO department in three areas:

1. Better Practices;
2. Precedent Requests; and
3. Support in implementing QAP recommendations.

Results from the survey are captured in the following graph.



Overall, the 'Better Practices' and 'Precedent Requests' produced by the QSO are well received. When asked about 'Better Practices' and 'Precedent Requests', 66% and 68% respectively indicated that QSO service was either 'good' or 'excellent'.

There is a communication gap surrounding the implementation of QAP recommendations. Because QAP was a one-time event, some clinics indicated that a follow-up opportunity (outside of the implementation recommendation survey sent after the QAP review) was warranted to improve their ratings. The self-assessment tool will provide opportunities for clinics to follow-up and measure improvement.

Furthermore, the prevalence of 'N/A' as a response to support for QAP recommendations indicates that clinics are either:

1. Not aware of this QSO service and have not used it; or

2. Have not needed to use them.

Reviews of the QAP program indicate that no clinic has been able to fully implement all of its recommendations. The newer clinics that were not subject to the QAP review fall into the second category.

This provides an opportunity for the QSO to increase its profile by indicating to clinics, perhaps through a quarterly newsletter, why, when and for what services the QSO can be contacted. It is likely that once the Board Manual and Self-Assessment Tool are made widely available, the profile of the QSO will increase.

Quality Assurance Program

The Quality Assurance Program was originally created by the Clinic Funding Committee to ensure high quality clinic law services. When LAO was created in 1999, the QAP was engaged in conducting baseline on-site reviews of 70 clinics, as well as providing quality supports to clinics. As this work proceeded, LAO's Quality Service Project began developing quality supports and initiatives for all of LAO's other services. These two streams came together in 2002/03 with the creation of a new department with a new mandate: the Quality Service Office.

The clinic system generally associates the QSO with the QAP. While some clinics felt that the QAP was helpful, a large portion indicated that it was intrusive and served to highlight shortcomings about which they already knew. In some cases, the preparation for the QAP was as insightful to the clinics as the actual review.

All clinics indicated that they tried to implement as many QAP recommendations as possible. However, one major challenge was the fact that some of the recommendations required either indirect or direct expenditures that were not within the clinic's budget. The value of the QAP was questioned by clinics since they were not provided with the resources to properly address quality issues.

Recently the QSO developed a self assessment tool. The purpose of the self-assessment tool is to promote clinic ownership of quality initiatives and facilitate continuous quality improvement. The self-assessment tool is intended in part to ensure that clinics implement all of the remaining recommendations from their QAP review over the next three years. Therefore the clinic quality assurance process could last up to a decade (1997 until 2007).

Going forward, the QSO should consider developing a cost-effective quality assurance program for the clinic system that has a shorter life cycle (three to five years). The process could include four steps:

1. Clinics will use the self assessment tool to assess their performance against a set of quality assurance targets.

2. Clinics will report their performance to the QSO and the QSO will synthesize the information in order to identify system wide issues.

3. The QSO will provide best practices and implementation support as necessary so that clinics can improve their performance.

4. Establishment of new quality assurance targets against which clinic performance will be assessed. (After step four the process will start again).

In the future, as more data on program outcomes becomes available the QSO could engage in audits of clinics that are deemed to be performing at a less than optimal manner.

EFFICIENCY

Timeliness of Services

Most inquiries to the QSO from the clinics are not of the same urgency as inquiries to other departments, such as IT or the CRO. The QSO, like the CRO, benefits from the creation of a stock of knowledge from which it can reproduce deliverables with little marginal effort. Clinics using the QSO do find it to be responsive and timely when inquiries are made. However, clinics have indicated that they are now less likely to contact the QSO since the QAP program has concluded.

In 2003/04 one staff member was allocated to the clinics on a part time basis to focus on Nishnawbe-Aski Legal Services. Two other QSO staff members also spent time conducting two quality assurance audits and responding to clinic requests for precedents, better practices and other clinic initiatives. For 2004/05, approximately one FTE will be available to serve clinics. Although the QSO now has a LAO-wide mandate, staffing levels were not increased in order to accommodate increased service needs. Instead, the QSO has had to reduce develop alternatives to on-site clinic audits, such as a clinic self-assessment tool, to ensure and support quality.

Of particular note is the current amount of time taken to finalize new products for the clinic program. Three core products have taken a considerable amount of time to finalize:

QSO Product	QSO Development Time	Total Time to Implement the Product
Client Service Measurements	3 months	1+ year
Self-Assessment Tool	2 months	1+ years
Board Training Manual (Joint with CSO)	3 months	2 years

The QSO's staff complement has been an issue. Over the past five years, 10 different staff have filled 5.6 FTE positions. The five-year average QSO staff complement has been 3.87 FTEs or 69% of its full staff complement. Furthermore, QSO staff have indicated that increasing levels of collaboration and consultation with other LAO departments, the clinic consultation process as well as the senior management approval process contribute to the lack of progress on some of the QSO deliverables. For example, Client Service Measurements took only three months of QSO development time; they have yet to be implemented.

However, of greater concern is the turnover at the Director level within the QSO. The Director position has been filled by four different people over the past five years. The average duration of leadership in the QSO is less than 15 months. This level of turnover has not allowed the QSO to establish guidelines, operating frameworks, improve service delivery or effectively manage large projects. LAO should ensure that the Director position remains stable going forward to ensure timely delivery of products and services for the Community Legal Clinic program.

Facilities and Leasing

OVERVIEW

The Facilities and Leasing department (F&L) serves the physical accommodation needs of LAO including the provincial office and all area offices. F&L manages the inventory of physical space for all clinic, area, specialized law and LAO offices. F&L strives to ensure that suitable premises are located, renovated to specification and within budget.

Assistance is provided to clinics in locating affordable premises, renegotiating leases, assisting in renovations and reducing costs through an equipment and furniture purchasing plan. In 2003/04, F&L employed four staff who were engaged in clinic-facing activities at various times throughout the year.

CORE BUSINESS RELEVANCE

It is necessary for most clinics to maintain a suitable 'storefront' location that permits them to perform client intake as well as meet individually with clients or together in larger groups for staff, training or outreach purposes. Clinics have unique space needs that differ from other LAO offices.

While it is possible for each individual clinic to negotiate its own renovations or leases, the existence of F&L ensures that clinics have expertise and advice available when they need to relocate or renovate. Although it is possible for clinic Executive Directors to perform these activities, they likely

do not have expertise in this area. Furthermore, clinics increase their administrative burden if they were to manage facilities requirements internally. Finally, F&L is able to capture some economies of scale through a centralized purchasing function that would not be available to the clinics individually. These key factors contribute to the relevance and necessity of a centralized facilities and leasing department within LAO.

EFFECTIVENESS

Level of Service Provided

Between 2002 and 2004, F&L handled approximately 13 clinic relocations, four clinic expansions and 11 lease extensions. While clinics are not eligible for the centralized purchasing plan that is available to other LAO departments and service providers, F&L is usually able to negotiate a 5% saving on the list price of furniture for clinics. Although these savings are available to all clinics, not all clinics use the feature. Some clinics prefer to buy from the local community which LAO has recently sanctioned.

Internal Client Satisfaction

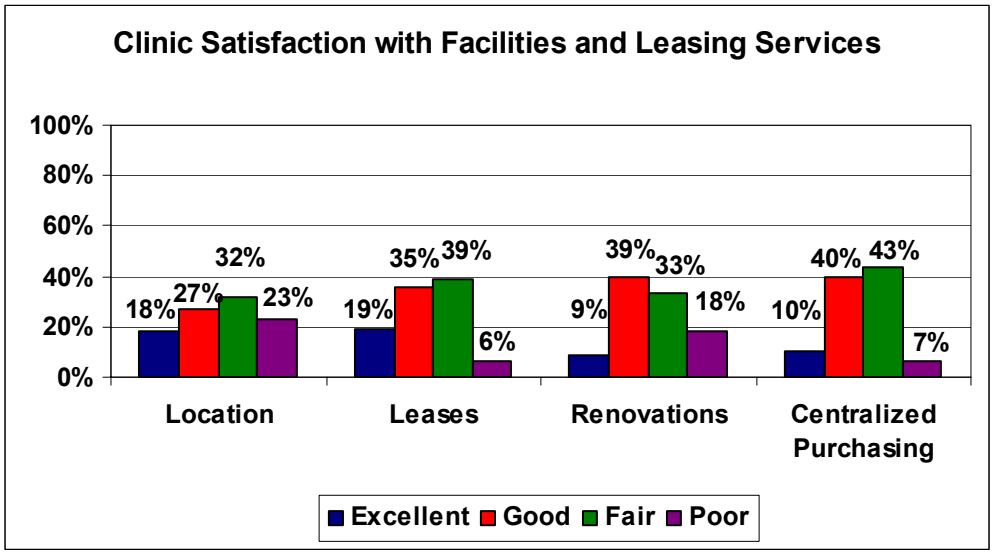
As part of a survey sent out to all 79 clinics, respondents were asked to rate the F&L department as well as some of the aspects of their service.

While 81% of clinics surveyed indicated that they have used the services offered by the F&L, only 43% of users indicated that the department as a whole ranked either 'excellent' or 'good'.

Clinics were asked to rate the F&L department in four areas:

1. Assistance in locating affordable premises;
2. Renegotiating lease terms;
3. Assistance in renovations; and
4. Equipment/furniture purchasing plans.

Results from the survey are captured in the following graph.



Clinics were least satisfied with F&L's assistance in identifying a clinic's location and assistance in renovations. The clinics were most satisfied with the F&L department's assistance and ability regarding the renegotiation of leases.

F&L has a very detailed leasing process which begins 250 days before a lease ends. Clinic's dissatisfaction with the F&L's assistance in finding a suitable location could be attributed to the fact that clinics are unable to lease space in their preferred location which can be the result of budget constraints.

In particular, clinics in Toronto and in the North felt that F&L needs to further develop its location selection criteria. The greatest challenge in the North is most often characterized by access issues. The few clinics that are located in the North must serve clients that are scattered over a large geographic area. In Toronto, clinics desire to be located within the community they serve and in a location that is suitable for client intake, given the number of choices of available office space.

The F&L department also determines whether a clinic, upon a lease renegotiation, needs to be renovated. Again, while there are standards in place to determine what type of renovations are needed by a clinic, the indicated dissatisfaction can reflect a clinic's desire to relocate or have particular renovations that cannot be accommodated within LAO's budget..

In particular, clinics in the Southwest and the East felt that F&L needs to further develop its renovations process. The greatest challenge during renovations is balancing the needs of the clinics against the physical limitations of the space being renovated. F&L can manage some of these challenges by presenting physical limitations to clinic staff at an earlier stage so that they can engage in creative, cost-effective solutions.

Since the F&L department has evolved into a centrally delivered support function, the clinic system will derive value by taking part in a collaborative process that redefines the criteria under which F&L makes decisions on location, leases and renovations.

EFFICIENCY

Cost Effectiveness

During the review, clinic Executive Directors and Boards indicated that their workloads are increasing. F&L offers centrally delivered service and expertise that is not necessarily available in the collective skill sets of the clinic Board or staff. By devolving the process to the clinics, clinics (and LAO by extension) risk entering into agreements with landlords or contractors that are not cost-effective.

F&L also ensures that local real estate experts are involved to capture particular regional nuances during the decision-making process. In this manner, it avoids applying a 'Toronto mentality' to challenges and engages the local community. Local real estate expertise is sought to supplement the knowledge of F&L and ensure cost-effective decisions are made.

Because clinics are leaseholders, they have the authority to negotiate with landlords for lease extensions or terminations. With this responsibility, clinics can terminate leases independently and endanger their own service delivery while hampering the delivery of services from F&L.

While there is a possibility to capture increased savings by mandating that all clinic office furniture and equipment purchases be managed centrally, the advent of big box stores, on-line ordering plus the need to maintain a local presence has diminished the overall cost savings of this service. Since centralized purchasing is available to LAO, it can be maintained for the clinic system at little or no cost as a secondary option should clinics have difficulty locating equipment and furniture that fit their specific requirements and budget. Clinics will continue to use the service, though not exclusively.

Efficiency of Service

A sampling of the clinic system has indicated that the timeliness of F&L services can range from extremely timely and accommodating to unresponsive. Although F&L demands have seasonal or monthly fluctuations, the department should move towards increasing the consistency of its service delivery.

F&L can improve its working relationship with clinics if it adopts client service measures that promote:

1. Responses to inquires within 48 hours; and
2. Empowering clinics by indicating next steps so that clinics can look for solutions or alternatives in the interim.

F&L can also continue to promote cost efficiencies from within. Because leasing for both the Area Offices and clinics are handled by this department, the ability to arrange co-located or close offices is enhanced. As lease terms come up for renewal, F&L should continue to proactively time lease expiry dates so that previously identified clinics can move toward co-location.

Information Technology

Overview

The Information Technology department (IT) has a LAO-wide mandate to serve the information technology needs as they relate to desktops, networks, peripherals, software support and development as well as telephones. IT directly supports the clinics through its helpdesk, internal software development and support as well as on-site visits when necessary.

There are 50 staff members in the IT department. IT serves the clinics through a service desk (seven staff plus a manager), a development unit (two staff) and infrastructure (11 staff). Other IT staff are involved in operations and project management. Except for the development unit, staff services are not explicitly dedicated to the clinics.

IT currently supports approximately 1695 end users in over 150 locations across Ontario. Some current challenges that the department has self-identified in its annual report include:

- Incompatible systems, hardware and software;
- Increased support costs due to uncommon infrastructure;
- Need for high levels of security and privacy protection controls; and
- Service limitation associated with geography.

The current priority within the IT department is the launch of the Total Service Network (TSN). TSN will be fully implemented towards the end of the calendar year. In addition to TSN the IT department is also focusing on a LAO Security and Privacy Project and a clinic Automated Template project.

Core Business Relevance

IT is relevant and necessary for the delivery of legal aid services. The advent of email and the internet have greatly enhanced the clinics ability to perform research, correspond and prepare case files and documentation. Within clinics, components of client files and/or documents that once would have occupied physical space are now stored electronically.

Because clinic-specific IT needs vary, it is more appropriate to evaluate whether the centralized IT department is relevant to the delivery of legal aid services. Although each clinic is unique, there are common software and hardware services that can be performed more efficiently through a centralized program. Furthermore, clinic-specific applications can only be developed when there is sufficient scale to warrant the software.

Effectiveness

Level of Service Provided

IT supports the 79 clinics' desktop, network, peripherals, software and telephone requirements. The IT department does not offer service support to the SLASS – their IT requirements are managed by their respective universities.

IT service requests over the previous three years, as tracked internally through HEAT software, are detailed in the following table.

IT Service Requests – 2003 to 2005			
	2002/03	2003/04	2004/05 (Projected)
Area Offices	924	2,582	1,625 (4,875)
Law offices	204	736	149 (447)
Provincial Offices	1,758	4,050	1,855 (5,565)
Clinics	8,457*	3,776	1,046 (3,138)
Total	11,343	11,144	4,675 (14,025)

*** Outlier caused by expansion of services for 9 new clinics.**

Although the IT infrastructure within clinics is aging, clinics' demand for services has decreased from a high of 75% of requests in 2002/03 (due to the clinic expansion) to a projected 22% for this year. Assuming each LAO end user has one desktop, this would imply that IT could expect an average of

38% (650 clinic desktops from 1695 total in LAO) of its calls from clinics. As such it would appear that LAO is not receiving a disproportionate number of calls from clinics. However, as clinic IT infrastructure continues to age, it is unlikely that these lower levels of service requests can be maintained. The Clinic Information Management Project, if approved is intended to address this infrastructure issue.

Where direct clinic service cannot be accommodated by IT, delivery is offered through a third party. However, this is generally for IT hardware and network maintenance. Software and application services are offered through the IT service desk. IT also has the ability to remotely access PCs in order to provide service.

The responsiveness of IT directly affects caseworkers' ability to deliver service. Clinics have identified that IT does not understand the unique nature of clinics or clinic needs. Specifically, to address these unique needs, IT needs to be able to support a larger variety of software to accommodate clinic-specific requirements. However, it is important to note that the economies of scale of a centrally supported system would be lost without some standardization. Increasing the number of software programs supported by the IT department would likely have an impact on IT service levels, and the cost of service delivery.

Clinics have also identified staff changeover, partially due to the implementation of TSN, as a challenge that needs to be addressed. The secondment of staff to work on TSN along with general staff turnover in the IT department is a barrier to delivering efficient, effective service. Along with these immediate frustrations, clinics have indicated that IT technicians sometimes show up at a clinic to perform an unannounced service upgrade that, in their view, is necessary. More effective communication is required to address this issue.

More staff training needs to be delivered by IT to minimize the number of calls related to applications. The Provincial Learning Advisory Committee needs to consider whether IT training needs to be given a higher priority, for example, by making training available to the clinics on a wider variety of topics such as operating systems and software. This training can ultimately decrease the number of calls to the IT help desk by empowering the clinics to self serve some of the less complex IT issues. This will also decrease the need for clinics to wait for service from the IT helpdesk and will improve their efficiency in serving their clients.

IT can improve the level of service it offers by increasing communication to clinics. As part of the communication strategy, IT should consider designing 'self-help modules' that offer clinics simple instructions on how to deal with the most routine inquiries (printer failure, stalled software, CMT, etc.).

Adequacy of IT Systems

Hardware replacement

Within the clinic system, there are approximately 650 desktops and laptops and 84 clinic servers – many that are at least 5 years old. Some systems are running unsupported software and experiencing increasing failure rates. While the IT department has identified that systems should be replaced every three years, there is no approved internal budget that can properly accommodate this request. Risks associated with old or antiquated software and hardware in the clinic system include22:

- Increased failure rate and a corresponding increase in IT support costs
- Inability to run new software or updated versions
- Compromised security
- Declining Support for older versions
- Increased user frustration and decreased client service

IT has identified a hardware replacement strategy that utilizes a 36 month time horizon. However, many clinics are using hardware considerably older than this. As such, some hardware and/or system images cannot accommodate some of the newer software being supported by IT. New software

[22] A Technology Blueprint for Strategic Alignment, 2003 and LAO Business Plan, 2004/5

purchases become unusable. Hardware is too old and is a limiting factor that creates challenges for IT peripheral upgrades, even when funded from a clinic's own budget.

In order to maintain adequate IT in the clinic system, LAO should consider a purchase/lease plan for the clinics using a variable 3-year time horizon. One-third of users (not clinics), should be identified as upgrade-eligible on an annual basis, beginning with users on the oldest or least reliable systems. While a leasing solution can solve many hardware related problems, this solution may not be viable given LAO's fiscal constraints.

Information management project

The CSO is in the process of completing an Information Management Project (IMP) strategy, the objective of which was to identify a software program that could replace the legacy system, CMT. Going forward, LAO should ensure that the new software that is chosen addresses the following concerns related to CMT:

- CMT cannot be used to effectively record which organizations people are referred to;
- CMT is too slow at times and the database cannot accommodate multiple users simultaneously;
- CMT should be available in French; and
- Specialty clinics are not able to configure CMT to meet their needs.

Some of the systemic challenges associated with CMT could have been addressed through more training. While training was made available, only limited staff attended. Other staff indicated that the on-line training was not structured to meet the personal learning needs. Training for the new information management program should be structured to accommodate as many end users as possible in order to gain clinic buy-in. Steps should include:

1. Set training dates with longer time horizons so more users can plan around the event;
2. Offer on-site training, where available; and
3. Where user-friendly learning modules are delivered on-line, provide a duplicate electronic copy to every clinic as a reference point for future requests.

Email

Clinics have also identified their email program as antiquated and insufficient for their needs. Most clinics wish to migrate to an email program in order that upgrade their protection from spam, as well as increase their remote access and other features not currently available with their email program. .

Clinics may soon have a new information management system, part of a potential project LAO is exploring. A new information management system will assist clinics with direct service provision, reporting, and strategic planning and will have the functionality to provide meaningful data that can be used for accountability purposes.

The implementation of the project, if approved, will include a simultaneous implementation of Microsoft Outlook© in order to maximize usability of file management software as well as minimize other challenges encountered by clinics' current email program. Training for both packages could be delivered simultaneously to minimize time and other expenses such as travel to training sessions.

As the rate of technology change is increasing, with an emphasis on client/server technology, faster system development, and shorter life cycles, IT must find new ways to accommodate technological change. Leasing has emerged as a feasible, cost-effective alternative to purchasing equipment, particularly for desktops. Given the cost and frequency of service for the clinic system's desktops, IT should investigate the cost versus benefit of a lease program. However, given the sensitivity of the information hosted on clinic servers, servers should continue to be maintained by LAO.

Internal Client Satisfaction

As part of a survey sent out to all 79 clinics, respondents were asked to rate the IT department as well as some of the aspects of their service.

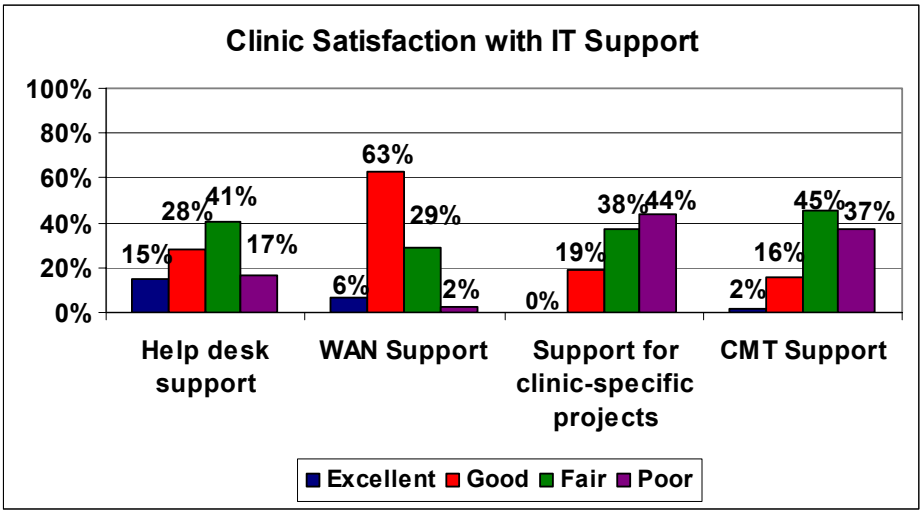
While 100% of clinics surveyed indicated that they have used the services offered by IT, only 41% of users indicated that the department as a whole ranked either 'excellent' or 'good'. This score places

IT last in terms of internal client satisfaction (behind the first place CRO with 98%) with regards to LAO departments.

Clinics were asked to rate the IT department in four areas:

1. Help desk support;
2. WAN Support;
3. Support for clinic-specific projects; and
4. CMT Support.

Results from the survey are captured in the following graph.



Clinics have identified issues pertaining to help desk support. When a clinic communicates a service issue, IT can be slow to respond or unresponsive. First steps, when identified, do not always solve the problem. Furthermore, in some cases tickets are closed by the IT department without any follow-up to clinics, forcing clinics to begin the process again.

Part of the challenge may be in the tracking software, HEAT. HEAT does not effectively prompt staff to close tickets or provide follow-up. As well, although HEAT does send out surveys, they are completed infrequently and do not allow for robust data analysis to identify systemic issues.

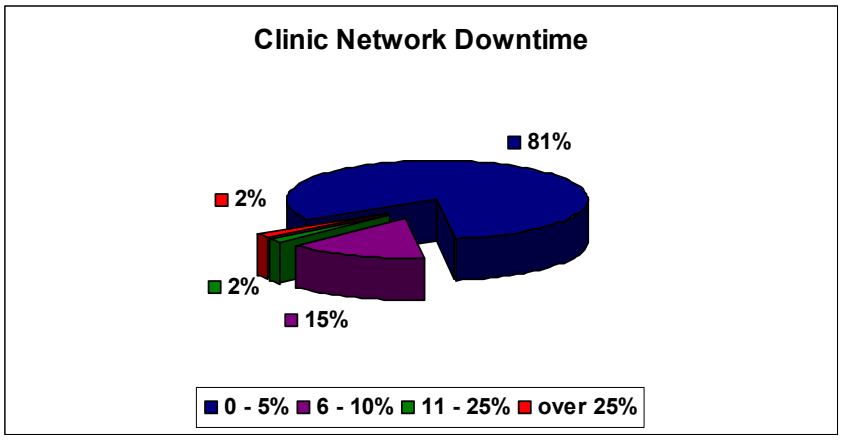
Clinics were especially satisfied with IT's ability to support their WAN. Of particular importance is IT's ability to maintain network uptime. Details of network uptime are contained in the following section.

Clinics were particularly dissatisfied with IT's ability to assist them with clinic specific projects. This typically entails requests to support new software or provide new hardware. As discussed earlier, increasing the number of software supported by the IT department has cost implications. However, new hardware issues would be less onerous to manage if clinic desktops were upgraded.

The concerns regarding CMT are detailed in the preceding section. In order to improve the quality of service, LAO should take into consideration the concerns listed above before undertaking the rollout of IMP and the new tracking software.

Because so much information is stored electronically, caseworkers' service delivery is hampered every time software or personal systems become unusable. While IT has competing priorities, it needs to be able to better identify which issues need quick resolution in order to facilitate uninterrupted services to the end client. The clinic system would benefit if IT re-examined its incident prioritization framework.

IT has performed well with respect to the clinic's respective networks. Results from the clinic survey regarding network performance are captured in the graph below.



Over 80% of clinics indicated that their networks were down only 0-5% of the time. Network uptime is a critical to service delivery in clinics, given the frequency of use for actions such as file retrieval and printing, research and email.

A midpoint analysis of survey results indicates that the system experiences an average downtime of only 4.4%. While this may seem excessive when compared to industry standards, it must be analyzed contextually with the age of the system in mind. Since passable industry standards acknowledge 95% network uptime, improving network uptime is not a high priority IT issue.

Overall, every clinic surveyed indicated that they used the IT department. However, 59% rated the IT department services as 'fair' or 'poor'. While the clinics largely were satisfied with their network uptime, there are many other issues outlined above that IT needs to address that will improve clinic service delivery as well as clinic satisfaction with IT.

EFFICIENCY

Cost Effectiveness of the Program

While centralized IT ensures a level of standards, network compatibility and simplifies troubleshooting, it does not allow clinics the flexibility or responsiveness that they feel is needed to properly respond to their own unique challenges. Some clinics support a less restrictive system where some network administration (e.g., addition of new users, new software) should be delegated to the clinics. Larger clinics support employing IT staff internally. Devolving more IT control to the clinic system without adjusting service level expectations imposes a risk to IT that they will face increasing amounts of calls and complexity.

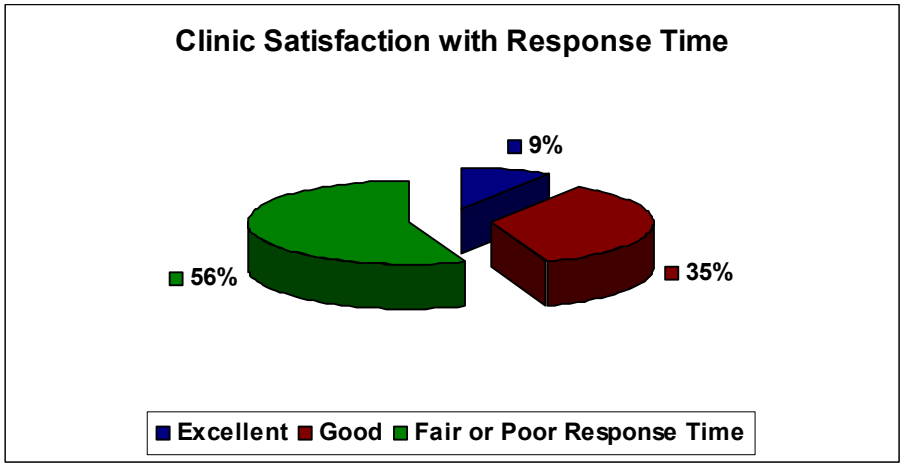
When the level of IT service required necessitates an on-site visit, IT staff directly services clinics located within the GTA. Outside of the GTA, third-party service is delivered through LAO's service provider. When possible, IT has the ability to remotely access PCs in order to directly solve user problems.

An alternative model to centralized IT services that could simultaneously increase the quality of service and decrease costs would be a regional IT delivery model. LAO should investigate the possibility with MAG and the Justice IT Cluster whether strategic partnerships can be formed.

Efficiency of Service

IT service requests are currently prioritized and responses are matched accordingly. Urgency of service requests is rated from high to low, based on the nature of the problem, the number of individual users affected and whether an alterative solution exists. As such, any inquiries that come from a single user may not be addressed immediately depending on the severity of other requests. Response time depends on the priority level of issues and the volume of calls to the help desk at the time of the request. It is possible that the clinic dissatisfaction with IT is actually an LAO-wide issue, although the absence of data does not allow for a time-sensitive analysis.

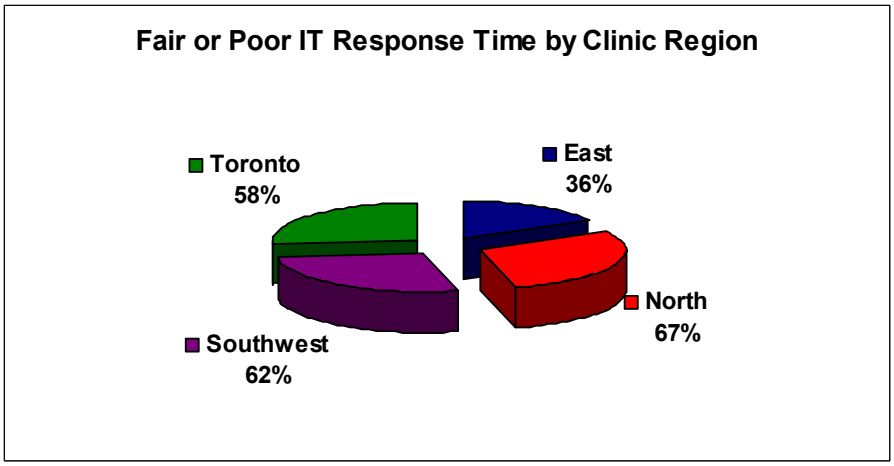
According to the clinics surveyed, over half indicated that the timeliness of IT service must be increased. Results regarding timeliness are captured in the following graph.



As a whole, 56% of clinics ranked the timeliness of IT services as needing improvement. From a clinic perspective, the end user may feel that their needs are not being adequately met, however, there is a responsibility to treat systemic issues over minor single incident problems that do not have the same amount of urgency.

Clinics have repeatedly identified that the IT service desk does not address their inquiries properly and does not follow up to ensure that implemented solutions effectively address their current IT problems.

There is also some variation in the level of service by region, as illustrated in the graph below.



From a regional perspective, the North and the Southwest were particularly critical of the timeliness of IT services. While geography is the root cause of the dissatisfaction, it should be noted that the Eastern region was least likely to grade IT services as 'fair' or 'poor'. It is more likely that the expressed dissatisfaction stems from the lack of consistently receiving high quality service from IT.

Internal quality tracking mechanisms are no longer used by the IT department. IT has moved away from internally tracking quality (measured against Service Level Agreements (SLAs)) because the standards were too broad and IT did not have time to analyze the results. Furthermore, the automatic surveys generated by HEAT appear ineffective in maintaining quality.

In order to consistently deliver high quality service, IT should collaborate with the QSO to develop new SLAs. As part of the new set of standards, IT should re-evaluate its survey mechanism to ensure that it can internally monitor the quality of its delivery against a set of benchmarks.

Human Resources

OVERVIEW

The Human Resources (HR) department has a mandate to serve all departments in LAO. The HR department support for the clinics is limited to the centralized administration of group benefits and RRSPs. Because clinics are independent employers, HR does not provide traditional 'personnel and policy management services offered to the rest of LAO. Services directly managed by HR for the clinics include the administration of the group RRSP plan and the group benefits plan.

From the HR department, three staff routinely perform activities directly related to clinic service. Collectively, these staff dedicate only a small portion of their time to clinics, amounting to approximately 0.5 FTEs.

CORE BUSINESS RELEVANCE

Due to the limited service provided, there is very little contact between the clinics and HR. HR negotiates directly with the group RRSP and group benefits service providers during their design and renewal phase on behalf of the clinic system.

Since the clinics deal directly with the service provider once the plans are established, there is often minimal need for interaction between HR and the clinic system. However, without this centralized function, the clinics would no longer benefit from the economies of scale and would be unable to negotiate the same rates or discounts captured by HR on behalf of the clinic system. This would also lead to an increase in the administrative tasks undertaken by the office managers and executive directors.

EFFECTIVENESS

Level of Service Provided

Clinics, generally through an Office Manager or administrative assistant, can contact HR directly for enquiries. Discrete statistics are not kept regarding frequency of service. Indirect advisory support, through the CSO, is also provided to clinics on an as-needed basis in areas such as personnel policies, long-term disability, union/collective bargaining issues and compensation.

As part of the compensation review with the clinics, the clinic benefits package was also under review. However, given the evolution of the compensation review, the discussion on benefits was given a lower priority. Some clinic staff have indicated that the current benefit package is outdated and needs immediate attention.

Although training is made available to office managers once or twice a year, some clinics have indicated that they continue to be challenged by the administrative process associated with new hires. Clinic staff usually need to consult with HR personnel in order to effectively complete the process.

Clinic Boards and Executive Directors have also indicated that they do not have a sufficient level of HR expertise. Executive Directors and Boards have indicated that they require greater support in terms of personnel policy issues regarding compensation, policies and terminations. Since the clinics are independent organizations, the Boards maintain ultimate authority in this area but often find themselves conflicted when making these personnel decisions because of the relationships they have with staff. Since Boards often consult LAO from a funder's perspective, they tend to seek advice as if LAO were also the employer. While HR is capable of providing advice, they cannot do so since that would compromise LAO's role as a funder and not the employer.

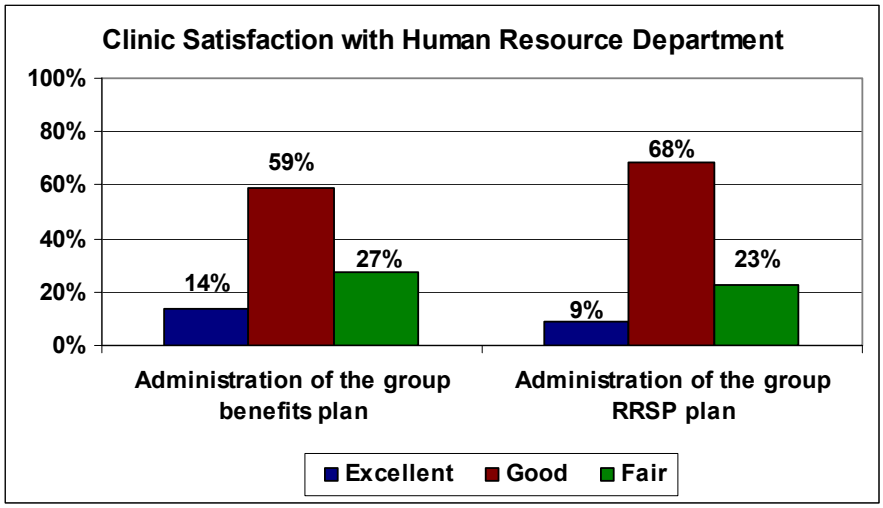
Internal Client Satisfaction

As part of a survey sent out to all 79 clinics, respondents were asked to rate the HR department as well as some of the aspects of their service.

Feedback from clinics indicates that the system is satisfied with the level of support received from the HR department. However, most clinics do not have regular contact with HR – only 41% of clinics surveyed indicate that they regularly use the services provided by HR.

Responding clinics are satisfied with the service, as approximately three-quarters of respondents deemed the HR service relating to the group RRSP and group benefits as exceeding or significantly exceeding their expectations.

Results from the survey are captured in the graph below.



More concern regarding HR surrounded the level of benefits and not the administrative components of HR. Clinics directly access the benefits service provider for support and are currently unaware of any steps that HR is taking to update the benefits plan. HR should work to update the clinic office managers as necessary regarding the benefits and RRSP plans. Improved communication will alleviate this impression of a disconnect.

Clinics may be given the opportunity to consult on a new plan if it is affordable to LAO since 100% of the premiums are being paid by LAO. Since the group RRSP has been underperforming (in terms of growth), HR may consider extending the benefits consultation to include the RRSP provider.

There is some confusion within clinics regarding how to fill out forms distributed by HR. Since there is little contact with HR, clinics have begun to consult with each other in terms of office policy and etiquette. There is also an opportunity for HR to improve communication on this front.

EFFICIENCY

Cost Effectiveness of the Program

The clinic system tends to undervalue HR's services. Since LAO pays the benefits premiums and contributes to the RRSPs on behalf of the clinics, clinics are not aware of the value of a centrally managed HR.

However, it is highly unlikely that clinics individually would be able to manage, administer and negotiate benefit premiums or RRSP administration costs that are competitive with those currently in place. Individually, the clinics lack the expertise, the time requirements and the employee scale to bargain at the same level as HR.

Since September 2003, at least eight clinic staff have been terminated. Since LAO cannot provide HR advice to clinic boards or Executive Directors, the CSO advises clinics to consult a lawyer when dealing with a termination. This approach is consistent with LAO's role as a funder rather than an employer. Given the number of annual terminations, the CSO (in conjunction with the HR) should explore the adequacy of the contingency funds that clinics currently have in their budgets in order to manage severance costs.

Efficiency of Service

The HR department's mandate is to serve LAO as a whole. As such, only three staff members would have regular contact with the clinics. Aggregate effort used to serve the clinics would account for slightly more than 0.5 FTEs. It should be noted that the HR department, by design, does not provide the same level of support to the clinics as the entire LAO system.

The greatest amount of interaction between the clinic and HR occurs when a new staff member is hired. Clinics have indicated that the administrative components are challenging. HR can operate more efficiently by designing a 'new hire module' for the clinic system that would minimize the need for direct contact with HR.

Given the sphere in which HR operates, it efficiently delivers its services to the clinics. Again, because HR is providing the administrative support for third-party services, there are no efficiency gains that can be captured by devolving this service to clinics. Although the clinics would increase their spectrum of control, these benefits would be offset by increased premium, administrative and time costs.

Findings on Affordability and Sustainability

As part of our evaluation plan, we determined that it was most appropriate to assess the affordability and sustainability of LAO's Clinic Services at an overall level, rather than an individual level. This is because the demand drivers behind each are systemic in nature.

At a high level, Clinic Services continue to face four critical demand drivers for its services:

- Growing demand for services caused by changes to the social assistance infrastructure in the province of Ontario;
- Impacts of changes to relevant legislation;
- Regional shifts in demand caused by changing demographics; and
- Increasing complexities in the overlapping legal and social needs of clients.

In this section of the report, we have performed a high-level review of these demand issues before switching to examine the projected financial implications on LAO and developing conclusions on the affordability and sustainability of the programs on a go-forward basis.

Demand Drivers for Clinic Services

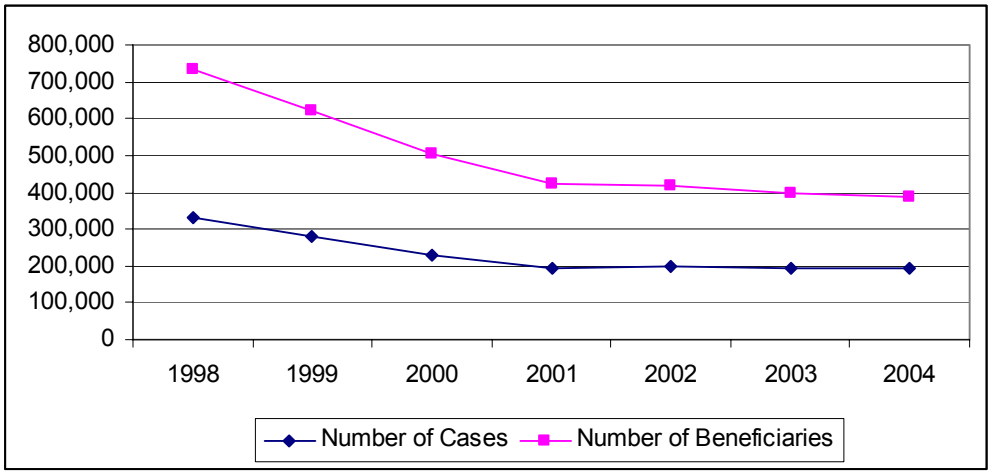
The analysis presented is this section focuses on the demands for Social Assistance and Housing Support since these represent approximately 75% of all general service clinic caseloads.

Demand for Social Assistance

The two major pillars to the social assistance infrastructure in Ontario are the Ontario Works Program and Ontario Disability Support Program (ODSP).

Ontario Works provides employment and financial assistance to people who are in temporary financial need. The employment assistance helps people become employed and provides a variety of services that allow participants to earn income as they move back to the workforce.

Ontario Works Caseload and Beneficiaries June 1998-2004[23]

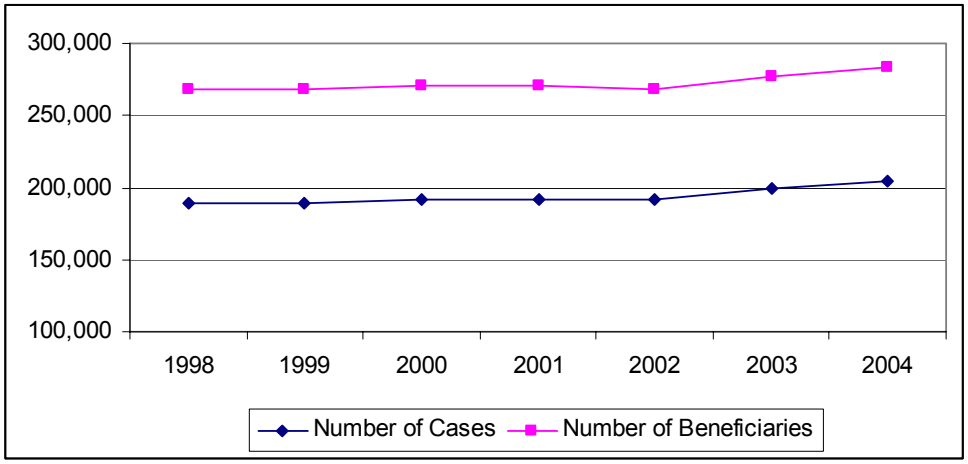


[23] Statistics & Analysis Unit, Social Assistance & Employment Opportunities Division, Ministry of Community & Social Services

Over the last six years the volume of cases and beneficiaries for Ontario has decreased significantly, which is due to a tightening of the eligibility criteria rather than a decrease in demand for services. For the clinic system, this translates into demand for legal aid services since a core group of their clientele concerns people who have been denied Ontario Works. The volume of appeals to the Social Benefits Tribunal has remained at constant levels.

ODSP provides income support and health-related benefits to people with disabilities who are in need of financial assistance. However, the trend in demand for the program is different as the last six years have seen a steady rise in both the number of cases and beneficiaries. Unless there are changes to the eligibility rules, this trend is expected to continue as the aging population grows.

Ontario Disability Support Program Caseload and Beneficiaries June 1998-2004[24]

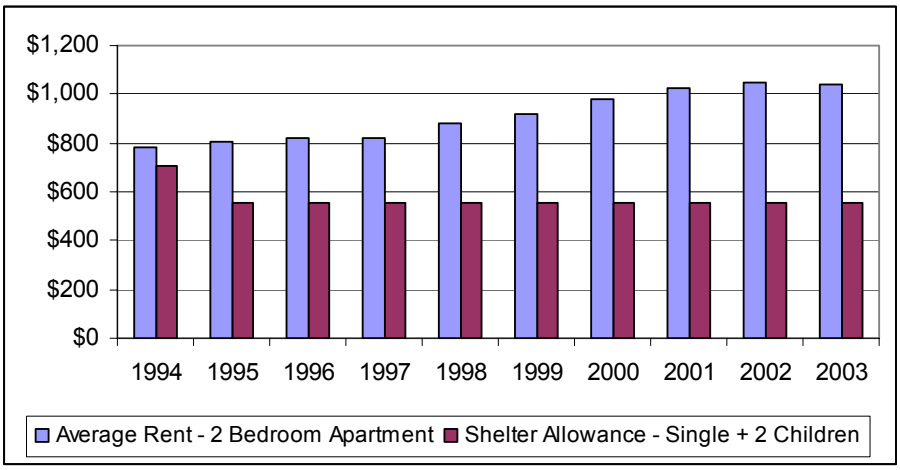


Since ODSP appeals represent approximately 70% of all appeals to the Social Benefits Tribunal, demand for clinic services will remain strong.

Social Housing Demands

Since 1994, the average rent in Toronto has increased by 33% to $1,040 per month, while the shelter allowance (single person and two children) was decreased in 1995 to $554 per month, a level at which it has remained constant ever since. The difference between the two, often referred to as the "shelter gap" has therefore consistently increased to approximately $500 per month.

Comparison of Toronto Rent to Shelter Allowance, 1994-2003[25]

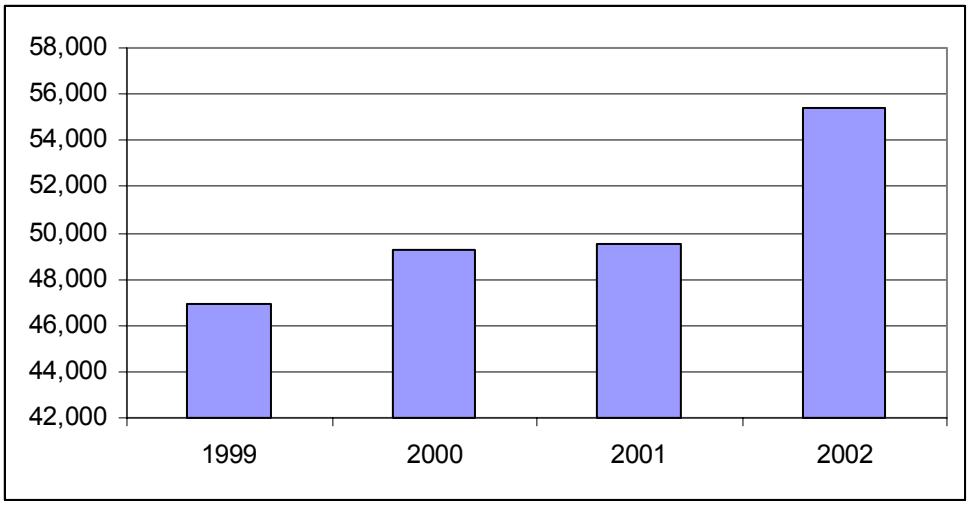


24 Statistics & Analysis Unit, Social Assistance & Employment Opportunities Division, Ministry of Community & Social Services

25 Advocacy Centre for Tenants Ontario

The fact that the shelter gap has been increasing means that more people have been unable to meet rent payments meaning that more people have been the subject of landlord evictions. Since housing matters are another key component of clinic services, this has increased demand on the clinic system. This is supported by the increase in the number of landlord applications to the Ontario Rental Housing Tribunal.

Number of Landlord Applications to Ontario Rental Housing Tribunal[26]



There is a close relationship between social assistance and housing – 96% of Ontario Works beneficiaries are tenants, but only 17% live in subsidized housing, while 75% of ODSP recipients are tenants with only 22% living in subsidized housing. Pressures on funding for these programs inherently have an impact on the affordability of housing. Given that Ontario's vacancy rate has historically been around 3%, there is huge demand for lower priced units. As such, lower income tenants are spending an increasing proportion of their incomes on rent, which makes them increasingly vulnerable to loss of housing.

Within Ontario, 42% of tenant households pay 30% or more of their household income on shelter costs, while 20% pay over 50%. It is estimated that the risk of homelessness increases where rental costs consume more than 50% of income.

The implication for LAO's Clinic Services is that in the absence of significant reform to the social assistance and housing programs, there will continue to be strong demand for these services.

Legislative Changes

There are several changes to legislation that impact the demand for Clinic Services.

The impact of changes to the Social Housing Reform Act, proclaimed in 2000, is now being felt in Clinics. The challenge for those clinics with significant social housing in their catchment area is that neither clients nor housing providers are familiar with the legislation, causing confusion and client demand, particularly around the eviction process.

Potential changes to the Divorce Act will also have an impact on Clinics because changes to custody and access provisions will have significant impacts on social benefit entitlements. Moving forward, Clinics will face increased demand for services around benefit eligibility and also housing eviction when it is tied to changes in eligibility for social assistance.

Demographic Changes

All of LAO's programs provide services to the poorest citizens in Ontario. As such the pressures faced by LAO as a whole are broadly the same across all of its services, although there are some specifics relative to Clinic Services. Although Ontario as a whole has enjoyed prosperity over the last decade, increases in wealth have not translated into gains for LAO's clients.

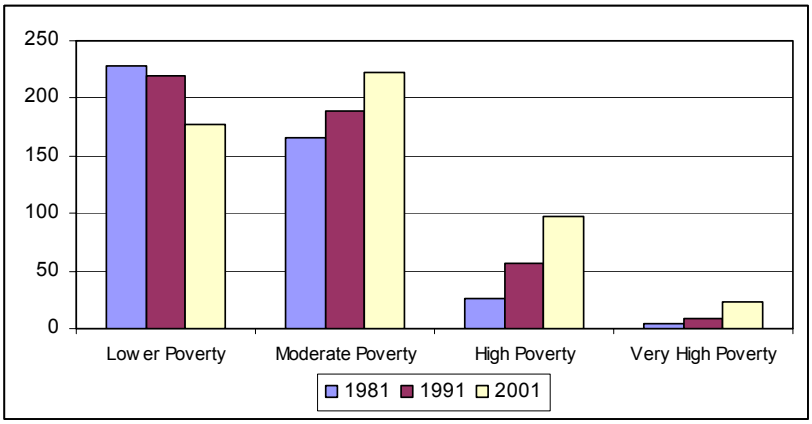
26 LAO Business Plan 2004/5

While a detailed analysis of the state of poverty in Ontario is not in the scope of this report, three important trends are presented which collectively have an impact on Clinic Service:

- The poverty rate is increasing
- The geographic location of poverty is changing
- The make-up of higher poverty neighbourhoods is changing

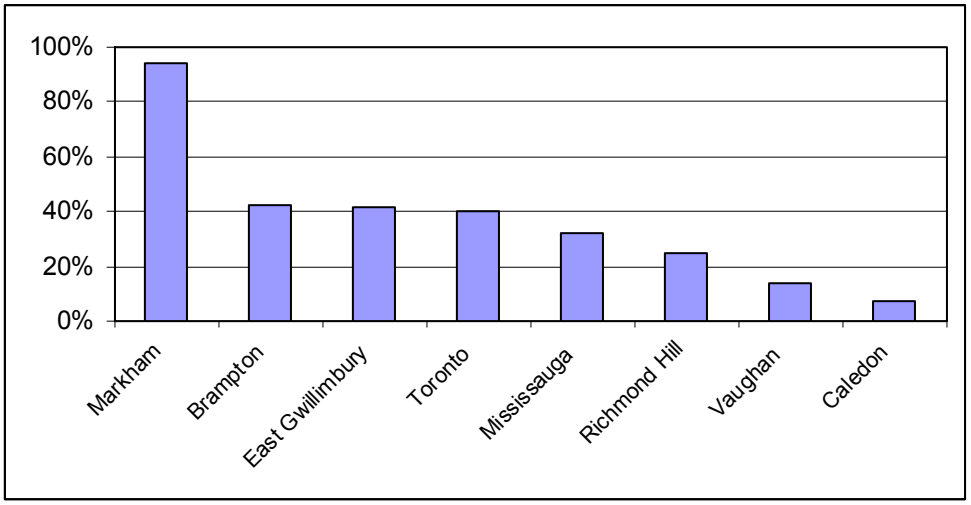
As an indicator that the poverty rate is increasing, the following chart demonstrates that within the City of Toronto, the last 20 years has seen an increase in the number of neighbourhoods exhibiting moderate, high and very high rates of poverty. As discussed earlier, the incidence of increasing poverty has critical impacts on the ability of LAO's clients to afford shelter.

Number of Neighbourhoods by Family Poverty Rate in City of Toronto[27]



While in the GTA, Toronto continues to experience the highest number of low income individuals, the last 20 years have seen shifts in poverty to other municipalities, as demonstrated in the chart below. For Clinic Services this represents an important change driver because there is now demand for services in areas other than Toronto, some of which is sufficient in size to merit new clinics. This was further analyzed in the Clinic section of this report which demonstrated the need to examine moving existing locations,

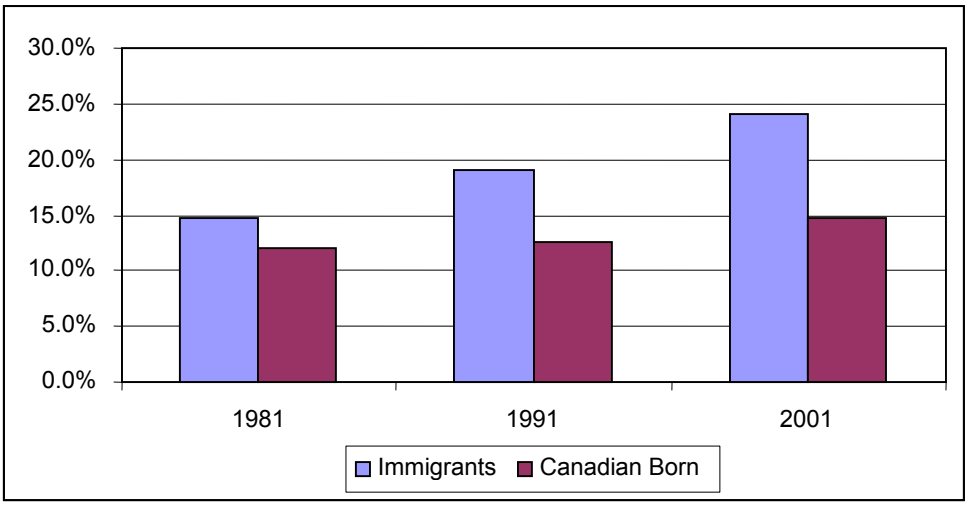
Percentage Increase in Poverty Rate from 1980-2000



The other key demand driver for LAO concerns the make-up of demand within areas of high poverty. The chart below shows the increase in the poverty rate of immigrants relative to Canadian born citizens over the last 20 years. While both groups show increases, the rise in the poverty of immigrants is far more pronounced. For LAO, this has created new service, and in particular, language demands.

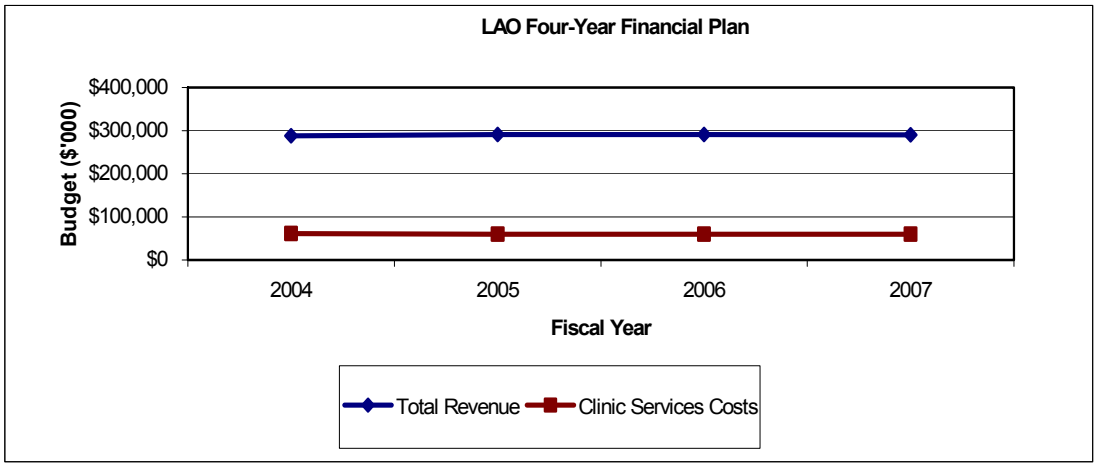
[27] Poverty By Postal Code, 2004

Growth in Poverty Rate for Immigrant and Canadian Born Families[28]



Review of Business Plan Financial Assumptions

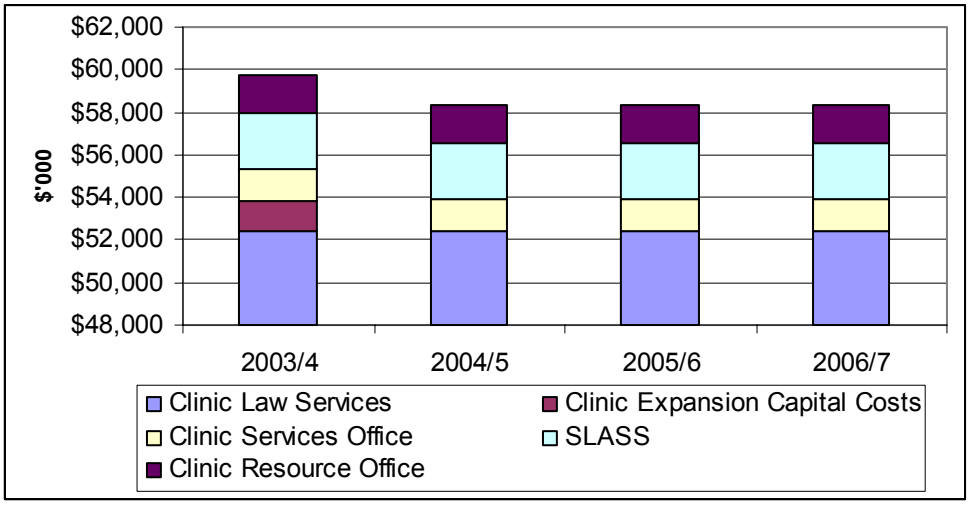
We have reviewed the environmental scan within LAO's 2004/5 business plan and concluded that LAO is increasing the depth and sophistication of its demand driver analysis. As such, management is fully aware of potential impacts on LAO's business and is actively planning to respond to manage its use of scarce resources. In the chart below, LAO's four-year financial plan is summarized. This demonstrates the continued assumption that there will be no increases in revenue, which by necessity must result in no increases in program expenditure. As such, the programs must absorb any planned inflationary increases in cost.



Source: LAO2004/05 Business Plan

[28] Poverty By Postal Code, 2004

Breakdown of Clinic Service Budget 2003/4-2006/7[29]



Given the flat nature of the overall budget, individual program areas also remain flat. The only change has been the clinic expansion capital costs incurred in 2003/4.

Our review of the business plan reveals that it has the following exclusions:

- Funding requirements for a new case management and information tool for clinics.
- There is no provision for salary increases. LAO's suggest amendments to the salary structure of the clinics have not been accepted such that the current grid system has stalled.

From purely a financial perspective, a review of the plan indicates that the Clinic Services Program is affordable and sustainable in the short-term, based upon the recently developed financial plan. However, this conclusion does not take into account the client service and staff workload implications inherent in the current service delivery model. As indicated by the analysis in the preceding sections, LAO is likely to face a continued increase in demands on its resources which begin to raise significant questions on the affordability and sustainability of the program. Given this environment and with the current funding envelope, we conclude that in the long-term, the Clinic Services Program will not be sustainable to meet its current mandate.

Options to Address Affordability and Sustainability Implications

On the assumption that the eligibility for legal aid services remain the same and is regularly reviewed, we have developed several options with respect to the delivery of Clinic Services which might improve the affordability and sustainability of the program, each of which will be discussed in more detail. The inherent assumption in these options is that any cost savings will not be taken out of the system, but rather, will be reinvested to meet the increasing demand for services, previously discussed in this section.

- Increase the funding envelope to LAO
- Refine the existing service delivery model
- Test alternative models
- Improve standards, controls and accountability over Clinics
- Centralize the Clinic system into LAO

It should be noted that the above options are not mutually exclusive. While LAO is aware of these options, the current governance structure of the clinic system makes it hard to secure voluntary change on the part of the clinics.

[29] LAO2004/05 Business Plan

Increase the Funding Envelope to LAO

The demand driver analysis presented in this section clearly indicates increasing demands on Clinic resources. Given this environment, the simplest response would be to increase the funding envelope. However, in our view, the current fiscal and economic environment within the province of Ontario is such that, in the short term, this is not likely. Many programs are facing financial pressures and competing for limited Government resources. LAO cannot necessarily rely on the Government to cover the cost of on-going pressures, despite a compelling business case. As such, LAO should continue endeavouring to control its costs through operational efficiencies, to the extent that these remain practical. However, this does not preclude requesting Government assistance.

Refine the Existing Service Delivery Model

Assuming the status quo in the service delivery model (i.e., Clinics as independent Not-for-Profit entities funded by LAO), there are opportunities for LAO to drive further operating savings.

In the Clinic section of this report, we identified different variations of the current model including:

- Co-locations with LAO area offices, both with and without co-directors
- Co-locations with social service providers
- Specialty clinics providing cross-province expertise in areas of law (e.g., Advocacy Centre for Tenants Ontario)

These are all positive steps that can help to control or reduce costs and reduce inefficiencies, savings that can then be reinvested in improving service delivery. Based upon changes in demand for Clinic Services, LAO needs to proactively pursue these opportunities where it makes sense to do so. In addition, we have identified that there are instances in which unnecessary duplication of services exists.

While the Client Services Program makes up the majority of LAO's expenditure, it is not evident that LAO has performed a full needs assessment of its entire client base and established whether changes to the mix between Client Services and Clinic Services are appropriate. LAO needs to look at how it can best meet the need of its target client group on a geographical basis. The demand and current supply environment has a very different profile in large urban centers such as Toronto, relative to smaller outlying communities. A geographic review would allow LAO to identify synergies across its own services as well as those provided by other social service organizations. It could then strategize on how best to maximize those synergies through a combination, of the following opportunities, none of which are mutually exclusive:

- Clinic board rationalization that would see fewer clinic boards overseeing the existing number of clinic locations in a specified geographic area
- Clinic amalgamation with fewer Executive Directors and more caseworkers to maximize service
- Co-location between LAO Clinics, Area Offices and / or other social service providers

The independent nature of the Clinic system is such that change is difficult for LAO to implement. Our hypothesis is that the simplest opportunity may exist between Clinic Services and Client Legal Services, which is based upon the assumption that the adoption of a "one-stop shopping" delivery model must inherently lead to cost savings. However, the notion of collaboration with industry partners across the province is a natural extension to this concept. LAO's client base is often the same client base that touches other municipal, provincial or federal social support services such as community health centres. As such, cost saving opportunities may exist by integrating service delivery across as many providers as possible.

It should be emphasized that the above concepts are not mutually exclusive or sequential. The key point is that, based on our review, LAO needs to actively investigate the integrated and collaborative service delivery options introduced above if it is to continue meeting service demands in a tight fiscal environment.

Test alternative models

In addition to the options identified above, LAO could develop and test alternative models with the objective of improving the affordability and sustainability of the program. Potential pilot projects include:

- Creating a staffed clinic law office, similar to the Family Law Office or the Refugee Law Office. Such a project would demonstrate whether poverty law services could be provided by LAO staff in a cost effective manner while meeting the needs of clients.
- Creating a combined office that provides not only clinic law services but also family law services. While the majority of the review focused on coordination between clinics, area offices and social service providers, there are other LAO programs that may serve the same clients as the clinics.
- Co-funding articling positions at private law firms.
- Providing "poverty law certificates" to cover service by private practitioners in areas that are underserved by the clinic program.
- Issuing block grants to private firms to offer "poverty law" services.

Improve Standards, Controls and Accountability over Clinics

While the QSO and the QAP have made some progress in assessing the performance of individual clinics and developing recommendations, LAO is still challenged to know whether Clinics are meeting performance expectations. The introduction of outcome measures would aid in this process.

While Clinics are inherently unique, it is incumbent upon them to become more transparent and accountable to LAO for the spending of public funds. This should not translate into clinic-by-clinic comparisons of case level metrics due to the variability of clinic activities. However, clinics need to define measurable objectives and report against them so that LAO establish service trends, which need to feed into the on-going planning and funding of the system.

Improved standards, controls and accountability will assist in identifying improvement areas for resource allocation which will ultimately lead to service improvements.

Centralize the Clinic System into LAO

While our review has clearly revealed the Clinic System's strong belief that independence from LAO is a critical strength and requirement, it can be questioned from an affordability and sustainability perspective. Although quantification of costs is beyond the scope of this study, there are undoubtedly higher costs that arise from operating 79 independent entities such as all costs associated with funding applications and board governance.

Decisions pertaining to service delivery and responding to client needs should be retained at a local level. However, it would be possible to maintain this strength of the current system from an "in house" model using advisory boards and steering committees to provide localized knowledge and input.

Although controversial, this concept should at least be retained as a possibility, not necessarily on a system-wide basis, as LAO seeks ways to optimize the allocation of resources across the clinic system and its other services.

Recommendations

This section summarizes the recommendations contained throughout the body of this report.

The Community Legal Clinic Program

1. The Community Legal Clinic Program is one that has evolved over several decades based on the legal needs of low income Ontarians in communities across the province. Shifts in demographics have changed the landscape of Ontario and as a result the number and location of clinics may no longer be aligned with the need for service in certain areas. Additionally there may be opportunities to reduce inefficiencies through board rationalization and enhance client service through co-located clinics. LAO should develop a five year plan to determine:
   1) The legal service needs by geography
   2) The optimal number and size clinics required to meet those needs
   3) Opportunities to rationalize clinic boards
   4) Opportunities to co-locate clinics and Area Offices
   5) Opportunities to co-locate clinics with other social service agencies
   6) Opportunities to establish centres of excellence in particular areas of clinic law

   LAO should also develop a business case to demonstrate how service will improve by implementing the initiatives outlined above. The business case should include potential transition costs that might be incurred if offices are closed down or amalgamated, for which additional funding would be required.

2. LAO, in collaboration with clinics, should develop a co-location change management plan that outlines challenges associated with co-locating offices and strategies that can be used by Executive Directors and Area Directors to mitigate potential operating and personnel issues.

3. LAO should mandate that clinics docket and report the time that it takes to conduct client service activities. LAO could use this information to analyze trends in variables such as the average cost to serve a client by type of service provided. Additionally this information could be used by clinics to make more informed decisions on how to allocate their time to various activities.

4. In order to increase the accountability of the clinics, LAO, in collaboration with the clinics, should define program outcome measures. Clinics should report on these outcome measures on a periodic basis and they should form an important component of the funding application and strategic planning process. LAO should also require that the clinics report on client service measures related to access, timeliness, and client feedback. Potential outcome measures need to cover case outcomes, public legal education, law reform activities and client satisfaction. These outcome measures will also assist in determining which clinic services (i.e., case work, public legal education etc.) are most effective at meeting client needs.

   In addition to implementing outcome measures, periodic peer reviews of clinic Executive Directors should be required. Peer reviews could be conducted by an Executive Director of another clinic or an objective, independent, qualified third party.

5. LAO, in collaboration with the clinics should determine the most cost effective mix of lawyers, Community Legal Workers and support staff that is required to serve a certain number of clients. This will ensure that the most cost effective mix of resources is being used.

6. LAO should continue to analyze trends in the number of cases opened and closed so that it can establish benchmarks. In the future LAO could use this information to analyze anomalies in output on a per clinic basis.

7. Given that LAO and clinics are often involved in lengthy consultations, LAO and clinics should streamline the consultation process so that key initiatives such as client service measures and the new compensation model can be implemented in a more timely manner. LAO and the clinics should consider the possibility of setting up a clinic task force/committee that is responsible for presenting the views of the clinics at a system level in order to reduce the volume of

consultations. Alternatively, LAO could engage the Association of Community Legal Clinics to assist, as it has in the past, with the presentation of a single view on behalf of the clinics. While the onus of this recommendation is on LAO, the clinics need to take responsibility for proactive change for the betterment of the system as a whole. The current relationship with LAO is such that the clinics look to LAO for corporate support when it suits their purposes but avoid it in other situations. This is another example of indirect costs of the current service delivery model.

8. Given increasing pressures for translation and interpretation services, LAO should analyze the demand for these services and determine the cost versus benefit of:
   1) providing a centralized translation/interpretation service;
   2) maintaining the current practices (i.e., incurring disbursements on a case by case basis); and
   3) adding new specialty language clinics.

9. Given that a number of clinic boards are struggling with their human resources and financial oversight roles, the Provincial Learning Advisory Committee should allocate additional resources to training in this area since it would benefit the entire program. However, in order to maintain its role as a funder, LAO should ensure that it does not become involved in specific operational matters which are the responsibility of the clinics and/or their boards. It is important that LAO retains its focus on areas that drive efficiencies at a system level such as the delivery of centralized services.

10. Clinics should formally monitor requests for service in particular areas of law and the number of people that are denied service. If this information existed clinics would have a better sense of the number of clients they are turning away for specific types of service. The ability to track this information should be included as one of the functional requirements of the clinics' information management system.

11. LAO, in collaboration with clinics, should conduct a study to investigate the number, nature and location of people who fail to meet the financial eligibility test in order to determine the extent of actual need in order to improve access to justice. Before changes are made to the financial or eligibility criteria, LAO must study the financial and operational implications since any changes to the eligibility criteria could have a significant impact on the overall cost of the program. Such a study would allow LAO to determine whether or not to reduce, expand, maintain or slightly modify certain components of the eligibility criteria in order to provide enhanced or reduced service to its target client group.

12. A formalized review cycle should be developed for potentially changing the eligibility criteria and thresholds. Such a cycle could then be incorporated into the forecasting process as well as communicated to target client groups. Before changes are made to the financial eligibility criteria, LAO must study the financial and operational implications since any changes to the eligibility criteria could have a significant impact on the overall cost of the program. Such a study would allow LAO to determine whether or not to reduce, expand, maintain or slightly modify certain components of the eligibility criteria in order to provide enhanced or reduced service to its target client group

13. If it is determined that it is cost effective, LAO should move the clinic system to a common outsourced payroll provider. LAO could facilitate an additional contract with its own provider (Ceridian) on behalf of the clinics.

Student Legal Aid Services Societies

14. SLASS should be encouraged to standardize tracking mechanisms to ensure consistency of data across the system in order to accurately gauge the level of service provided. SLASS should standardize a uniform set of quality guidelines relating to service across SLASS so that clients get equal service across the province. Guidelines should also include standardized follow-up surveys with clients. Credible data sources, such as these, will help facilitate strategic planning and other priorities. SLASS would benefit from a formal strategic planning exercise that provides the opportunity to clarify their goals and direction as a system.

15. SLASS could benefit by increasing collaboration with other service providers. SLASS should ensure that formal procedures are in place with Area Offices to monitor whether SLASS clients are not already eligible for certificates. SLASS can also leverage their position within the academic community by establishing links with other faculties to minimize disbursements. SLASS should

increase collaboration with Community Legal Clinics in the same catchment area to minimize duplication of services. Concurrently, LAO could examine the possibility of a co-director model between the SLASS and the local clinic.

16. LAO should investigate the benefit of entering into a funding arrangement with the SLASS to ensure that each SLASS has at least one articling student on staff at all times. An articling student could fill some of the gaps in services when students are unavailable. SLASS should also seek to engage volunteers for a three-year term to mitigate the continuity challenges associated with student agents and their clients.

Clinic Services Office

17. The Clinic Services Office (CSO) needs to clarify to the clinics the scope of its role and consider the costs and benefits to the clinics of the services that it can offer. In particular, the CSO should communicate the type and level of HR and IT support that it can provide to the clinics. The CSO, in conjunction with the QSO, should also attempt to address some of the needs surrounding Board policies and better practices.

18. The CSO staff should docket their time and track services, in order to accurately gauge the time spent rendering services to the clinic system. Benchmarking, along with a re-evaluation of its own client service measures would help to ensure that it meets the expectations of the clinics.

19. The CSO should strive to maintain its current staff complement in order to improve delivery to the clinics and strengthen relationships among CSO staff, LAO and the clinics.

Clinic Resource Office

20. The Clinic Resource Office (CRO) is a well respected and well received department within LAO. The CRO should identify emerging areas of clinic law and (where applicable) develop new training courses by leveraging the expertise of specialty clinics in order to respond to the emerging needs of the clinic system.

21. The CRO should ensure that a proper statistics tracking mechanism is in place for the new website. Tracking statistics would allow the CRO to evaluate trend analysis and page utilization so that the site can be kept up to date and relevant.

Quality Service Office

22. The Quality Service Office (QSO) must find a balance between the current expectations of the clinics and its new responsibilities associated with managing quality throughout LAO. The QSO can increase its profile by indicating to clinics, perhaps through a quarterly newsletter, why, when and for what services the QSO can be contacted. The QSO should also develop a cost-effective quality assurance program for the clinic system that has a shorter life cycle so that quality measures remain relevant.

23. The QSO in conjunction with LAO management must internally manage priorities, progress and consultation in order to minimize the length of time it takes to complete projects for the clinics. Current timelines are too long. To this end, LAO should ensure that the Director position remains stable going forward to ensure timely delivery of products and services for the clinic system.

Facilities and Leasing

24. Facilities and Leasing should engage the clinic system in a collaborative process that redefines the criteria under which F&L makes decisions on location, leases and renovations. This would help to improve clinic satisfaction with the F&L department. F&L can improve its working relationship with clinics if it adopts client service measures that promote:
    1) Responses to inquires within 48 hours; and
    2) Empowering clinics by indicating next steps so that clinics can prepare in the interim.

    In this way, clinic staff would be more engaged in the process at an earlier stage, thereby jointly promoting creative, cost-effective solutions.

Information Technology

25. The Provincial Learning Advisory Committee should examine the delivery of more staff training by IT using different teaching methodologies to minimize the number of service desk calls related to applications. IT should also investigate regional service delivery models within the Justice IT cluster to assess whether strategic partnerships with LAO can be formed.

26. IT should evaluate the current effectiveness of HEAT as monitoring software. HEAT does not appropriately track inquiries. In order to consistently deliver high quality service, IT should collaborate with the QSO to develop new internal SLAs as the current SLAs are not attainable.

27. LAO should develop a hardware replacement plan for the clinics using a variable 3-year time horizon. New hardware costs are offset by decreased annual service costs to aging systems. To this end, IT should investigate the feasibility of a hardware leasing program for the clinics.

28. LAO should evaluate the clinics' concerns with CMT to ensure that those errors are not repeated if a new information management system is implemented. During the implementation, LAO should take the opportunity to support the simultaneous implementation of Microsoft Outlook to replace the current, less effective email client in clinics. Training should be comprehensive and include:
    1. Set training dates with longer time horizons so more users can plan around the event;
    2. Offer on-site training, where available; and
    3. Where user-friendly learning modules are delivered on-line, provide a duplicate electronic copy to every clinic as a reference point for future requests.

29. LAO should ensure that its new information management system has the functionality to address the gaps in data that have been identified throughout the report. Specifically the system should be capable of:
    1. Capturing time spent on various client service activities
    2. Recording requests for service in particular areas of law
    3. Recording the number of people that are denied service
    4. Recording the name/type of organizations that clients are referred to
    5. Recording program outcomes

Human Resources

30. Human Resources (HR) should work to update the clinic office managers on a periodic basis regarding the benefits and RRSP plans because most staff are unaware of benefit levels and plan performance. This would alleviate the information disconnect that currently exists.

31. HR could operate more efficiently by designing a 'new hire module' for the clinics that would minimize the need for direct contact with HR. Given the number of annual terminations, HR (in conjunction with the CSO) should explore the adequacy of the contingency funds that clinics currently have to manage severance costs.

Appendix A – List of Participants

As part of the Program Evaluation of the Community Legal Clinic and Student Legal Aid Services Societies program evaluation, the following people were interviewed either on a one on one basis or during a focus group session:

	Name	Organization	Title
1	Bruce Best	Advocacy Centre for Tenants - Ontario (ACTO)	Staff lawyer
2	Camellia Mohammed	Advocacy Centre for Tenants - Ontario (ACTO)	Administrative Assistant, TDC
3	Evelyn Shore	Advocacy Centre for Tenants - Ontario (ACTO)	Co-Chairperson
4	Julia McNally	Advocacy Centre for Tenants - Ontario (ACTO)	Provincial Co-ordinator Tenant Duty Counsel (TDC) and Legal Director
5	Julie Wolfe	Advocacy Centre for Tenants - Ontario (ACTO)	Co-Chairperson
6	Kathy Laird	Advocacy Centre for Tenants - Ontario (ACTO)	Director of Legal Services
7	Mary Todorow	Advocacy Centre for Tenants - Ontario (ACTO)	Policy Analyst
8	Nancy Chisholm	Advocacy Centre for Tenants - Ontario (ACTO)	Director of Administration
9	Toby Young	Advocacy Centre for Tenants - Ontario (ACTO)	Staff Lawyer
10	Jenny Gullen	Association of Community Legal Clinics of Ontario	Co-chair ACLCO Executive
11	John MacKinnon	Association of Community Legal Clinics of Ontario	Co-chair ACLCO Executive
12	Lenny Abramowicz	Association of Community Legal Clinics of Ontario (ACLCO)	Executive Director
13	John Hodgins	Australia: National Legal Aid	CEO, Legal Aid Queensland
14	Aissa Nauhoo	Centre medico-social communautaire de Toronto	Staff Lawyer
15	Fatouma Coulibaly	Centre medico-social communautaire de Toronto	Office Manager
16	Jacques Roy	Centre medico-social communautaire de Toronto	Executive Director
17	Jean-Gilles Pelletier	Centre medico-social communautaire de Toronto	Executive Director
18	Lisa Marie Baudry	Centre medico-social communautaire de Toronto	Board Chair
19	Ngalula Kalunda	Centre medico-social communautaire de Toronto	C.L.W.
20	Christina Pangos	Community and Legal Aid Services Program	Summer Students
21	Dean Patrick Monahan	Community and Legal Aid Services Program	Dean, Faculty of Law
22	Glenn Stuart	Community and Legal Aid Services Program	Executive Director
23	Karen Frackelton	Community and Legal Aid Services Program	Support staff
24	Lora Patton	Community and Legal Aid Services Program	Review Counsel
25	Megan Marrie	Community and Legal Aid Services Program	Summer Students
26	Nahal Tolia	Community and Legal Aid Services Program	Summer Students

	Name	Organization	Title
27	Andrew Bolter	Community Legal Assistance Sarnia	Executive Director
28	Carol Smith	Community Legal Education Ontario	Former chairperson
29	Caroline Lindberg	Community Legal Education Ontario	Staff Lawyer
30	Diana Vazquez	Community Legal Education Ontario	Project Co-ordinator
31	Julie Mathews	Community Legal Education Ontario	Executive Director
32	Ken Stauffer	Community Legal Education Ontario	Office Manager
33	Marnie MacKinnon	Community Legal Education Ontario	Chairperson
34	Cathy Duignan	Durham Community Legal Clinic	C.L.W.
35	John Lewis	Durham Community Legal Clinic	Board President
36	Lavinia Inbar	Durham Community Legal Clinic	Staff Lawyer
37	Lisa Petit	Durham Community Legal Clinic	Support
38	Patti Ashbridge	Durham Community Legal Clinic	Office Manager
39	Rhonda VanderLinde	Durham Community Legal Clinic	C.L.W.
40	Elena Dempsey	Elgin-Oxford Legal Clinic	Staff Lawyer
41	Jack Hedges	Elgin-Oxford Legal Clinic	Board Member – Treasurer
42	James Szpytman	Elgin-Oxford Legal Clinic	Staff Lawyer
43	Karen Schmidt	Elgin-Oxford Legal Clinic	C.L.W.
44	Ken Brooks	Elgin-Oxford Legal Clinic	Executive Director
45	Laura Campbell	Elgin-Oxford Legal Clinic	Office Manager
46	Carol McGregor	Injured Workers' Consultants	C.L.W.
47	Constanza Duran	Injured Workers' Consultants	C.L.W.
48	John MacKinnon	Injured Workers' Consultants	Executive Director
49	Marion Endicott	Injured Workers' Consultants	C.L.W.
50	Orlando Buonstella	Injured Workers' Consultants	C.L.W.
51	Patricia O'Reilly	Injured Workers' Consultants	Staff Lawyer
52	Peter Bird	Injured Workers' Consultants	Chairperson
53	Rebecca Lok	Injured Workers' Consultants	C.L.W.
54	Jennifer Carten	Kenora Community Legal Clinic	Executive Director/Area Director
55	Jana Mills	Kingston Community Legal Clinic	Staff Lawyer
56	John Done	Kingston Community Legal Clinic	Executive Director
57	Kimberly Lonsdale	Kingston Community Legal Clinic	Support
58	Valerie Dunbar	Kingston Community Legal Clinic	Office Manager
59	Angela Longo	Legal Aid Ontario	President and CEO
60	Anthony Schatzky	Legal Aid Ontario	Clinic Services Advisor
61	Chris Bennet	Legal Aid Ontario	HR Administrator
62	Coreen Lapointe	Legal Aid Ontario	Clinic Services Advisor
63	Dave Vanstone	Legal Aid Ontario	Director, Facilities and Leasing
64	Garth Dee	Legal Aid Ontario	Director - Clinic Resources Office (CRO)
65	George Biggar	Legal Aid Ontario	Vice President, Policy, Planning and External Relation
66	Janet Budgell	Legal Aid Ontario	CAST Team Leader
67	Jawaad Kassab	Legal Aid Ontario	Staff Lawyer, Quality Services Office
68	Leslie Howard	Legal Aid Ontario	CIO
69	Michelle Seguin	Legal Aid Ontario	Vice President, Finance and Corporate Services
70	Nicola Mulima	Legal Aid Ontario	Clinic Services Advisor
71	Patrice Nadeau	Legal Aid Ontario	Manager, Business Analysis
72	Randall Ellsworth	Legal Aid Ontario	Director - Clinic Services Office (CSO)
73	Sharmaine Hall	Legal Aid Ontario	Clinic Services Advisor

	Name	Organization	Title
74	Sherry Cameron-Stobie	Legal Aid Ontario	Director, Quality Services Office
75	Sue McCaffrey	Legal Aid Ontario	Vice President, Clinics and Special Services
76	Susan Eagle	Legal Aid Ontario	Chair, Clinic Law Advisory Committee
77	Wayne Brown	Legal Aid Ontario	CSO Financial Analyst
78	Derry Millar	Legal Aid Ontario - Board of Directors	Chair, Clinic Committee
79	Gordon Wolfe	Legal Aid Ontario - Board of Directors	Interim Chair
80	Honourable Sidney B. Linden	Legal Aid Ontario - Board of Directors	Former Board Chair
81	Peter Radley	Legal Aid Ontario - Kingston Area Office	Area Director
82	Peter Amenta	Ministry of Community and Social Services	Manager, Employment and Income Support Policy Unit
83	Elizabeth Patterson	Ministry of the Attorney General	ADAG Family Services Division
84	Gerard Laarhuis	Ministry of the Attorney General	Assistant Crown Attorney
85	Janet E Minor	Ministry of the Attorney General	General Counsel, Constitutional Law Branch
86	Mark Leach	Ministry of the Attorney General	Director, Policy Branch
87	Marsha Greenfield	Ministry of the Attorney General	Chair, Criminal Injuries Compensation Board
88	Nancy Austin	Ministry of the Attorney General	ADAG Legal Services Division
89	Marion Boyd	Ministry of the Attorney General	Board Member - Criminal Injuries Compensation Board
90	Carol Kiley	Ontario Rental Housing Tribunal	Dir., Rent Control Transition Unit, Min. of Municipal Affairs and Housing
91	Amarna Moscote	Parkdale Community Legal Services	C.L.W.
92	Amuna Baraka-Clarke	Parkdale Community Legal Services	Office Manager
93	Bart Poesiat	Parkdale Community Legal Services	C.L.W.
94	Christine Lund	Parkdale Community Legal Services	Articling Student
95	Cynthia Pay	Parkdale Community Legal Services	Staff Lawyer
96	Deborah Hanna	Parkdale Community Legal Services	Support
97	Dorothy Leatch	Parkdale Community Legal Services	Support
98	Elinor Mahoney	Parkdale Community Legal Services	C.L.W.
99	Elisabeth Bruckman	Parkdale Community Legal Services	Staff Lawyer
100	Geri Sadoway	Parkdale Community Legal Services	Staff Lawyer
101	Irina Ceric	Parkdale Community Legal Services	Co-Chairperson
102	Joanna Shaw	Parkdale Community Legal Services	Articling Student
103	Judith Johnson	Parkdale Community Legal Services	Support
104	Kevin Smith	Parkdale Community Legal Services	Executive Director
105	Linda Newton	Parkdale Community Legal Services	Support
106	Marlene Hornberger	Parkdale Community Legal Services	Support
107	Mary Gellately	Parkdale Community Legal Services	C.L.W.
108	Peggy-Gail Dehal-Ramson	Parkdale Community Legal Services	C.L.W.
109	Phyllis Abrahams	Parkdale Community Legal Services	Staff Lawyer
110	Rose Nabwire	Parkdale Community Legal Services	Support
111	Raj Anand	Private bar lawyers	Partner, Weir Foulds LLP
112	Susan Wilson	Queen's Legal Aid	Office Manager
113	Virginia Bartley	Queen's Legal Aid	Senior Review Counsel
114	Joanne Leatch	Social Benefits Tribunal	Manager, Legal Services

	Name	Organization	Title
115	Elizabeth Kvaltin	Sudbury Community Legal Clinic	Office Manager
116	Gabriel Cormier	Sudbury Community Legal Clinic	Staff Lawyer
117	Jim Arenburg	Sudbury Community Legal Clinic	Executive Director
118	Kim Morris	Sudbury Community Legal Clinic	Board Vice-Chairperson
119	Raymonde Gerow	Sudbury Community Legal Clinic	Support Staff
120	Vivianne Baronette	Sudbury Community Legal Clinic	Support Staff
121	William Freeland	Sudbury Community Legal Clinic	C.L.W.
122	Sue Cox	Toronto Daily Bread Food Bank	Executive Director
123	Roger Hamilton	United Kingdom: Legal Services Commission	Policy and Legal Director

Appendix B – Survey Profile

A thirty-question survey was developed in order to assess the clinics' use of, value and satisfaction with the following services: the QSO, the CRO, the CSO, IT, HR and the Facilities and Leasing department. Each survey concluded with questions regarding the respondent's demographic profile.

The survey was conducted through an on-line provider, Confirmit, and was accessible to each of the 79 clinics from July 7, 2004 until July 16, 2004. Clinic Executive Directors were invited to complete the survey. Only one response per clinic was counted.

In total, 56 responses were submitted. Survey results below provide indicators regarding the robustness of the sample data.

Profile Criteria	Category	Respondents	Share of Respondents (%)*
Specialty vs. General Clinic	General	38	70%
	Specialty	16	30%
Geographic Distribution	East	11	20%
	North	6	11%
	Southwest	13	24%
	Toronto	24	44%
Staff size	Less than 5	8	15%
	Between 5 and 7	31	57%
	Greater than 7	15	28%
Satellite offices	Have Satellites	20	37%
	None	34	63%
Unionized or collective agreement in place	Unionized/CBA	13	24%
	None	41	76%
* While every respondent completed this section, the individual percentages may not add up to 100% due to rounding.			

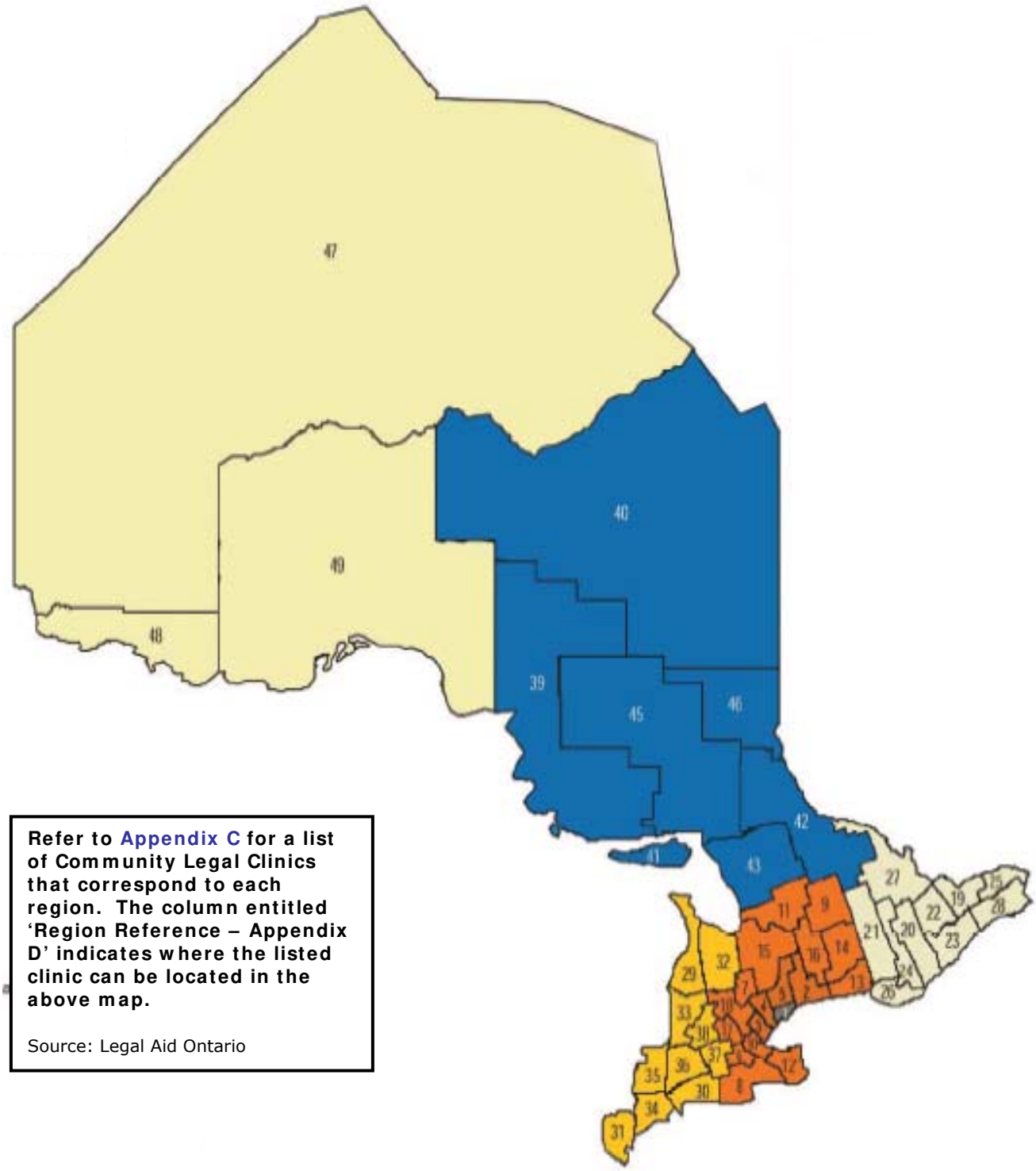
Appendix C – List of Ontario Community Legal Clinics

	Clinic Type	Region	Clinic Name	Region Reference – Appendix D
1	General	Algoma	Algoma Community Legal Clinic	39
2	General	Algoma	Elliot Lake & North Shore Community Legal Clinic	39
3	General	Brant	Community Legal Clinic - Brant, Haldimand, Norfolk	6
4	General	Cochrane	Clinique Juridique Grand Nord Legal Clinic	40
5	General	Cochrane	Keewaytinok Native Legal Services	40
6	General	District Of Rainy River	Rainy River District Community Legal Clinic	48
7	General	Durham	Durham Community Legal Clinic	2
8	General	Elgin, Oxford	Elgin-Oxford Legal Clinic	30
9	General	Essex	Legal Assistance Of Windsor	31
10	General	Essex	Windsor/Essex Bilingual Legal Clinic	31
11	General	Frontenac	Kingston Community Legal Clinic	20
12	General	Frontenac	Rural Legal Services	20
13	General	Grey, Bruce	Grey-Bruce Community Legal Clinic	32
14	General	Halton	Halton Community Legal Services	3
15	General	Hastings & Prince Edward	Hastings Prince Edward Legal Services	21
16	General	Kenora	Kenora Community Legal Clinic	47
17	General	Kent	Chatham-Kent Legal Clinic	34
18	General	Lambton	Community Legal Assistance Sarnia	35
19	General	Lanark	Lanark, Leeds And Grenville Legal Clinic	22
20	General	Manitoulin & Sudbury	Manitoulin Legal Clinic	41
21	General	Manitoulin & Sudbury	Sudbury Community Legal Clinic	45
22	General	Middlesex	Neighbourhood Legal Services Inc.	36
23	General	Muskoka	Lake Country Community Legal Clinic	11
24	General	Niagara North	Niagara North Community Legal Assistance	12
25	General	Niagara South	Community Legal Services Of Niagara South	12
26	General	Nipissing	Nipissing Community Legal Clinic	42
27	General	Northumberland	Northumberland Community Legal Centre	13
28	General	Ottawa-Carleton	Clinique Juridique Francophone De l'Est d'Ottawa	19
29	General	Ottawa-Carleton	Community Legal Services (Ottawa-Carleton)	19
30	General	Ottawa-Carleton	South Ottawa Community Legal Services	19
31	General	Ottawa-Carleton	West End Legal Services	19
32	General	Peel	Mississauga Community Legal Services	4
33	General	Peel	North Peel & Dufferin Community Legal Services	4
34	General	Perth	Huron-Perth Legal Clinic	38
35	General	Peterborough	Peterborough Community Legal Centre	14
36	General	Prescott & Russell	Clinique Juridique Populaire De Prescott Et Russell	25
37	General	Renfrew	Renfrew County Legal Clinic	27

	Clinic Type	Region	Clinic Name	Region Reference – Appendix D
38	General	Simcoe	Community Legal Clinic - Simcoe, Haliburton, Kawartha Lakes	15
39	General	Stormont, Dundas & Glengarry	Clinique Juridique Stormont, Dundas And Glengarry Legal Clinic	28
40	General	Temiskaming, Cochrane	Timmins-Temiskaming Community Legal Clinic	40
41	General	Thunder Bay	Kinna-Aweya Legal Clinic	49
42	General	Toronto	CMSC French Legal Aid Services	1
43	General	Toronto	Downsview Community Legal Services	1
44	General	Toronto	East Toronto Community Legal Services	1
45	General	Toronto	Flemingdon Community Legal Services	1
46	General	Toronto	Jane Finch Community Legal Services	1
47	General	Toronto	Kensington-Bellwoods Community Legal Services	1
48	General	Toronto	Neighbourhood Legal Services	1
49	General	Toronto	Parkdale Community Legal Services Inc.	1
50	General	Toronto	Rexdale Community Legal Clinic	1
51	General	Toronto	Scarborough Community Legal Services 695 Markham Road	1
52	General	Toronto	South Etobicoke Community Legal Service	1
53	General	Toronto	West Scarborough Community Legal Services	1
54	General	Toronto	West Toronto Community Legal Services	1
55	General	Toronto	Willowdale Community Legal Services	1
56	General	Toronto	York Community Services	1
57	General	Waterloo	Waterloo Region Community Legal Services	17
58	General	Wellington	Legal Clinic Of Guelph And Wellington County	18
59	General	Wentworth	Dundurn Community Legal Services	10
60	General	Wentworth	Hamilton Mountain Legal And Community Services	10
61	General	Wentworth	McQuesten Legal And Community Services	10
62	General	York	Community Legal Clinic Of York Region	5
63	Specialty	Frontenac	Correctional Law Project	20
64	Specialty	Toronto	Aboriginal Legal Services Of Toronto	1
65	Specialty	Toronto	Advocacy Centre For Tenants Ontario	1
66	Specialty	Toronto	Advocacy Centre For The Elderly	1
67	Specialty	Toronto	African Canadian Legal Clinic	1
68	Specialty	Toronto	ARCH - A Legal Resource Centre For Persons With Disabilities	1
69	Specialty	Toronto	Canadian Environmental Law Association	1
70	Specialty	Toronto	Centre For Spanish-Speaking Peoples	1
71	Specialty	Toronto	Community Legal Education Ontario	1
72	Specialty	Toronto	HIV And AIDS Legal Clinic (Ontario)	1
73	Specialty	Toronto	Income Security Advocacy Centre	1
74	Specialty	Toronto	Industrial Accident Victims Group Of Ontario	1
75	Specialty	Toronto	Injured Workers' Consultants	1
76	Specialty	Toronto	Justice For Children And Youth	1
77	Specialty	Toronto	Landlord's Self-Help Centre	1
78	Specialty	Toronto	Metro Toronto Chinese & Southeast Asian Legal Clinic	1
79	Specialty	Toronto	Toronto Workers' Health & Safety Legal Clinic	1

Source: Legal Aid Ontario, (http://www.legalaid.on.ca/)

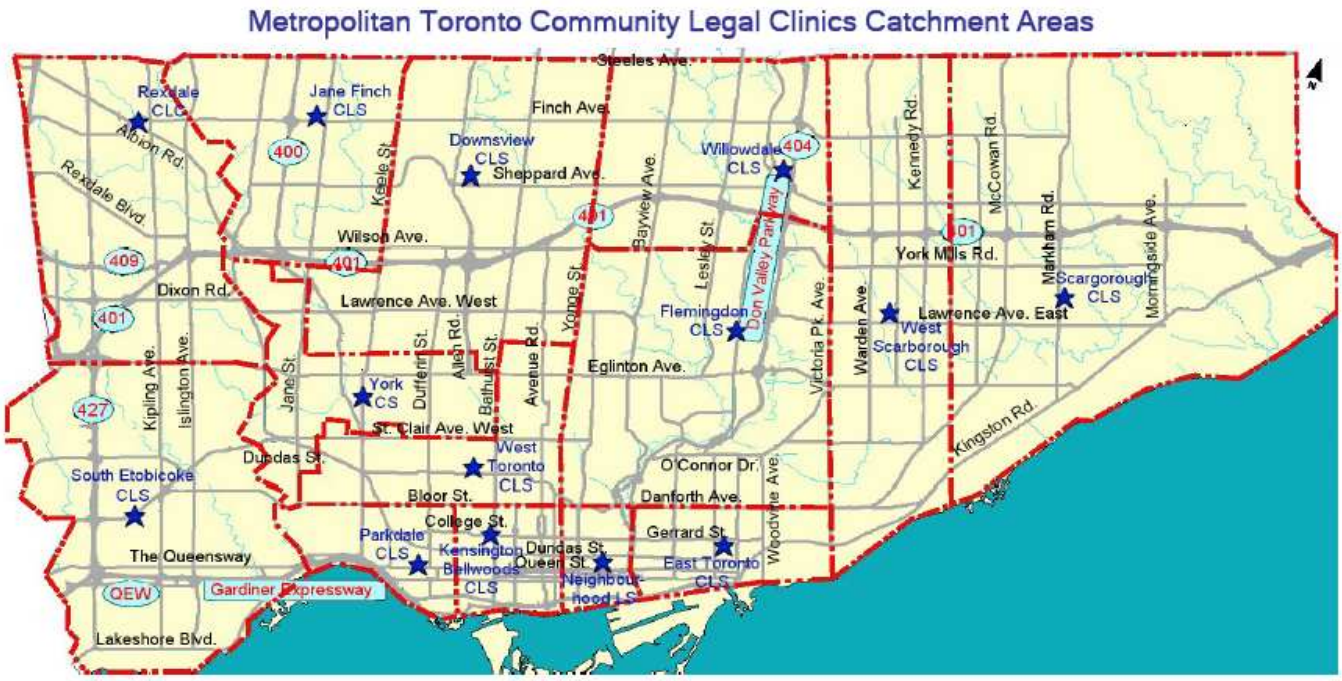
Appendix D– Ontario Regions



Refer to Appendix C for a list of Community Legal Clinics that correspond to each region. The column entitled 'Region Reference – Appendix D' indicates where the listed clinic can be located in the above map.

Source: Legal Aid Ontario

Appendix E –Toronto Community Legal Clinics



Source: Legal Aid Ontario

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