Legal Secondary Consultation:

How Legal Aid Can Support Communities and Expand Access to Justice

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Executive Summary

Legal secondary consultation (LSC) is an innovative mode of legal aid delivery in which a lawyer, licensed paralegal or experienced legal worker in a legal aid clinic provides one-on-one advice to a service provider in a social services agency or a community organization, assisting the provider to resolve problems for clients seeking help. The individuals experiencing problems do not become direct legal aid clients unless the LSC advisor decides on a referral to the 76 community legal clinics.

Legal secondary consultation is a promising addition to legal aid delivery for two fundamental reasons.

The first is what we now know about the nature of legal problems and legal need. Legal problems are integral parts of ordinary, everyday problems that people experience. Legal problems are, therefore, far more prevalent than looking through the lens of the formal justice system would indicate. A large segment of legal need hides in plain sight in the normal adversity of people's daily lives. This is partly because legal problems are aspects of the normal problems of everyday living. Also, they are often parts of inter-related clusters of legal and non-legal problems. In addition, people generally do not recognize legal problems or the legal aspects of other problems and, therefore, do not take appropriate action.

Although they may not recognize the legal aspects of everyday problems, people know when they have a problem. Disadvantaged people go to a variety of government service agencies and non-governmental organizations within the community for help with problems they are experiencing. These are places where legal need can be found.

Second, there is a wide gap between the resources available for legal aid to deal with the legal problems of the poor and the extent

of their legal need. As our understanding of the nature and extent of legal need and the complexity of meeting that need has changed over the past two decades, it is generally accepted that the access-to-justice gap is much greater and more difficult to address than previously realized. This understanding has come about largely as a result of legal problems research in Canada and elsewhere that took what is often called the justiciable problems or the everyday legal problems approach, which has reframed the access problem. Finding new and cost-effective ways to provide people with the legal help they need is more urgent than ever. Partnering with community organizations and engaging community resources is one basic strategy to narrow the access-to-justice gap; legal secondary consultation is part of that overall strategy.

Community development strategies such as legal secondary consultation should be thought of as similar at a broad level to digital delivery approaches. However, in a fundamental way the two are quite different. Digital technologies can deliver service to extremely large populations, but may need initial large-scale and often expensive investments in technological infrastructure. However, they do not require the bricks-and-mortar infrastructure of more traditional approaches. Digital technologies are external to legal aid and can be applied to many areas of modern life. Applying digital technologies to legal aid may bring considerable benefits but, being an external force, they do not naturally connect with the fundamental objectives or elements of access to justice.

On the other hand, the "helping community" is at the core of community legal service. The everyday-problems approach to understanding legal needs draws legal aid close to social services

agencies and community associations that help people with everyday problems. Partnerships with community organizations that are being developed with service delivery approaches such as legal secondary consultation are at the core of community legal service. Legal clinic–community partnerships reflect the broad objectives of therapeutic justice, expressed in terms of outreach to identify people with legal problems and holistic and integrated services to deal with them. Legal secondary consultation is intrinsic to community legal service and a part of its evolution.

The Legal Secondary Consultation (LSC) Project reviewed in this report was carried out in three community legal clinics in the Southwestern Ontario: Halton Community Legal Services; the Community Legal Clinic of Brant, Haldimand and Norfolk; and the Legal Clinic of Guelph and Wellington County. The evaluation covers a period from early September 2016 to mid-April 2017. The data supporting the report include interviews with LSC advisors in the three clinics, interviews with a sample of service providers in the community organizations that requested legal secondary consultations, and case notes compiled by the LSC advisors. In addition, a questionnaire to gather information about similar activities was completed by executive directors of 15 community legal clinics in the Southwestern Region of Ontario's community legal clinic system.

During the seven-month period, the three clinics received a total of 235 separate requests for legal secondary consultation from service providers in 103 community organizations. Thus, approximately 235 community agency clients[1] were helped by means of secondary consultations with agency service providers.

However, legal secondary consultation likely has a multiplier effect. One of the main objectives of the LSC approach is to improve the legal capability of service providers in community agencies. Interviews with several service providers indicated that they learn from legal secondary consultations, becoming more able to deal on their own with clients having similar problems. The extent of the multiplier effect is not known at this point. However, it can be expected to increase as LSC expands and to the extent that service providers' legal ability and community organizations' capacity to assist their clients increase. The multiplier effect is a part of building community capacity.

The interviews with service providers indicate that community partners universally value the program extremely highly. Service providers virtually all indicated that LSC has enabled them to serve clients better.

LSC is cost-effective and sustainable. The executive directors of all three clinics indicated that implementing legal secondary consultation did not require substantial additional funds or incur additional ongoing costs. Secondary consultations involve mainly telephone or e-mail communication between the LSC advisor and the service provider. There is no legal aid intake process and no direct service. Interviews with the external service providers indicated that the consultations take between 10 and 30 minutes. LSC is a very small investment by the clinic in resolving legal problems and building community capacity. For the community agencies, the LSC service contributes substantially to the quality of their work but costs them nothing above normal operating expenses. On the surface, this appears to be a promising formula for the sustainability and growth of legal secondary consultation.

LSC provides legal help to people who probably would not otherwise seek assistance from a legal aid clinic. Service providers felt that the clients they helped would not likely seek legal help on their own. Further, they felt that many of their clients would be unlikely to follow up on their own with any action recommended to deal with their problem.

Legal secondary consultation is a part of an overall community development strategy to extend the reach of legal aid. LSC extends the boundaries by involving community agencies in functions that have traditionally been exclusive to legal service organizations. The requests from community organizations for legal secondary consultations are a way to identify unmet legal need. LSC involves community agencies and organizations in direct problem-solving that does not divide the legal and non-legal aspects of problems into separate silos.

Building relationships with community organizations for a variety of purposes has always been at the core of the community legal service movement. However, LSC is a distinctive and important step in its evolution, by involving community agencies more directly in traditional legal aid functions. It aims to increase the ca-

pacity of community organizations to resolve problems having legal aspects with advice from a legal aid clinic. It is now well known that many legal problems lie hidden in the everyday problems for which people seek help from a variety of social service agencies and community organizations. LSC is part of a community development strategy in legal aid that makes access to justice a dimension of community to an extent and in a concrete way that until now has not commonly existed.

There may be a risk in providing legal secondary advice to service providers acting as intermediaries: that intermediaries may not fully understand the advice and not incorporate it with complete accuracy in helping their clients. The lawyers providing LSC take this possibility into account and make risk management an integral aspect of providing advice. They do this by monitoring discussions with service providers and where necessary recommending that some clients should be referred to the legal clinic to receive direct service.

The community service providers are essential partners with the legal aid clinics in building pathways to justice for disadvantaged people.

Service providers bring something fundamentally important to the partnership with the legal clinics. They are trusted intermediaries: they have the confidence of their clients, who are often people with mental disabilities and other markers of social disadvantage that are barriers to accessing justice. The agency service providers have substantial knowledge of their clients' situations, enabling them, in partnership with legal aid, to provide a holistic and integrated service that might be difficult to achieve by legal aid alone. Along with effective outreach, holistic and integrated services are now widely accepted as fundamental elements of effective legal service. The community service providers are essential partners

with the legal aid clinics in building pathways to justice for disadvantaged people.

A promising, innovative project should be supported by ongoing research, addressing empirical questions that emerge as the project evolves. Better evidence should be developed on the degree to which LSC contributes to resolving problems and improving the lives of disadvantaged people. LSC appears to increase the legal ability of service providers, increasing their capacity to serve their clients.

Asked whether LSC resulted in improving their clients' lives, many service providers were unsure. This may be because contacts with clients do not involve follow-up, or because the ongoing contact they have may not provide sufficiently in-depth information for service providers to know of improvements with certainty. The primary purpose of legal secondary consultation is to support and improve the capacity of service providers. However, if this does not result in beneficial changes in the lives of the disadvantaged people they serve, there would be room for improvement in how LSC is applied. The partnership formed in the LSC process between the legal clinic and the service agencies and community organizations is one indivisible path to justice. The advice and information provided by the legal clinic to service providers cannot ignore the end result.

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Introduction

This report is an evaluation of a Legal Secondary Consultation Project being carried out in three community legal clinics in Southwestern Ontario, Canada: the Community Legal Clinic of Brant, Haldimand and Norfolk (Brant), in Brantford; the Legal Clinic of Guelph and Wellington County (Guelph), in Guelph; and Halton Community Legal Services (Halton), in Oakville. The three clinics, all within 100 kilometers to the southwest of Toronto, are independent community clinics in a network of 76 community legal clinics throughout Ontario funded mainly by Legal Aid Ontario. The Legal Secondary Consultation Project originated with the Halton clinic; Brant and Guelph joined with Halton early in the planning stages to carry out similar projects as a joint three-clinic initiative.

Legal secondary consultation (LSC) is an approach to identifying legal need and resolving legal problems by providing advice to service providers in community agencies and non-governmental organizations. LSC advisors respond to requests from service providers in community organizations, helping them better serve their own clients. LSC is intended to identify the legal aspects of these problems and to provide legal advice and information. However, given the interconnections between legal and non-legal issues in everyday problems, more general advice is often provided along with legal advice. This has the benefit of providing a truly integrated and holistic service. The service charter for legal secondary consultation posted on the Halton Community Legal Service web site describes the purposes of the program:[2]

- provide legal information and advice to non-legal professionals working for community social service agencies and organizations in Halton to support them to assist their clients with legal issues
- support community-based intermediaries using the Legal Health Check-Up[3]
- build the capacity and knowledge of community partners to recognize when their clients have legal problems
- expand legal services to the community that will directly benefit more clients and answer unmet client need

Brant and Guelph have not issued similar charters, but both subscribe to the Halton document.

The projects in the three clinics began during September 2016. The evaluation period was September 2016 to April 2017. At the time this report was prepared they were still operating.

Background

Legal secondary consultation addresses some long-standing problems in legal aid. Addressing the perennial problem of doing more with less or, at least, doing more with less-than-adequate resources, service providers have often used a metaphor involving medical care. This comes from the frequently invoked proposition that not every health problem requires the attention of a physician. In legal care, the parallel is that not every legal problem should need the services of a lawyer. In the medical world, the solution to stretching resources involves nurse practitioners and other health care professionals who do not require the level of training or come at the cost of physicians. In legal services, the medical-legal metaphor implies employing paralegals and community legal workers, working under the supervision of lawyers, to serve people with less serious legal problems—wherever the elusive dividing line between serious and less serious might be.

LSC as it is being developed in three community legal clinics in Southwestern Ontario is another approach to extending the reach of legal aid beyond its traditional human resources and financial limits. The project does this by advising service agencies in the community, assisting them to serve their own clients. Significantly, beyond assistance provided by legal workers supervised by lawyers within legal aid, this extends to assisting service providers in external organizations. This represents a strategy to expand the boundaries of legal aid, and by partnering with the community, to engage existing resources within community groups that have poverty reduction objectives broadly similar to those of legal aid.

The "doing more with less" problem has become increasingly acute in recent decades. This is because our understanding of the dimensions of access to legal services has been redefined and expanded, influenced by the results of contemporary legal problems research. This has occurred by shifting away from an exclusive focus on legal problems that are resolved in the formal justice system to the much larger landscape of the legal problems experienced by the public. The focus thus shifts to legal aspects of problems that are elements of many of the normal transactions and transitions of everyday life.

One of the main findings coming out of this body of research is that people often do not recognize their legal problems and therefore do not take appropriate action to deal with them.[4] This widespread lack of legal capability among the population has been documented in Canadian research. The 2014 Canadian Forum on Civil Justice Survey of Everyday Legal Problems and the Cost of Justice in Canada showed that about 40% of adult respondents did not recognize the seriousness of the legal problem they had experienced

when it first occurred, and 65% were completely unaware of the legal implications of the problem.[5]

There is reason to believe that providers in community service agencies and other organizations who are not legally trained are equally lacking in legal capability. Volunteered responses from respondents in the survey of service providers carried out as part of this study provide some confirmation of their lack of legal capability. Asked whether the LSC allowed service providers to serve their clients better, one respondent replied,

> *Yes, definitely. There are so many situations where I don't know the answer because it is legal.*
>
> **— Care navigator, North Halton Health Link**

Another service provider responded similarly:

> *Yes. I don't know everything about the law and legal ins and outs, and I think it gives me reassurance and validates the client knowing what is right and wrong whatever the situation is. There is legitimacy in the clinic talking about the legal problems.*
>
> **— Community navigator, Links2Care**

Legal secondary consultation may have an important role in dealing with problems that, for a variety of reasons, are unlikely come to the attention of the formal justice system or be resolved by it and, importantly, for which the front-line service providers in community agencies where people go for help may lack the legal capability to deal with them effectively. Also, service providers may play the role of trusted intermediaries with their clients. Because some clients of community service providers experience barriers of mistrust, mental disorders or emotional disturbance, they might not access legal help without being guided through a process involving the trusted intermediary.

From another perspective, because the landscape of legal problems and the complexity of meeting the public's legal needs have changed with the shift in focus toward everyday legal problems, the access-to-justice gap between services and resources has been redefined and substantially expanded. New approaches to meeting the legal needs of the poor must confront the expanding gap created by the absence of a substantial increase in resources and the greater scale of the task of meeting legal needs. Legal secondary consultation is one response to the growing access-to-justice gap.

Origins of Legal Secondary Consultation

There is a paucity of literature on legal secondary consultation, largely due to its being a relatively new concept and only recently identified with a specific name. Project evaluations in Australia and Canada have noted the value of medical-legal collaboration between lawyers and health care providers.[6] In early reports on a co-located medical-legal partnership in Bendigo in the state of Victoria, Australia, Curran describes a pattern that emerged of medical staff informally consulting the legal director about various issues in the provision of medical service. This developed into a regular process within the clinic that she termed secondary legal consultation.[7] In continuing research on the Bendigo project, Curran observed and documented the benefits of secondary legal consultations.[8]

The three Ontario clinics' approach to legal secondary consultation[9] represents a significant expansion of LSC in co-located medical-legal clinics. Compared with medical-legal partnerships, the present concept extends LSC to a variety of community services and other organizations, with legal staff at the clinics assisting both professionally trained and non-professional service providers, sometimes volunteers, in a range of organizations where people go for help with their everyday problems.

Expansion to a much greater range of community organizations and service agencies makes sense. People go to a variety of community services for help with problems, and there is a good chance that these problems have legal aspects. However, instead of only identifying the problems as with the legal health check-up (LHC) concept developed earlier,[10] legal secondary consultation provides assistance to service providers dealing with the problems at that point of contact without the person being assisted becoming a direct legal aid client. In this model, advice or information is provided to the organization, while the person remains the client of the community agency or organization. During the course of advising the service provider in the external organization, situations in which the external client requires direct legal assistance are identified and referred to the clinic.

Similar Projects in Ontario

Building relations with the communities they serve lies at the core of community legal services, and community legal clinics in Ontario have been building relationships with community groups for decades. It would be surprising if, out of that long and varied

experience, some activities resembling legal secondary consultation had not occurred. Assuming that innovations are rarely entirely original and completely without precedent, it would be even more unlikely that the same service delivery environment would not have developed activities with similarities to LSC.

To explore the possibility of antecedents and similar projects in order to better understand legal secondary consultation as the three-clinic project is developing it, 14 community legal clinics in Legal Aid Ontario's Southwestern Region that are participating in an evolving Legal Health Check-up (LHC) Project were asked if they currently or in the past had similar activities. After being introduced to the LSC concept at a learning lab presentation in which continuing developments in LHC were being discussed, the clinics were asked in a follow-up questionnaire whether they were currently or had been engaged in a similar activity. Discussion at the learning lab following the presentation suggested that most of if not all the clinics present had been carrying out what could be called secondary legal consultation. They welcomed the term to characterize their work with community partners.

In the questionnaire e-mailed to each executive director, clinics were asked to identify previous or current activities consistent with the following definition: a program in which a lawyer or other staff member at the clinic provides advice or information to an external organization in order to assist that organization to more effectively assist their clients. Thirteen of 14 clinics responded. Generally, the activities they reported did not distinguish broader consultation from the more narrow meaning of consultation as used in the present project. All the community legal clinics reported activities that had evolved over time with some similarity to LSC being developed in the Halton, Brant and Guelph clinics that, in retrospect, they would describe as legal secondary consultation. All described the activities as having first emerged years, even decades, ago as part of efforts to establish relationships with community partners. Some of the ways in which clinics described the character of these activities developed at their clinics were:

> *Arose from events designed to introduce the clinic to the community.*
>
> — Huron-Perth

> *General contacts between clinic staff and community organizations [aimed at] fostering community relations.*
>
> — Justice Niagara

Secondary legal consultation was frequently described as an expression of the commitment by clinics to provide public legal education (PLE) to the community

> *An expression of the clinic's PLE commitment.*
>
> — Chatham-Kent

> *Work closely with a number of organizations; developed close relationships to provide PLE to their staff and to advise them on specific issues; part of the clinic's PLE–law reform initiative.*
>
> — Sarnia

The number of organizations with which clinics maintain relationships varies widely. One clinic maintains a relationship with one community organization:

> *Work with a local community health care centre to improve services to clients who should be receiving ODSP [Ontario Disability Support Program] payments.*
>
> — North Peel Dufferin

Others may have connections with larger numbers of community groups, for example, about 20 in Chatham-Kent and more than 40 in London-Middlesex.

The frequency with which assistance is provided to organizations varies from daily in the Hamilton clinic to several times a year in Elgin-Oxford.

Some clinics pursue their own objectives similar to those of the three-clinic project, but do not assist individual clients. For example:

> *Ensure that organizations recognize legal problems and know where to refer clients.*
>
> —University of Western Ontario

In some clinics, approaches and objectives are closer to those of the pilot project in Halton, Brant and Guelph. Clearly, the basic ideas describing legal secondary consultation were present among community legal clinics in Ontario for some time as described by Curran in Australia.

> *It may be easier/better for the client to remain with the first line worker as opposed to having to make a trip to the clinic and an appointment.*
>
> — Waterloo

> *To assist organizations to more effectively assist their clients.*
>
> — Chatham-Kent

> *By providing this knowledge to agencies, they might resolve clients' legal issues without clinic involvement;*

to empower agency staff to provide basic legal advice to clients and resolve legal issues where possible, freeing up clinic time for other representation.

— London-Middlesex

The Southwestern Ontario clinics expressed varying degrees of caution and took different approaches regarding providing secondary advice ultimately intended for the clients of non-legally trained service providers.

> *If someone calls from an external organization, a caseworker is usually available to speak to the person and provide advice. If the client is with the support worker, we often have the support worker and client on conference call so we can talk to the client directly. If follow-up is needed, an appointment is usually scheduled.*
>
> — Grey Bruce

> *As part of our Indigenous Justice Project outreach, we have a dedicated lawyer who answers calls from Indigenous organizations (such as Metis Nations, SOHAC) and in emergencies (and on availability) can attend at the organization to meet with a client and support worker immediately. This is part of our objective to provide more holistic services to our Indigenous clients.*
>
> — Grey Bruce

> *We provide both information and advice. It can be provided on a 'hypothetical' basis where the facts are complicated and it would be better to deal directly with the client. We require written client consent for complex situations where we want to ensure we are not putting clients at risk, or where it is impossible to deal in hypotheticals.*
>
> — Hamilton

> *The link becomes too diffuse to control the conduct of a case when you have given someone a modicum of information; it takes quite a bit of specialized education followed by mentored experience to produce competent legal help and take that message to the end user. While we see great potential to having basic and accurate information – it is not a substitute for legal services when they are required. The more that the communication approaches "advice" the closer it comes to creating a greater responsibility to ensure accuracy of understanding and application.*
>
> — Huron-Perth

Building strong relationships with community partners is a defining feature of community legal clinics. What is recognized as legal secondary consultation has been carried out by clinics in a number of ways, in some cases for decades, and has usually evolved. In some clinics LSC is not considered a separate program but part of the overall community focus of the clinic. However, some aspects of the activities or programs in other clinics resemble the main elements of the Halton service charter. The three-clinic LSC project expresses similar ideas developed independently, at different times and in different places.

However, the LSC Project under review here differs substantially from the similar and antecedent projects. In the three-clinic project, LSC was developed deliberately and specifically to address unmet legal needs. Building community capacity is a strategy to make legal advice available to larger numbers of people in need. Relationships with community partners are the building blocks of a form of legal aid delivery that extends service beyond what would otherwise be possible with traditionally available resources. In previous activities, building relationships with community partners was as an end in itself, with activities having some similarities to LSC emerging.

Methodology and Data Sources

This study is based on four sources of data. For each clinic, a list of organizations requesting advice, the type of organization and the number of requests between September 2016 and April 2017 was compiled.

Six interviews were conducted with staff in the three clinics providing LSC advice: three respondents from Guelph, two from Brant and one from Halton. The interviews with staff from Brant and Guelph were conducted by telephone; the Halton interview was conducted in person.

Thirty-two service providers who had requested advice from the LSC advisors in the three clinics were interviewed. Ten interviews were conducted with service providers connected with Brant, 11 with Guelph and 11 with Halton. The Halton interview was conducted in person, the others by telephone.

Two hundred and sixty-seven case notes from the three clinics (109 from Guelph, 69 from Brant and 89 from Halton) were reviewed and entered in a database. Following each request for advice, the LSC advisors recorded the case notes describing the service provided. More than one case note was created for some requests involving multiple problems, although this was not a consistent practice. The case notes include information such as the subject of the

request, the requesting service provider and organization, number of problems, action taken and number of contacts.

Finally, as mentioned above, an e-mail questionnaire intended to identify similar projects and activities was sent to 14 community legal clinics in the Southwestern Ontario region. These clinics are participants in an ongoing dialogue about the continued development of the Legal Health Check-Up Project. Thirteen questionnaires were returned.

How LSC Works in the Three Clinics

Halton Community Legal Services

In Halton, one lawyer and one paralegal provide legal secondary consultation.[11] The lawyer responds to most of the requests. The program was launched on a preliminary basis in May 2016 and formally launched in the fall of that year. Community groups were informed about the new service by distribution of a poster announcing the program (Appendix One) and through announcements at public legal education sessions and other meetings with community groups.

The subject matter of LSC requests is not restricted. Community organizations are invited to request advice about any problems they are experiencing serving their own clients. The emphasis in the poster was that clients' everyday problems might have legal aspects, which the legal clinic would identify and advise the service provider on how to proceed. The primary focus is on supporting service providers in community agencies and other organizations that help people in need. However, service providers may ask about issues that pertain to their organization.

LSC at Halton is not a limited-time experiment, but an integral part of the clinic's evolving delivery model. Like the legal health check-up, it is part of a community development approach to legal aid that collaborates with community organizations, increasing their capacity to work with HCLS to address legal need.

The Legal Clinic of Guelph and Wellington County

The LSC service in Guelph is provided by three people: a lawyer, a paralegal and a trained legal worker with a focus on health issues. The service began in the fall of 2016 with e-mails announcing the new service to community groups.

There are separate outreach strategies within the LSC Project. One entry point is the health leads legal worker, who assists the most vulnerable clients in navigating the system and solving problems. She uses LSC to ensure that agencies supporting clients make timely and practical responses to legal issues related to problems such as sudden homelessness, eviction for rent arrears, and behaviour or income challenges. Second, all agencies supporting clients have priority access (immediately or the same day in most cases) to a lawyer or to a paralegal or legal worker to obtain advice regarding clients experiencing everyday legal issues. Third, the Ontario Telemedicine Network allows access to a paralegal one dedicated afternoon per week to answer questions from rural health teams to support their clients. Fourth, the legal health check-up worker in the clinic actively connects with support agencies in Wellington County, and immediately coordinates responses by phone or e-mail or through outreach clinics to give support workers access to legal information and assistance. The LHC worker also proactively contacts agencies that support youth in both urban and rural areas. There is also widespread awareness of the LSC service among community organizations, which results in requests for LSC consultations.

The model that the Guelph and Wellington clinic has adopted for legal secondary consultation emphasizes 1) integration with client supports through health centres and 2) rural clients, particularly youth. When the program was launched, agencies were made aware of the legal secondary consultation service by a concentrated e-mail campaign and through existing contacts with community organizations.

Community Legal Clinic of Brant, Haldimand and Norfolk

The LSC Project in Brant, which commenced in the fall of 2016, is formally called the Agency Consultation Program.[12] LSC service is provided by two lawyers, whose contact information is provided in all information about the service. Advice is available to community agencies relating to problems in all areas of law as well as non-legal problems.

To launch and advertise the new LSC service, Brant distributed a poster similar to Halton's (Appendix One). The LSC program was announced at group meetings with community-wide reach, such as the Brantford Executive Director Council and the Haldimand Norfolk Poverty Action Partnership. The community development worker at the clinic distributed the poster to all her contacts in Brant, Haldimand and Norfolk, met with some agencies that they work directly with, and explained the LSC. Initially Brant focused on agencies with which the clinic regularly networked, although the number of organizations using the service expanded as the program became more widely known.

Community Organizations Requesting LSC Advice

From the time the three clinics began providing the LSC service, requests for advice have been received from 103 community organizations. Service providers from some of the organizations made multiple requests for advice. Together, service providers made 235 requests for advice to help them serve their clients.

Table I: Requests for Service

	Organizations	Requests for consultations	Case notes created
Halton	36	89	89
Brant	28	48	69
Guelph	39	98	109
Total	103	235	267

In Brant and Guelph, case notes were sometimes created for separate problems when the request involved multiple problems.

The data cover slightly different periods for the three clinics: 150 business days for Halton, 153 days for Guelph and 159 for Brant. For simplicity, the average number of requests for consultations per month and for the entire period are calculated on the basis of seven months.

Halton

During approximately seven months between September 20, 2016, and April 24, 2017, the LSC service at Halton received 89 requests for advice from 36 different organizations. This represents an average of 12.7 requests per month and 2.5 requests per organization over the entire period.

Health care providers submitted the largest number of requests. Overall 20 requests for advice came from five health care agencies, including 10 from one agency, the North Halton Health Link, and six requests from the Canadian Mental Health Association (CMHA).

The second largest area of requests was from agencies dealing with housing problems. Five community organizations that assist people with housing made a total of 15 requests for advice, the majority by two organizations. The Housing Help Centre made six requests and Summit Housing five requests.

Apart from the major users, requests to the Halton LSC service came from a large variety of organizations, including a women's support organization, Halton police, a multicultural services agency, church-based charitable organizations and an organization assisting Syrian refugees.

The service charter referred to above (endnote 2) indicates that the LSC service is intended to support the legal health check-up. This emphasizes that both the LSC and LHC services are mutually reinforcing programs to build a collaborative, community-based approach to legal aid in which the community partners are engaged with the legal clinic in delivering legal aid. It is difficult with the available data to gauge the extent of the mutual reinforcement. The LHC has expanded well beyond the original seven partner intermediary organizations. Four of the seven original LHC intermediary partners are among the 36 organizations requesting LSC services. This is a strong indication of the degree to which the LSC has diffused throughout service providers in the community.

Brant

Between September 6, 2016, and April 13, 2017, Brant provided LSC advice to 28 separate organizations. There were 48 separate requests from the 28 community agencies, an average of 1.7 requests per organization and 6.9 per month averaged over the entire period. Similar to Halton, requests to Brant for LSC advice came from a wide variety of community organizations. Ontario Works Brant and the CMHA each made six requests for consultations, while St. Leonard's shelter made five requests. Brantford Welcome In made three requests. Haldimand Norfolk Social Services, the Labour Centre, Simcoe Caring Cupboard and the Family Counselling Centre made two requests each. Twenty organizations made one request each. This demonstrates a high level of community acceptance and a judgement that the Brant LSC service is a valuable community asset.

Guelph

Between September 6, 2016 and April 20, 2017, the Guelph LSC service received 98 requests for advice from 39 organizations, an average of 2.5 requests per organization and 14 requests per month averaged over the entire seven months. Three organizations account for 39% of all requests for consultations: the CMHA (13 requests), the Guelph Community Health Centre/CHC (13) and the Rural Wellington Community Team (12). Including the two health care providers that provided the largest number of LSC requests – the CMHA and the Guelph CHC – nine health care providers made a total of 37 requests for LSC advice, 38% of the 98 requests.

Similar to Brant and Halton, Guelph's LSC service has attracted requests for advice from a wide variety of organizations including the police, a food bank and several organizations serving disadvantaged people. Five intermediary partners from the Guelph Legal Health Check-up Program were among the 39 organizations re-

questing LSC advice. Similar to the other two legal clinics with LSC pilot projects, the LSC service has attracted widespread use from the community. A detailed list of organizations requesting LSC is provided in Appendix Two for the three clinics.

Problems, Problem Types and Service Provided

Types of Problems

With only slight variations among the three clinics, housing and access to government services and benefits made up almost two-thirds[13] of all problems for which service providers in intermediary organizations requested advice (67.5% at Halton, 66.6% at Guelph and 59.0% at Brant) (see Table II).

Table II: Types of Problems

	Halton	Brant	Guelph	Total
Housing	36 (33.0%)	27 (34.6%)	48 (41.0%)	111 (36.5%)
Government services	38 (34.5%)	19 (24.4%)	30 (25.6%)	87 (28.6%)
Immigration	10 (9.2%)	——	2 (1.7%)	12 (3.9%)
Wills and Powers of Attorney	8 (7.3%)	6 (7.7%)	4 (3.4%)	18 (5.9%)
Family law	5 (4.6%)	6 (7.7%)	11 (9.4%)	22 (7.2%)
Criminal	3 (2.7%)	7 (9.0%)	8 (6.8%)	18 (5.9%)
Medical treatment	2 (1.9%)	1 (1.3%)	——	3 (1.0%)
Notary and Statutory Declaration	2 (1.9%)	——	1 (0.9%)	3 (1.0%)
Civil recovery	2 (1.9%)	——	——	2 (0.7%)
Legal aid eligibility	1 (1.0%)	——	1 (0.9%)	2 (0.7%)
Employment	1 (1.0%)	2 (2.5%)	3 (2.6%)	6 (2.0%)
Bankruptcy	1 (1.0%)	1 (1.3%)	——	2 (0.7%)
Consumer and Debt	——	7 (9.0%)	5 (4.3%)	12 (3.9%)
Other and Unknown	——	2 (2.5%)	4 (3.4%)	6 (2.0%)
Total	109 (100%)	78 (100%)	117 (100%)	304 (100%)

Table III: Number of Problems

Number of problems	Halton	Brant	Guelph	Total
One	73 (82.0%)	62 (90.0%)	101 (41.0%)	236 (36.5%)
Two	11 (12.4%)	6 (8.7%)	5 (25.6%)	22 (28.6%)
Three	4 (9.2%)	——	3 (1.7%)	7 (3.9%)
Four	1 (1.1%)	1 (1.1%)	——	2 (9.2%)
Total	89 (100%)	69 (100%)	109 (100%)	267 (100%)

Number of Problems

The vast majority of requests involved only one problem[14] (see Table III). The number of cases with two or more problems was lower than might be expected based on legal problems survey data reported by individuals with one or more problems. It appears likely that service providers tend to deal with one problem at a time, even though clients may experience multiple problems.

The data in this study do not include information about the extent to which organizations might be expected to use the LSC service. The majority of organizations included in the data made one request each. It is not known if that request represented an organization's total need or whether organizations making only one request did not continue to request LSC when they could have made good continuing use of it.

LSC is a form of outreach, and it is therefore important to understand more about the demand side. To this end, the number of organizations making multiple requests was calculated. This was done in two ways. First, the number of organizations making two or more requests was determined. Second, the number of organizations making at least one request for advice between September and the end of December 2016 (the first period) that made at least one additional request from January to April 2017 (the second period) was determined. Because the numbers of requests per organization were mostly small, a more detailed breakdown would not have been useful.

In Halton, 23 organizations (63.9% of the 36 in total that made requests) made only one request for LSC service, while 13 (36.1%) were multiple users. All 13 made at least one request in the first period; 10 of them (76.9%) made at least one additional request in the second period. These 10 are a diverse group, including North Halton Health Link (nine requests), Links2Care (seven requests), the CMHA (six requests), the Thomas Merton Centre, Mary Mother of God–Saint Vincent de Paul Society and the Housing Help Centre (four requests each), and Summit Housing and the Halton Multicultural Council (two requests each).

In Brant, 21 organizations (72.4% of the 29 in total that made requests) made only one request for LSC service, while eight (27.6%) were multiple users. All eight organizations made at least one request in the first period; six of them (75%) made at least one additional request in the second period. These six were Ontario Works Brant (nine requests), St. Leonard's Community Services (five requests), Brant General Hospital and the CMHA (four requests each), Haldimand Norfolk Social Services (three requests) and Family Counselling Service (two requests). The composition of the consistent users group is quite different than for Halton.

In Guelph, 16 (41.0%) of the 39 organizations that requested

LSC service made multiple requests. Twelve of these 16 (75.0%) made at least one request during the early period, and 10 of them (83.3%) made at least one additional request for LSC advice in the second period. Users in both periods included the Canadian Mental Health Association (13), Guelph Community Health Centre (13), Rural Wellington Community Team (12), Ontario Works (5), and 4 each from women in Crisis, Wyndham House, Immigration Services and Community Resource Centre. The prevalence of health services in this list is no doubt related to the fact that the Guelph clinic concentrates on building relationships with the health care sector and has a health leads community legal worker, who was one of the LSC advisors.

It cannot be determined with the data at hand whether organizations making only one request were fully utilizing the LSC service or if the need was actually infrequent. However, because the number of one-time organizations exceeds or is equal to the number of organizations making multiple requests, it is worth looking more closely at why organizations make only one request. This is important if LSC's full potential is to be reached.

The three figures below allow a very preliminary look at the same question about the distribution of LSC requests. Figures I, II and III show the total number of requests for service separately for the three clinics.

The graphs for Halton and Brant show a large spike in number of requests during November. These two clinics distributed posters (Appendix One) in November to advertise the LSC service, although announcements at PLE sessions and other meetings were made over a wider time period. Guelph used an e-mail campaign along with announcements at other outreach sessions, but did not issue a poster.

The patterns are different for each clinic. In Halton, the numbers of requests per month in January to April are greater than in September to December. It is assumed that December requests would be low because of the holiday season. This suggests an increase in community uptake over the period of the project (see Figure 1). In contrast, the pattern for Brant shows a decline in the four months in 2017 (see Figure 2). The November spike did not occur at Guelph, possibly related to the fact that Guelph did not release a poster to advertise the service (see Figure 3).

The data also show a month-by-month decline in the number of requests for consultations from January to April. But the declining numbers should not be given too much significance at this point: the projects are still in their early stages and more time will likely be necessary for stable patterns to emerge.

Clearly the LSC projects in all three clinics have attracted requests for consultations from a substantial number and variety of community organizations. This is a good indication of the extent to which LSC is viewed as a useful and valued service. For heuristic purposes in this report, the community groups are understood as partners. However, a fuller understanding of the ways in which service agencies and community organizations are partners, and the ways in which they are LSC consumers, would enhance our understanding of legal secondary consultation. The needs of the community organizations, whether they are maximizing the value of the service, why they might not be, and the special demands of higher-volume users should be examined to enable the clinics to refine their LSC programs.

Figure I: Requests per Month, September 2016 to April 2017 - Halton

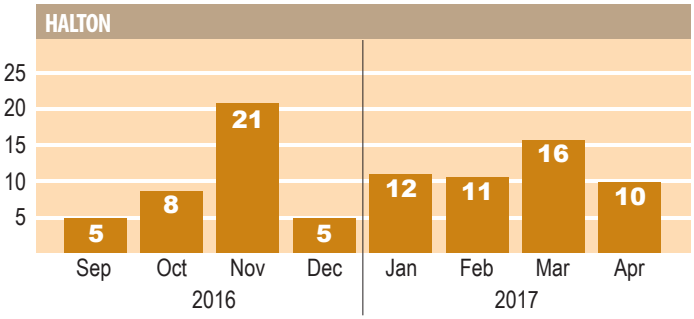


Figure II: Requests per Month, September 2016 to April 2017 - Brant

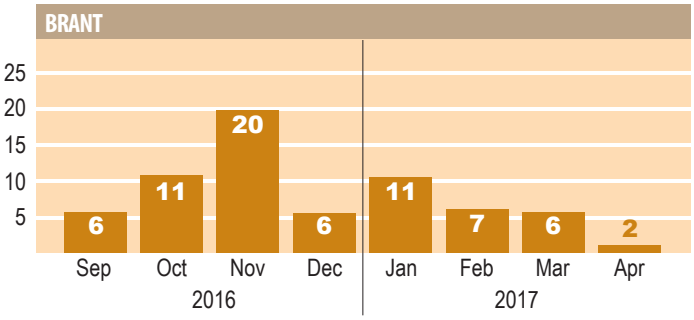
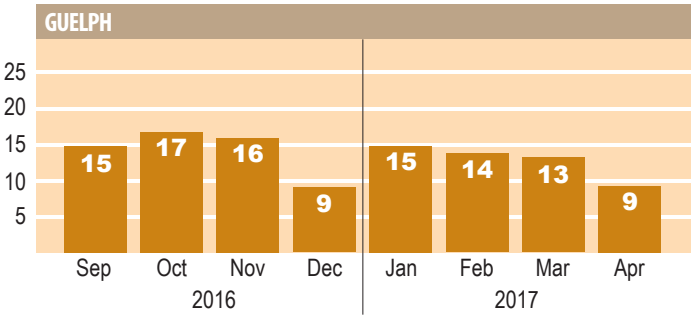


Figure III: Requests per Month, September 2016 to April 2017 - Guelph



Characterizing LSC Advice

LSC lawyers or community legal workers in the three clinics[15] were asked in a survey to characterize the types of problems about which they received requests for advice and the kinds of services they provided. They were also asked to characterize generally the kind of advice provided; the responses are not linked to particular problems. Data from the case notes presented after the survey data provided similar data directly linked to problems.

LSC Advisor Perceptions of the Types of Problems Presented by Service Providers

The clearest perception by LSC advisors of the kinds of problems asked about by external service providers was that they were legal problems relating to individual clients of these community organizations. All six respondents said the requests from service providers in other agencies involved legal issues specific to client problems. One said always and four said almost always; one didn't respond (see Table IV).

Some of the advice was characterized as not strictly legal. One respondent said non-legal problems are dealt with very frequently, two said frequently, and one said somewhat frequently. Two respondents said advice related to non-legal problems was not very frequently requested. One respondent said questions about the appropriateness of the service provider assisting with the problem were asked frequently. One said this sort of advice was not requested frequently at all. The other four respondents said they did not know. These results are consistent with data from the case notes. In Brant, about 27% of the cases did not appear to deal with legal issues, and in Guelph about 32% of requests for advice did not seem to be related to legal problem (see Table V).

It is not surprising that LSC advisors would provide non-legal advice in the course of responding to requests. Service providers requesting advice would not necessarily be able to filter their questions

Table IV: Types of Problems Presented by External Service Providers

	Frequency with which types of problems occurred					
	Very frequently	Frequently	Somewhat frequently	Not very frequently	Not at all	Don't know
Legal issues related to an individual's problem	●●	●●●●				
General legal issues	●		●●●	●	●	
Help with hearings or appeals	●		●	●●●	●	
Appropriateness of service provider involvement		●		●		●●●●
Help with forms	●		●●●		●	●
Ethical issues					●●●	●●●
Non-legal problems	●	●●	●	●●		
General information		●		●●		●●●

Table V: Frequency of Advice Provided

	Frequency with which types of service were provided					
	Very frequently	Frequently	Somewhat frequently	Not very frequently	Not at all	Don't know / no answer
Legal advice related to an individual problem	●●●●	●●				
General legal advice	●●		●●		●●	
Public legal information	●●		●●	●●		
Non-legal advice	●	●	●		●●●	
Strategic advice	●●	●●●	●			
Letter	●	●		●	●	●●
Meet with service provider/client		●●	●	●●		●
Legal research			●●	●●	●●	
Access legal network to find information		●●	●	●		●●
Case management meeting				●●	●	●●●
Review documents	●	●			●	●●●
Referral to other agency	●	●	●	●		●●

to include only legal issues. Therefore, a legal secondary consultation program can be expected to provide advice about a variety of problems, both legal and non-legal. This follows the logic of the everyday-legal-problems approach that views legal and non-legal problems as frequently inextricably intertwined in bundles of legal and non-legal issues. This is a counterpart to holistic service to individuals. LSC advisors assisting organizations report that they never say *I cannot help with that because it is not a legal problem*.

Types of Service Provided

The six LSC advisors were asked to characterize the types of advice provided in response to requests from external service providers. As one might expect from the types of problems, legal advice related to the problems of particular individuals was the most frequent kind of advice reported. Four respondents said this occurred very frequently and two said frequently. Two respondents said they provided general legal advice not specific to a client very frequently. Two LSC advisors said this kind of advice was provided sometimes, while two said it was provided very infrequently.

Responses from the six LSC advisors were equally divided on the extent to which basic public legal education (PLE) was provided in response to requests from service providers. Two said PLE was provided very frequently, two said sometimes, and two said not very frequently. The remaining responses describing advice provided are summarized in Table V.

Consistent with the data on types of problems, respondents said they frequently provided non-legal advice and strategic advice on steps that should be taken in dealing with a problem. Three respondents said they did not provide non-legal advice frequently. Notably, referrals to other agencies were reported as very frequent or frequent by only two respondents.

Case Note Data on Actions Taken

The case notes were analyzed to provide another perspective on the actions LSC advisors took in response to service providers' requests for advice. This produced 11 different actions,[16] frequently involving multiple actions. The 11 possible actions produced 27 combinations of actions at the Brant clinic, 37 combinations at Guelph and 33 combinations at Halton. One to three actions were taken in most cases at all three clinics: 88.5% at Halton, 92.7% at Guelph and 97.0% at Brant. Table VI shows the most frequent actions or combinations of actions at the three clinics that add up to at least half of actions taken in all cases.

The profile of advice from the case note data varies among the three clinics. Overall, providing legal advice is a relatively infrequent action. This contrasts with the qualitative data presented in Table V indicating that LSC advisors perceive they provide legal advice very frequently or frequently. This might be explained by the fact that the LSC advisors always assess the everyday problems presented by service providers for legal issues and, therefore, are more likely to perceive their advice as legal.

This apparent contradiction may be part of a more fundamental change occurring in legal services and access to justice. This project is on the cutting edge of that change. The definition of a legal problem has changed with the impact of contemporary legal problems research and the emergence of the everyday-legal-problems approach to legal problems and access to justice. The farther that access to justice moves from the front door of the main street lawyer's office, the greater the extent to which legal problems broaden to mean everyday problems with legal aspects. This latter concept, while providing

Table VI: Most Frequent Actions

HALTON	
Legal information + referral	12
Legal Information + strategic advice	10
Legal Information	9
Strategic advice	6
Review documents + strategic advice	6
Legal advice + strategic advice	4
Legal advice + referral	4
Total = 51 *(55% of 97 cases)*	
BRANT	
Strategic advice	7
Referral	6
Legal information	6
Strategic advice + legal information	6
Legal advice + strategic advice	4
General information and advice	3
Meet with client	3
Total = 35 *(51% of 69 cases)*	
GUELPH	
Referral	18
Legal information	13
Strategic advice + legal information	11
Legal information + referral	6
Legal information + strategic advice + referral	5
Strategic advice	5
General information and advice	5
Total = 63 *(57% of 111 cases)*	

a better perspective on legal problems, increases ambiguity and will require more careful effort to define operational terms for research as we move from large-scale legal problems surveys to the smaller fields of project-based research.

Table VI shows that most of the actions taken to resolve problems for which service providers request help do not involve, in the traditional sense, legal advice. However, the problems are justiciable in that they have a legal aspect and a possible legal solution. However, solutions other than legal action may be more effective, practical or even sensible.[17] In the legal secondary consultation model being piloted by the three community clinics, advice is provided by lawyers or specialists with some legal training to help service providers in other agencies resolve justiciable problems. This places the LSC project in the vanguard of evolving concepts of legal problems and access to justice, and of evolving delivery models designed to increase the number of people receiving legal advice.

Objectives and Benefits of Legal Secondary Consultation

Objectives

The lawyers and the legal workers providing LSC were asked to describe the program objectives from their own perspective, based on their experience. Summarizing their responses, they said the service

- *builds stronger relationships with the community.*
- *provides a better and broader range of clinic services.*
- *builds stronger relationships with the community.*
- *provides a better and broader range of clinic services.*
- *increases the efficiency of service—a 10-minute phone call compared with a 45-minute intake.*
- *makes story-telling more efficient, with less repeat traumatization for vulnerable people.*

— Lawyer 1, Brant

- *helps service providers at the initial stage of a client's problem.*

— Paralegal, Guelph

- *breaks down service silos.*

— Lawyer, Guelph

- *builds relationships with community partners.*
- *expands outreach and extends service.*

— Lawyer 2, Brant

- *builds relationships with the community and familiarizes people in the community with what the clinic does.*

— Heath leads legal worker, Guelph

- *solves the client's problem.*
- *makes the service provider's work easier.*
- *improves access to justice.*
- *promotes holistic service.*

— Lawyer, Halton

One comment was insightful about community development and capacity building:

> *The greater community capacity becomes a resource available to the clinic. LSC leverages a network of access-to-justice services. It opens the possibility of reciprocal referrals; access [by the legal clinic] to their [the community organizations'] networks and leveraging their networks.*
>
> — Lawyer, Halton

Benefits of Legal Consultation

The six respondents in the LSC advisors survey were asked a separate question about the benefits of LSC. Because the interviews took an open-response approach, the responses on objectives and benefits are similar. Benefits were listed as

- *a better service*
- *quicker outcomes; no lag time dealing with the problem as when the individual comes into the clinic*

— Lawyer 1, Brant

- *builds on the ongoing relationship between external service providers and their clients; the service is more holistic*
- *greater timeliness; service providers can obtain advice related to clients' problems within a day*

— Lawyer, Guelph

- *more accessible legal advice*
- *more efficient and timely advice*
- *builds ongoing trust and strengthens relationships between the clinic and community partners*
- *communicates a new perception of lawyers; breaks down the traditional view that lawyers only do appeals*[18]

— Lawyer 2, Brant

- *more accessible legal advice*
- *more efficient and timely advice*
- *builds ongoing trust and strengthens relationships*

between the clinic and community partners

- *communicates a new perception of lawyers; breaks down the traditional view that lawyers only do appeals18*

— Lawyer 2, Brant

- *quicker service than having client call in for intake; treat immediately so quicker*
- *provides early intervention because service providers know where to get immediate assistance*

— Heath leads legal worker, Guelph

- *helps resolve multifaceted problems without going to a number of separate sources*
- *a more efficient way of resolving problems*
- *saves money because there is no intake*

— Lawyer, Halton

- *builds relations with community organizations*

— Community legal worker, Guelph

Several themes emerge from the LSC advisors' comments on objectives. LSC reflects the traditional broad objective of community legal clinics to build relationships with the communities they serve. The significant advance with LSC is that the relationship is collaborative, a partnership in which community organizations become partners in providing service. However, as noted above, it is not well understood in this research how the roles of partner providing service versus user of a service blend or take on special meaning with regard to the service providers working in community agencies and other organizations.

According to these respondents, the benefits of LSC are consistent with several long-standing legal aid objectives. LSC expands the number of people served and the types of problems addressed. It represents a more efficient service than the traditional clinic intake and subsequent service appointment. LSC breaks down service delivery silos, involving collaboration between legal aid and a variety of community agencies. In the view of one respondent, it enables early intervention at the initial stages of a client's problem. It saves money either because people who would become legal aid clients through intake have problems solved at the community agency level, or because of LSC's lower unit cost of dealing with problems.

Problems and Risks with LSC

Problems

LSC advisors noted only a few problems with the LSC service.

- *When I am out of the office doing other work, there is a delay of a few hours in responding to requests for advice.*
- *Communicating information about the availability of the service is sometimes difficult, especially with larger, multi-site agencies. It would be much harder if the clinic did not have a community development worker.*

— Lawyer 1, Brant

- *Only problem is when a secondary consultation [client] comes in and I am busy and away, it can be difficult to deal with it quickly.*

— Paralegal, Guelph

- *Balancing other work with the LSC can be difficult.*

— Lawyer, Guelph

- *Balancing other clinic work with the LSC service.*

— Lawyer 2, Brant

- *Systemic problems related to referrals. My ability to navigate depends on there being a system to navigate. However, this respondent added, We don't have many problems.*

— Lawyer, Halton

The main apparent problem, balancing LSC with other work, was not mentioned by the respondent from a clinic with a dedicated primary LSC lawyer.

Risks

There is a concern that providing LSC advice to non-legally trained service providers who then use it to assist clients poses the risk that the advice will not be completely understood, resulting in poor advice to the client.[19] In the review of similar activities or programs in other clinics presented above, two clinics explicitly referred to this issue. One clinic provides advice to assist an individual client of an external agency only if the organization signs a waiver releasing the legal clinic from responsibility for any resulting harm to the client. Another clinic considers it inappropriate to provide advice to an external service provider who then uses it to assist a client.

The six LSC advisors interviewed for this study were asked if the accuracy of secondary advice passed along to a third-party individual was a concern. The four lawyers all responded that there is an inherent risk that advice or information passed from a lawyer to external service providers may be misunderstood. However, all four felt the problem can be managed in communication with the external service provider. The LSC lawyer at Halton said she assesses the language used by the service provider in describing the problem. If she suspects a potential legal problem, *I take the service provider along a journey*,

spending time to instruct the individual. She *never wants to take over the service provider's job; I don't want to make the client my own.*

Similarly, one of Brant's LSC lawyers said that he informally assesses the level of understanding of the service provider. He said that he usually does not have to address lack of comprehension on the part of service providers. On rare occasions, however, a language barrier raises doubts about a service provider's level of understanding. In this case he asks to see the client in person.

The LSC lawyer in Guelph shares the other lawyers' caution, but takes a somewhat different approach. She asks service providers directly *if they are comfortable doing this or if they wish to have someone from the clinic meet with the client directly*. This respondent added: *I am always concerned that I am missing some facts.*

The paralegal at the Guelph clinic also said she assesses the capacity of service providers. However, she added that she *becomes familiar with most of the service providers contacting her and with their capacity*.

The health leads legal worker in the Guelph clinic works exclusively with health care professionals and therefore has a different view. This LSC advisor does not attempt to assess service provider capacity, assuming the health care professionals have sufficient general competence to comprehend the LSC advice. This perspective raises an interesting point: there may be systematic differences among different types of advisors, possibly paralleling the distinction between professionally trained and volunteer service providers, that LSC advisors could flag at the outset. However, based on the information at hand, it is not clear if this would meaningfully enhance the case-by-case assessment that LSC lawyers already practise.

Internal Referrals to the Clinic

Analysis of the case notes revealed that 8.1% of LSC contacts in Guelph[20] and 10.1% of contacts in Brant[21] resulted in referrals to the legal clinic. In contrast, no LSC cases were referred to the Halton clinic.[22] The Brant and Guelph numbers may indicate a high degree of caution about providing advice to non-professional service providers. On the other hand, two important objectives of legal secondary consultation are to increase the legal capability of external service providers and to resolve as many problems as possible at the community agency level.

It is difficult to know how to interpret these numbers. The apparent high level of caution by LSC advisors in Brant and Guelph may have the effect of making the LSC program a conduit for intake. In Guelph, one LSC advisor is a lawyer, one is a paralegal, and one a community legal worker. The service providers making requests for consultation from the Guelph clinic remarked that the LSC advisors appeared to have specific spheres of competence and questions could be passed to the most appropriate advisor.[23] This could reflect a high degree of caution, not directed outward toward service providers but an effort to ensure the quality and accuracy of advice and information. However, both the LSC advisors at the Brant clinic are experienced lawyers, and therefore their large proportion of referrals to intake should not represent a lack of confidence about dealing with a variety of legal problems. Legal secondary consultation in Halton is provided primarily by an experienced lawyer but also by a licensed paralegal with considerable experience. At this clinic, no cases were referred to the clinic's intake.

There are no major differences at the three clinics in the types of problems about which advice is requested. The variations observed in referrals to clinics may reflect differences in how the three programs operate, regardless of their general agreement on the program principles delineated in the service charter.[24] A discussion among the clinics about the definition of secondary consultation and a common approach to counting legal secondary consultations would be necessary to assure consistent data.[25]

Value to the Legal Clinic and to the Delivery of Legal Aid

The six LSC advisors at the clinics were asked about the value of LSC for the clinic and for the delivery of legal aid. Summarizing their responses:

> *Engaging community partners to provide the [LSC] service to their clients has a very high value for the clinic. The external service providers have a very strong grasp of their clients' problems. LSC is a very efficient way of providing service.*
>
> **— Lawyer 1, Brant**

> *LSC is especially valuable in dealing with people having mental health problems. These situations require a high degree of trust that is usually present between the agency service provider and the client. LSC increases access to the legal clinic by building the legal capability of people in community organizations.*
>
> **— Lawyer, Guelph**

> *LSC changes the relationship between the clinic and community partners. The relationship is more interactive, a more continuous or fluid process. It also builds the legal capability of service providers in the community. LSC has preventative aspects. It represents*

upstream intervention. LSC also is a holistic and integrated service. Problems are resolved before they reach the clinic, sparing legal aid resources.

— Lawyer 2, Brant

> *The LSC process represents a huge opportunity to create a network of resources that can be used to resolve clients' problems. The process is minimally bureaucratic, involving a quick communication with the service provider and the creation of a case note. The fact that the agency service does the 'leg work' is a huge factor. LSC is a very effective use of the legal aid clinic's resources.*

— Lawyer, Halton

> *LSC builds the legal capability of community organizations. "They can put out the fires" for clients.*

— Heath leads legal worker, Guelph

> *Another valuable tool under umbrella. Working with community partners and enriching community; more than just client-based.*

— Paralegal, Guelph

The experience of the lawyers and legal workers providing legal secondary consultation suggests that its value as a part of the clinics' delivery of legal aid is high. LSC introduces holistic and integrated aspects to the service. Service providers are more familiar with their clients, and often have bonds of trust with them. The whole person is more likely to be provided service. This may be especially important for people with mental health problems, when the trusted intermediary relationship is critical.

LSC introduces a degree of early intervention in agency service delivery, but the data collected in this research are not informative about how early the service providers are typically present in the life cycle of their clients' problems. However, it is almost certainly earlier than if the clients went directly to a legal clinic. In the opinion of most service providers, some clients are unlikely to go to the clinic.

From these responses, it appears that LSC is an effective way to serve more people at a lower unit cost. It does this by engaging resources within the community to address unmet need. LSC is a very efficient form of legal aid. Workers in community agencies do much of the work to resolve clients' legal problems. Legal aid lawyers and legal workers can leverage more problem-solving through LSC.

Outcomes

The data on outcomes of legal secondary consultation were derived from interviews with agency service providers and the community organizations in which they work. Improving the capacity of community service providers to serve clients is an important objective in itself, as the ultimate goal is to produce better outcomes for the clients. Outcomes focused on service providers and community agencies should be reflected in better outcomes for their clients.

The most robust measures of this would have been to directly measure outcomes for community agency clients. However, that would have posed difficult methodological, resource and logistical problems within the available time and resources. The service provider interviews do not indicate how often service providers used the LSC service; therefore, the degree of experience on which responses are based is uncertain. Data from the case notes show that one request for service was recorded for each of the majority of organizations.

The Value of LSC to Community Service Providers

Service providers were overwhelmingly positive about the value of the Legal Secondary Consultation Project in enabling them to serve their clients and in increasing organizational capacity. All 28 service provider respondents who had obtained LSC advice from the three participating clinics said the LSC was useful in serving clients. Twenty-seven of the 28 were unequivocally positive answering a second question about whether the LSC improved their organization's capacity to meet client needs. One response was uncertain, but was not negative: this respondent indicated in other questions that she found nothing wrong with the LSC service, would use it in the future and would recommend it to colleagues.

The responses do not distinguish between the two questions clearly. Four responses to the question about whether the LSC improved service providers' capacity to assist their clients illustrate the high value they place on the LSC:

> *Absolutely. They have a knowledge base I don't. They have an ability to explain things on a client's level in ways I can't. Brant is so good with ODSP appeals and explained thing[s] well in process terms and was empathetic to client concerns. The clinic is great at communicating.*

— Front-line worker, St. Leonard's Community Services, a Brant clinic partner

> *Yes. Definitely. There are so many situations where I don't know the answer because it is legal. Whenever I call I get a response time within 30 min. from [LSC advisor]. She quickly tells me if there is a legal issue or she asks follow-up questions. If she wasn't there to guide me in that way, I don't know where else I would go, to be honest.*
>
> **— Care navigator, North Halton Health Link**

> *Yes, definitely. I know more about what I am talking about after talking with [LSC advisor]. If an issue doesn't sound right, I call [advisor] and get an answer.*
>
> **— Health guide, Guelph Community Health Centre**

> *Absolutely. We can get answers so quickly, especially when there is a crisis.*
>
> **— Resource coordinator, CMHA**

A tendency in this sort of analysis is to select the responses of the most articulate service providers. While they may be the most coherent responses, they reflect the value placed on the three LSC programs by service providers in a variety of community agencies.

Increasing the Legal Capability of Service Providers

Service provider respondents tended to conflate responses to some questions. The question about building the capacity of community organizations to deal with their clients elicited responses indicating that the LSC process builds the service providers' legal capability.

> *I can help clients without advice because of help in the past. For example: client on ODSP; [LSC advisor] walked through the ODSP process and developed a template; now I have a template to help with ODSP appeals, so now I can send it out to family doctors. I learned a lot from [advisor]; I don't need to call her for the same things.*
>
> **— Care navigator, North Halton Health Link**

> *Yes. Gaining the knowledge, we can assist people more going forward. If there is an issue re eviction, I already have that knowledge from the LSC process with [LSC advisor]; [advisor] has made up letters for clients to give landlords, and I keep using those.*
>
> **— Intensive case manager, Halton Housing Help**

> *I don't always have to call the clinic since I already know some of the answers because of previous contacts with LSC.*
>
> **— Resource coordinator, CMHA**

> *Absolutely, precedent-setting. Every time I deal with a situation, I am educated more about what to do next time. It does happen where one [secondary consultation] helps future clients without needing to call [the] clinic again.*
>
> **— Community navigator, Links2Care**

Problems Experienced by Service Providers

Service provider respondents were asked to identify any aspects of legal secondary consultation they especially liked or, alternatively, with which they had problems. All but one of the 28 respondents at agencies working with the three clinics volunteered positive comments about the LSC program. The positive comments are similar to those made in response to other questions, adding to the overall positive assessment of LSC by the community service providers who use it. Three responses are illustrative:

> *It gives me confidence in performing my job in a professional manner."*
>
> **— Intensive case manager, Halton Housing Help**

Some comments focused on the receptive, personal nature of the LSC advisors. The brief comment below emphasizes the absence of legalese:

> *Up-front, welcoming, plain language.*
>
> **— Community relations administrator, Brantford Native Housing**

Another response commented on the character of the advice:

> *I like the thoroughness of their responses and the thoughtfulness. The speed makes a difference. LSC provides information we need to best serve our clients.*
>
> **— Response coordinator, CMHA**

Three of the four responses identifying problems commented on advice by telephone. The following brief comment is typical:

> *Too slow by phone.*
>
> — Case manager, Family Counselling Centre

In addition to difficulties with telephone contact *per se*, the following response indicates the need for communication between the legal clinic and the community organization in order to better understand each organization. In this case the service provider ordinarily deals with the client in person in his office, placing an obvious constraint on communication.

> *Phone thing is an irritant. I always call with the client in the office and if no one picks up, the client leaves.*
>
> — Case manager, St. Leonard's

Service providers may be able to modify the way they use the LSC service. If this cannot be done, the clinic and the organization may be able to arrange contacts that accommodate the service providers' operational needs.

Perceived problems with response times with telephone contact were not universal, however. One of the positive comments emphasized the value of telephone contact:

> *[It is] phenomenal that I can talk to someone right away. I am [an] outreach [worker] and never in the office, so phone tag is terrible. The fact that I can talk to someone right away is the best part of the process. Usually clients are transient and in crisis.*
>
> — Outreach support worker, CMHA Waterloo Wellington Drop-in Centre

The comments about telephone contact point to the value of communication between the clinic and service providers so both sides understand the other's operational constraints and can adjust their communication patterns.

Regarding other perceived problems, one comment focused on the desirability of the LSC service addressing questions about all aspects of law, even if a quick referral is the response:

> *I would like family and criminal services.*
>
> — Case manager, Family Counselling Centre

Another comment focused on the need for LSC advisors with a general and sufficient legal expertise to give advice or suggest action immediately:

> *They all have different areas of legal expertise, and it is hard to get them available.*
>
> — Case manager, Guelph Family Counselling and Support Services

An important caveat to interpreting these comments is that respondents may be giving impressions based on one, or only a few, contacts with the LSC advisors. The advice they required may be specific to particular clients, problems or situations, making generalization unreliable.

In two indicators of satisfaction, respondents were asked whether they would use the service again or refer a colleague to the LSC service. In both cases, service providers endorsed the LSC. Every respondent from community organizations connected with each of the three clinics also indicated they would use the service again and would refer it to colleagues.

Impact of LSC on the Clients of Community Agencies

The positive assessment of LSC is revealed again in service providers' comments about whether, in their view, the LSC assistance received resulted in better service to clients and improvements in clients' quality of life. The providers unanimously agreed that the LSC improved their capacity to assist clients:

> *100%. Although I have a generalist's knowledge of some of the legal issues that clients have, having immediate access to more in-depth legal information and advice is second to none. My hands would be tied helping transient patients without having access to secondary consultation. I often find with ODSP they are a barrier-filled organization; I copy [LSC advisor] on emails to ODSP and that will get me a response.*
>
> — Social worker, Joseph Brant Memorial Hospital

An interesting aspect to this response suggests a tactical value in making the contact with a lawyer a visible part of efforts to resolve the client's problem. The respondent's experience is that including a lawyer into the e-mail chain adds a measure of power dealing with a "barrier-filled" organization.

In that response and in the following to the question about benefits to clients, service providers perceived benefits in terms of the provid-

ers' increased capacity:

> *Yes, absolutely. I'm not a legal person, and they explain things and give direction on what needs to be done with the person who is accessing the service. They are very respectful and patient with people.*
>
> **— Case manager, CMHA**

> *Yes. Definitely. There are so many situations where I don't know the answer because it is legal. Whenever I call I get a response time within 30 min. from [LSC advisor]. She quickly tells me if there is a legal issue, or she asks follow-up questions. If she wasn't there to guide me in that way, I don't know where else I would go to be honest.*
>
> **— Case navigator, North Halton Health Link**

Some respondents did not have sufficient follow-up contact with clients to have an opinion about improvements to clients' quality of life. Six of the 33 respondents said they did not know; one said no. Twenty-six service providers, distributed evenly among the three clinics (eight at Halton, nine at Brant and nine at Guelph) reported that in their experience the advice they obtained through the LSC resulted in an improvement to clients' quality of life.

The following response concerning a housing problem describes the benefits of improved peace of mind for the client. In this respondent's view, the speed with which the matter was addressed brought relief to the client:

> *Resolved in 30 minutes: immigrant family with poor English signed an illegal lease; had to come up with all this money; client was worried and in fear. I emailed doc[ument] to HCLS; they sent a letter back and within 10-15 minutes I sent it to the landlord. The landlord backed down; this provided peace of mind and relief to the client.*
>
> **— Manager, Saint Vincent de Paul Society**

Another respondent, answering from a health care perspective, generalizes about how stability brought about by resolution of difficult problems is one basic element in life:

> *Yes. Any time the social determinants of health are stabilized or addressed, clients have better mental and medical health, and they are more stable. It has a ripple effect. If I know my income is stable I can buy food, because I am a diabetic; otherwise, I have to go to the hospital.*
>
> **— Outreach worker, Rural Wellington Community Team, Guelph**

The Importance of Community Service Providers in Access to Justice

The clients of service agencies and community organizations are not likely to identify their legal needs and seek help from legal aid; for many people, community organizations are essential in creating paths to justice. Most of the everyday problems for which people go to community organizations for help have legal aspects. This highlights the importance of collaborative partnerships such as legal secondary consultation that legal aid clinics create to advise community organizations on the legal aspects of assisting their clients.

Service provider respondents were asked a series of questions about whether the clients they serve would likely recognize legal problems and on their own directly obtain help from a legal clinic.

Asked whether they thought their clients would likely recognize that they had a legal problem and needed legal help, about 66% (21 of 32) felt this was not very likely or not likely at all (see Figure IV). Graphs in this section summarize responses for service providers connected with all three clinics.

Service providers were then asked if their clients expressed any reluctance for a contact with the clinic to be made on their behalf when

Figure IV: Clients Likely to Recognize legal Nature of the Problem

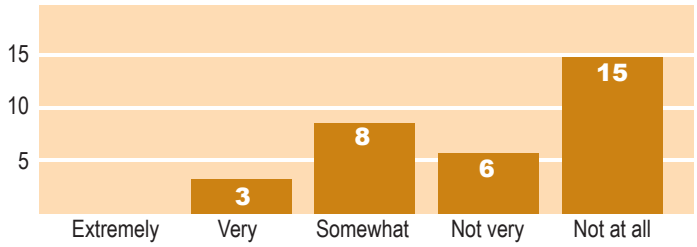
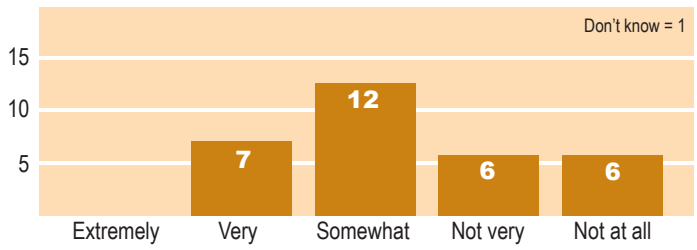


Figure V: Clients' Reluctance to Contact the Legal Clinic



it was suggested that the problem might have a legal solution or aspect and legal help might be needed. About 61% of service providers said that when it was suggested to clients that the problem might be legal, the clients were very or somewhat reluctant to have the service provider contact the community legal clinic on their behalf (see Figure V). These responses provided interesting insights about the reluctance of clients to acknowledge the legal nature of the problem and to take appropriate action, striking familiar themes from research literature.

> *Clients don't want to get involved in conflict and don't have the motivation to seek out help; that's why us helping them gets them moving along in the process.*
>
> **— Community navigator, Links2Care**

> *Some are capable, some freeze at the thought of accessing the clinic. The barriers are lack of transportation, physical illness and mental health problems, lack of understanding.*
>
> **— Case manager, CMHA**

> *Particularly with housing, our clients live precariously and experience a lot of abuse and don't recognize that they have rights.*
>
> **— Case manager, Guelph Community Health Centre**

For the most part, service providers doubted that their clients would follow up a referral to the legal clinic on their own (see Figure VI). Almost half of respondents, 14, felt it was only somewhat likely that a client would follow up on a referral to a legal clinic if that was all the service provider did. Taken together, 13 respondents said it was not very likely or not at all likely their clients would do so. In total, almost 84% of service providers said their clients would be only somewhat likely or not likely to follow up on a referral to a clinic.

These data strongly suggest that the service organizations from which people seek help with their problems are trusted intermediaries. Many clients might not seek help from the legal clinic even if they were referred by the primary service provider. The service providers, and their collaborative partnerships with LSC advisors in the clinics, create important pathways to justice for many of the clients who seek their help.

> *They know they should have called the clinic, but [were] afraid of the answer or don't have the number or [were] overwhelmed by the process; clients neglect stuff and are under a pile of issues.*
>
> **— Community navigator, Links2Care**

Several comments from service providers highlighted significant barriers posed by mental health problems to clients accessing legal aid on their own:

> *Most of the clients we do sit down with have trouble following through. Barriers: addictions, mental health, cognitive issues, people don't like to explain their story multiple times.*
>
> **— Intensive case manager, Halton Housing Help**

> *A large proportion of clients are dealing with significant mental health concerns. They struggle following through with things; they would never just call the clinic.*
>
> **— Outreach worker, Rural Wellington Community Team**

Exploring in more detail the issue of barriers preventing clients from following up advice on their own, the service providers were asked if they believed their clients would follow up on their own the legal clinic's advice without the assistance of the community service provider (see Figure VII). Three respondents, about 11%, thought their clients would follow through on the clinic's advice without their involvement. On the other hand, 10 service providers, about 36%, felt it was not very likely or not likely at all that clients would independently follow the clinic's advice. Fifteen respondents, about 54%, said it was somewhat likely that their clients would follow up on their own without the service provider's assistance. Referring to a particular case, one service provider volunteered the following:

Figure VI: Likelihood of Clients' Following a Direct Referral

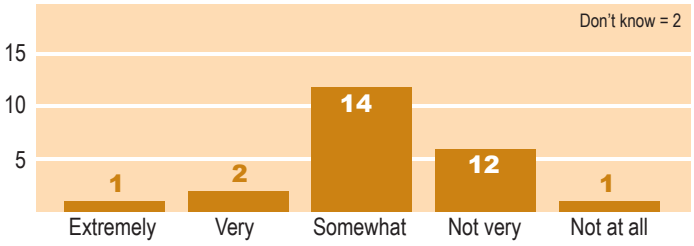
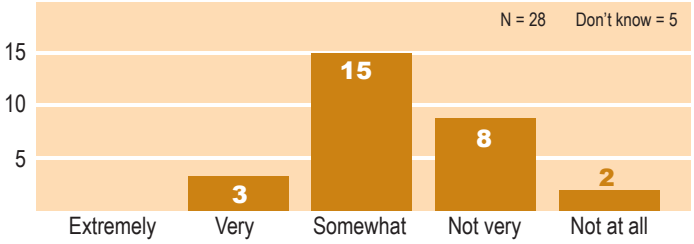


Figure VII: Importance of Service Providers Acting on Behalf of Clients



> *Health and mental state [are important factors]; this client had lost all confidence to talk with anyone except [the clinic legal advisor] and his doctor. He gave consent and [the service provider] spoke with the [LSC advisor]. [Service provider] had to facilitate. He had unstable housing too and couldn't be reached by phone.*
>
> **— Mental health therapist, Upper Grand Family Health Team**

Another service provider said about clients in general,

> *They are quite timid. Depending on what the clinic says, they may do it or not. They are withdrawn and afraid to approach agencies.*
>
> **— Family support worker, Norfolk Community Help Centre**

The data representing service providers' view of their clients suggest that clients are unlikely to recognize legal problems and, therefore, to contact the clinic for legal help on their own. They would be unlikely to follow up a referral to the clinic if the referral was the only assistance the service provider gave. Finally, most service providers felt it was only somewhat likely or not likely that their clients would follow up on their own with the clinic's advice. Overall, these data point to the importance of the service providers in community agencies partnering with the legal clinic through the LSC arrangement to build paths to justice for the people they serve.

Sustainability, Cost and Cost-Effectiveness

In an environment of financial constraint, what works and at what cost is a central question to ask about any innovation to expand access to justice. In all three clinics, legal secondary consultation was implemented along with broader changes in the service delivery model. Although no implementation costs were directly attributable to LSC in any of the three, funds were spent on related developments that cannot be ignored. It is also important to acknowledge that LSC is built on the clinics' existing infrastructure, which is a cost. However, the addition of LSC ideally makes the service delivery approach supported by that infrastructure more effective overall.

Implementation Costs

LSC was implemented in Halton in the second year of a multi-year transformation program made possible by a substantial increase in overall funding from Legal Aid Ontario, which aimed to equalize funding to all clinics based on the proportion of the population within their catchment areas.

In the Halton clinic, no additional money was spent directly or indirectly related to implementing legal secondary consultation. The lawyer and the paralegal providing the service were able to incorporate LSC consultations without substantial changes to their ongoing work. However, it can be argued that the additional transformation funding allowed Halton the flexibility to implement LSC, which might not be possible at clinics under greater financial constraints.

In Guelph, additional funding was used to establish and staff the Health Leads Worker Program and to stabilize the Legal Health Check-up (LHC) position at the same time that LSC was being implemented. These two initiatives and other elements of outreach such as PLE sessions are inter-related with LSC. The legal worker in the Health Leads program was one of three people responding to requests for consultations. Part of the Health Lead and LHC funding was used to respond to requests for legal secondary consultations. However, ongoing funding is not required to sustain LSC. Health Links and LSC are mutually supporting programs; it would be difficult to allocate costs to reflect the synergy created between the two.

In Brant, additional funding was used to redesign the intake process and staff a lawyer position to carry out enhanced intake. This made available more time from one of the two lawyers providing LSC consultations. Similar to the situation in Guelph, additional funding was used primarily on other program elements, allowing one of the two lawyers providing LSC service to devote more time to it.

According to the executive directors of the Guelph and Brant clinics, LSC could have been implemented without additional funding, with the probable consequence that some LSC aspects might have evolved differently. All three clinics are able to continue LSC following the implementation period without additional funding.

Cost-Effectiveness

Cost-effectiveness refers to the value of the service in relation to its cost. Some implementation costs cannot be specified uniquely for LSC, which limits the ability to determine a cost-benefit balance during implementation. It would be possible to estimate operational costs by collecting time log data for the staff providing LSC and calculating the proportion of the salary of each advisor that could be attributed to LSC. But given the evolving nature of LSC in the three clinics, this was not done during the implementation phase.

The three LSC programs provided service to more than 100 community services, assisting them to resolve problems for about 235 clients. Service providers were highly positive about the programs'

value. LSC provides immediate assistance to service providers, and in the longer term builds community capacity. Although the cost-benefit cannot be quantified, it seems clear that LSC in the three clinics is cost-effective.

Sustainability

Sustainability is partly a matter of cost. Moving past the implementation phase, the best information is that LSC can continue to operate without additional funding. It would be useful to calculate operational costs once the programs have been in place long enough to stabilize.

The sustainability of LSC depends on the continued participation of the community groups that request consultations. An important lesson from the Legal Health Check-up Project was that many community organizations found the check-up questionnaire lengthy, which may have discouraged full participation. Some organizations had their own intake processes, making the LHC, if not redundant, added work. Some organizations said they often bypassed the LHC questionnaire, making direct referrals to the clinics. In contrast, legal secondary consultation costs community agencies nothing. It is all benefit at no additional cost, and it is highly valued. This aspect of LSC will fuel demand and the continued sustainability of LSC as an important part of the service delivery model of the three clinics.

Conclusion

Legal secondary consultation is a way in which legal aid can expand access to legal assistance by supporting service agencies and other organizations that assist mainly disadvantaged people. By supporting other organizations, providing them with legal advice to better serve their own clients, legal aid is strengthening the community, assisting other organizations that have core mandates to assist lower income people. By providing legal secondary consultation to assist other organizations, legal aid is also strengthening its own capacity to assist larger numbers of people who it probably could not reach on its own. This binds community organizations together in a network of access to justice services.

Access to justice is the dimension of community that binds the legal clinics and other community organizations together. LSC is one element of a larger strategy by the legal aid clinics to strengthen community, making access to justice not only the work of the clinic but also of the larger network of community organizations bound to the clinic by LSC. This is a significant step in the evolution of community legal service.

The three-clinic Legal Secondary Consultation Project has been a success during the seven months covered by this study, as indicated by growth in the service and acceptance by the community. The quantitative data show that the three clinics advised service providers from 103 different community agencies and service organizations. These 103 community organizations requested 235 separate consultations, assisting approximately that number of individuals[26] with 267 problems for which case notes were opened. Qualitative data show that LSC is highly valued by service providers. According to one provider who is connected with colleagues in other branches of a large organization operating across the province, *other communities are quite jealous of the LSC service* (resource coordinator, CMHA).

LSC is reaching a hard-to-reach population through the pathways to legal help created by the clinic–community agency partnerships. Service providers describe many of their clients as often suffering from mental health issues, in varying degrees unlikely to access legal services on their own and not likely to follow the advice provided without a trusted intermediary helping them navigate or doing it for them.

Service providers were nearly unanimous that LSC enabled them to serve their clients better. Some service providers said they don't have to call the clinic as frequently for advice involving similar problems, having obtained advice earlier. Several service providers said they retained letters, forms or templates provided by the LSC advisor for use with other clients, thus increasing their capacity. Finally, service providers said they felt greater confidence dealing with their clients by having the assistance of the LSC advisors.

Interviews with both service providers in the community organizations and LSC advisors indicated that LSC is efficient. Several service providers commented about how quickly a request elicited advice. One LSC advisor said *15 minutes on the phone was more efficient than the 45 minutes to complete an intake* (lawyer 2, Brant). One could add to this the additional resources required to provide direct service following intake.

LSC appears to be highly sustainable. The cost to clinics is low. All three clinics indicated they were able to implement LSC with existing resources, changing internal priorities and work allocation, and doubling up with funding for other aspects of program development. Sustainability also comes from the high value placed on LSC by service providers. LSC is a substantial benefit to service providers, but places no additional demands or costs on them.

A formal cost-benefit analysis was not carried out, and the time LSC advisors required and costs at different salary levels were not measured. However, the data suggest that legal secondary consultation is a low-cost, high-value service. It has the elements of partner organizations pushing and pulling in the same directions. However, the legal aid clinics at the centre of this initiative, and new clinics adopting the approach, should not be sanguine about early signs of success. A

small number of service provider interviews suggested that continuing systematic efforts to understand the needs of client organizations in their dual roles as partners in delivering and as intermediary users of secondary legal advice should be a strong focus of LSC management.

Two areas in which the LSC program could be improved were mentioned in service provider interviews. One was the lengthy response time in some cases (though some service providers commented that advice was provided quickly). When service providers are dealing with clients in crisis, a quick response from the LSC advisor is important. LSC advisors could use mobile phones to be more immediately and consistently available.

Second, delays in providing advice were also attributed to different LSC advisors having different areas of expertise, requiring referral of calls to other advisors. In response to a request, LSC advisors sometimes consult others within their professional network or conduct quick legal research. However, LSC advisors should have a sufficiently high level of legal training and general legal competence so that delays do not occur and follow-up delays are minimized.

Ongoing monitoring should aim at better understanding the strengths and limitations of different intermediary service providers in using LSC to the best advantage of their clients. The LSC advisors in the three legal clinics are aware that service providers may not fully comprehend the advice being provided. The lawyers all said they monitor conversations with service providers to compensate for any lack of understanding. LSC advisors report that they may recommend that the client come to the clinic if concern about the complexity of the problem and the capacity of the service provider is high enough. They may recommend a conference call with the service provider and the client. This study suggests confidence can be placed in the efforts of LSC advisors to minimize the risks of agency service providers passing on poor advice.

The agency service providers say that LSC advice enables them to serve their clients better. However, this research provides no further empirical evidence on how well service providers use the LSC advice. Further research on legal secondary consultation could examine LSC's impact on clients and the accuracy with which service providers convey LSC advice to their clients.

Legal secondary consultation is one example of extending the reach of legal aid, not only bringing the resources of the community to serve more people to the access-to-justice movement[27] but making the larger community part of it. The broader community development strategy of which legal secondary consultation is a part should be viewed in the same way as digital delivery of legal services. Although it is not driven by the same powerful forces of the broader digital revolution, in the broadest terms LSC is a response to the same widening gap between demand and resources, and it has the same objectives.

Legal secondary consultation is located recognizably within the major currents of the access-to-justice movement in Canada. Legal secondary consultation being developed by the Halton, Brant and Guelph clinics occupies a recognizable place in the currents of change set in motion by the National Action Committee on Access to Justice in Civil and Matters in Canada. LSC embodies the need to create a culture change in legal services and an expansion of efforts to achieve access to justice called for by the Action Committee's report: to refocus efforts on everyday legal problems, to move away from old patterns and approaches, and to create collaborative partnerships with the social services sector.[28] Legal secondary consultation is implementing on the ground the directions for change encouraged by the Action Committee report.

Similarly, the essential aspects of LSC can be linked to the Canadian Bar Association's National Framework for Meeting Legal Needs. Legal secondary consultation is part of the process of breathing life into the fourth benchmark of the national framework, which calls for legal service providers to work in collaboration with non-legal service providers to offer a broad range of services from outreach to aftercare.[29] The CBA report acknowledges that

> *Legal aid has often been synonymous with legal assistance and representation by a lawyer. Today most (legal aid) plans provide a continuum of legal information, assistance, dispute resolution and representation services, either directly or through referrals to other agencies. A range of services can better respond to the range of people's legal needs, but it can also reflect the reality of severe budgetary constraints for most public legal assistance providers, as demand continually outstrips capacity. We see the more inclusive term 'public legal assistance services' to reflect these developments and the full spectrum of resources necessary, without diminishing the importance of actual legal representation in meeting the legal needs of the people of Canada.*[30]

Legal secondary consultation is an innovative community development strategy, a tool in the service delivery kit with which legal aid supports and builds community, linking access to justice to community organizations in the pursuit of common objectives. LSC represents a step toward achieving the substance and spirit of recommendations for expanding access to justice in Canada contemplated by Action Committee's *Roadmap for Change* or by the CBA's *Benchmarks* report. It is making access to justice a dimension of community structure.

Appendix 1: Halton and Brant posters

Appendix 2: Community Organizations and Service Agencies Requesting Legal Secondary Consultations

Halton

Off the Wall Youth Centre of Acton
Advocacy Centre for the Elderly
Anglican Church of the Incarnation Oakville
Bridging the Gap
Canadian Mental Health Association
Community Care Access Centre
Halton Aids Network
Halton Catholic District School Board
Halton District School Board Milton HS
Halton Hills Family Health Team
Halton Housing
Halton Multicultural Centre
Halton Region Children's Services
Halton Region Public Health
Halton Region Social Services
Halton Regional Police Service
Halton Women's Place
Housing First
Housing Help Centre
Joseph Brant Memorial Hospital
Kerr St. Mission
Private Lawyer
LInks2Care
Mary Mother of God, Saint Vincent de Paul Parish
North Halton Health Link
North Gabriel Parish SSVP
Peel District School Board
Private Sponsor Syrian Refugee
Restore – St. Jude's
Anglican Church
Restore Halton
St. Joseph's Healthcare Hamilton
Summit Housing
Support and Housing Halton
Centre for Skills Development and Training
Thomas Merton ESL Training Centre
Trillium Health Care
Newcomer Information Centre

Guelph

Acquired Brain Injury Program, Guelph
Brant Avenue Neighbourhood Group
CBI Home Health Group
Canadian Mental Health Association
Family Counseling and Support Services
Family and Children's Services Guelph
Shelldale Community Centre Guelph
Guelph Police Service
Guelph Probation Service
Guelph Community Health Centre
Guelph Family Health Team
Homewood Health Centre
Lakeside Hope House
Housing Stability Program, Ontario Works
Immigrant Services
Lutherwood (Community Services)
North Wellington Health Care Centre
Ontario Works
Second Chance Employment Counselling
Sanguen Health Centre
Seniors Centre of Excellence
Private Social Worker
St. Vincent De Paul Society
Upper Grand Family HealthTeam
Wakepoint Mental Health Services
Women in Crisis
Wyndham House Homeless Service
Victorian Order of Nurses
Brant Neighbourhood Group
Student Help and Advocacy (University of Guelph)
ADHD Asperger's Association
ARCH Disability Law Centre
Centre Wellington Food Bank
Community Living
Guelph Welcome In Drop in Centre
Specialized Outreach Services (SOS) Guelph
Guelph Community Resource Centre
Rural Wellington Community Team
Upper Grand Family Health Team

Brant

Ontario Works, Brant and Haldimand Norfolk
Labour Centre
Canadian Mental Health Association
Brant Assertive Community Treatment Team
Salvation Army
Pregnancy Centre
Simcoe Caring Cupboard
St. Leonard's Society
Ontario Disability Support Program
Brantford Welcome In
Community Living Brant
Brockville General Hospital – Mental Health and Addictions
Six Nations Long Term Care
Brantford General Hospital
Haldimand & Norfolk Social Services
Norfolk Community Help Centre
Anxiety Clinic at St. Joseph's Hospital
Family Counseling Centre
Community Living, Haldimand
Housing Resource Centre
Aboriginal Health Centre
Private lawyer
Lansdowne Children's Services
Brant Housing
Salvation Army
Brant County Health Unit
Brant Family Counselling
Brant Native Housing

Appendix 3: Questionnaires

1. Questionnaire for Executive Directors of Southwestern Region Clinics Concerning Legal Secondary Consultation Activities

1. Do you presently, or have you at any time in the past, provided advice or legal information on an ad hoc basis to external organizations?

☐ Yes, or ☐ No

If you have answered "no" to question one, you have finished the questionnaire. Please save the completed questionnaire and return it as an e-mail attachment. Thank you.

2. If yes, please describe this service. (Please indicate if the activity was carried out on an ad hoc basis or whether it was, or became over time, an organized activity).

3. When did this service begin?

4. How did this service come about? Was it deliberately planned?

5. Was this service advertised in some way to external organizations?

6. What external organizations used the service?

7. What clinic staff provided the service? (Please specify lawyers, paralegals, community legal workers.)

8. How often did you provide the service (daily, weekly, monthly, a few times a year etc.)?

9. Did you have any objectives around this service? If so, please describe.

10. Did you limit this service to legal information or did you also provide legal advice? If you did not provide legal advice, please explain why.

11. If the service is no longer being provided, why did it end?

Thank you for taking the time to complete the questionnaire. Please save it and return it as an e-mail attachment.

2. Interview Guide for Legal Secondary Consultation Advisors in Clinics

1. What is your role at the clinic? [lawyer, non-lawyer, paralegal, community worker, receptionist etc.]

2. What is your clinic's definition of secondary consultation?

3. How do service providers reach you for a secondary consultation?

4. Have you made any efforts to promote or advertise the secondary consultation process? OR How do secondary consultation users hear about the secondary consultation process?

[Prompt: PLEs, calls, advertising, promo materials etc.]

5. Describe the secondary consultation process at your clinic once a service provider contacts you [Prompt: how do service providers reach you; do they go through intake; dedicated email or phone number etc.; what about follow-ups]

6. What services do you provide?

- ☐ Legal advice specific to the client's problem
- ☐ General legal advice (not client-specific)
- ☐ Provide basic legal information
- ☐ General non-legal advice, including ethical questions
- ☐ Strategic advice
- ☐ Provide a letter or other documentation
- ☐ Meet with the service provider or client in person
- ☐ Legal research
- ☐ Warm referrals to other agencies
- ☐ Access your network to answer a legal question or obtain a referral
- ☐ Case management (meeting with other service providers)
- ☐ Ask service provider to refer client to the clinic

7. Please indicate how frequently the following kinds of problems are presented by service providers?

a. Legal issues that are clear at the outset

☐ very frequently ☐ frequently ☐ sometimes ☐ not very frequently
☐ very infrequently ☐ never ☐ don't know

b. Help with or guidance on applications, appeals, hearings

☐ very frequently ☐ frequently ☐ sometimes ☐ not very frequently
☐ very infrequently ☐ never ☐ don't know

c. Questions by the service provider about the appropriateness of their providing service.

☐ very frequently ☐ frequently ☐ sometimes ☐ not very frequently
☐ very infrequently ☐ never ☐ don't know

d. Help with documentation

☐ very frequently ☐ frequently ☐ sometimes ☐ not very frequently
☐ very infrequently ☐ never ☐ don't know

e. Help with non-legal problems

☐ very frequently ☐ frequently ☐ sometimes ☐ not very frequently
☐ very infrequently ☐ never ☐ don't know

f. Ethical issues regarding the service provider's or the organization's involvement with the problem

☐ very frequently ☐ frequently ☐ sometimes ☐ not very frequently
☐ very infrequently ☐ never ☐ don't know

g. General questions or requests for legal information?

☐ very frequently ☐ frequently ☐ sometimes ☐ not very frequently
☐ very infrequently ☐ never ☐ don't know

h. Other type(s) of problem(s) (specify)

☐ very frequently ☐ frequently ☐ sometimes ☐ not very frequently
☐ very infrequently ☐ never ☐ don't know

8. What objectives are you trying to achieve by providing secondary consultation? (list all that apply)

[Prompt: Halton's objectives are to better serve clients; expand access to legal services; promote holistic service; provide advice to people who are unable or unwilling to come to clinic; community development and capacity building]

9. Assign priority for each of these objectives if you can.

10. For each objective, please indicate how well are you achieving it at this point.

☐ completely ☐ very well ☐ partly ☐ not very well
☐ not well at all ☐ don't know

11. Are you encountering any problems so far in providing a secondary consultation service?

[Prompt: difficulty establishing rapport with first-time secondary consultation users; difficulty in establishing trust; difficulty contacting or finding secondary consultation users etc.]

12. When dealing with secondary consultation users, do you assess their capacity to: (a) understand the legal advice/information you provide to them; and (b) support their client in following through on that advice/information?

a. If so, what are your observations?

b. If you find that they lack capacity, does this affect what you do?

13. Have you ever encountered a situation where the secondary consultation user disagreed with you or did not follow your advice? If so, what did you do?

14. Are there specific types of secondary consultation users with whom it seems difficult to establish rapport or trust?

15. Do you ever collaborate with some service providers to resolve related legal and non-legal problems? If "yes", can you provide an example?

16. What are the benefits of the secondary consultation approach?

17. What are the limitations of secondary consultation?

18. What is the value of providing advice to service providers through secondary consultation as opposed to having them refer their clients to a clinic?

19. In your view what is the contribution, or potential contribution, of secondary consultation to the delivery of legal aid in [clinic]?

3. Interview Guide for Service Providers in Community Service Agencies and Organizations

Questions for Service Providers

Date: _____
Name of respondent: _____
Name of organization: _____

1. What is your organization's mandate?

2. What is your role in the organization (or what is your role when you deal with clients)?

3. Briefly describe the kinds of services you provide to your clients.

4. How did you first learn that you could contact the clinic to get help for one of your clients?

   [Prompt: saw a poster advertising legal secondary consultation, a colleague told me that I could call the legal clinic for help, learned about it from a presentation by or talking with a lawyer from the clinic, my manager told me about it, I had always assumed I could call the clinic to get help for my client]

5. How long does it take someone from the clinic to contact you when you ask for help?

   ☐ they pick up right away ☐ within 2 hours ☐ same day ☐ 2-3 days
   ☐ a week ☐ over a week

6. When you call the clinic, what type of help are you looking for?

7. Do clients ever suggest they have issues that might require legal help?

   ☐ always ☐ very frequently ☐ frequently ☐ sometimes
   ☐ very infrequently ☐ never

8. If you suggest to a client that you should contact the legal clinic for help, to what extent is the client surprised at being told she or he may have a legal problem?

   ☐ extremely ☐ very ☐ somewhat ☐ not very ☐ not at all
   ☐ don't know

9. If you were to simply refer your clients to the legal clinic, do you think they would be ready, willing or able to follow through on the referral and contact the clinic on their own?

   ☐ completely ☐ very ☐ somewhat ☐ not very ☐ not at all
   ☐ don't know

10. How likely is it that your clients would follow through on the clinic's advice and deal with their problem(s), if you did not act for them as an intermediary with the clinic?

    ☐ completely ☐ very likely ☐ somewhat ☐ not very likely
    ☐ not likely at all ☐ don't know

11. Does speaking with someone at the clinic help you better serve or work with your client?

12. Does the assistance you receive from consulting the clinic have an impact on your clients' quality of life?

13. Has speaking with someone at the clinic helped you or your organization to better help future clients?

14. In general, is there anything about your contact with the clinic or the process you especially liked? (record all that are mentioned)

    [Prompt: trustworthy, approachable, helpful, easy to talk to, understands problems, identify new problems, provides practical advice?]

15. In general, is there anything about your contact with the clinic or the process you did not like?

    [Prompt: client uneasy about accessing a lawyer? Secondary consultation advisor doesn't respect service provider or their relationship with client etc.]

16. Would you call the clinic to help with one of your client's problems in the future?

17. Would you refer a colleague to the clinic to get help for their clients?

If the respondent has not mentioned legal secondary consultation in the response to any question, ask if they recognize the term.

Endnotes

1. Some clients generated more than one LSC request.
2. Accessed at www.haltonlegal.ca/docs/service-charter-legal-secondary-consultation-service.pdf
3. *Engaging the Power of Community to Expand legal Services to Low-Income Ontarians*, http://bit.ly/2zWITcj
4. Rebecca L Sandefur, *Accessing Justice in the Contemporary USA: Findings from the Legal Needs and Services Study*, American Bar Foundation and the University of Illinois at Urbana–Champagne, 2014.
5. Ab Currie, *Nudging the Paradigm Shift: Everyday Legal Problems in Canada*, Canadian Forum on Civil Justice, Toronto, 2016.
6. T. Roberts and J. Currie, *PBLO at SickKids: A Phase II evaluation of the medical – legal partnership between Pro Bono Law Ontario and SickKids Hospital Toronto, Final Report*, Focus Consultants, Victoria, Canada, 2012. http://www.probono.net/va/search/item.451249; M. Noone and K. Digney, "It's hard to open up to strangers – Improving access to justice; key features of an integrated legal services delivery model", La Trobe University Rights and Justice Program, 2010. http://www.papers.ssrn.com/sol3/papers.cfm?abstract_id=1799648; L. Gyorki, *Breaking down the silos, overcoming the practical and ethical barriers of integrating legal assistance into a healthcare setting*, Winston Churchill Memorial Trust, 2014. https://www.churchilltrust.com.au/media/fellows/Breaking_down_the_silos_L_Gyorki_2013.PDF.
7. L. Curran, "The underrated value of lawyers advising professional non-lawyers in reaching hard to reach clients and building professional capacity – i.e. secondary legal consultations", paper for the National Conference of Community Legal Centres, Pullman on the Park, Melbourne, August 2015.
8 L. Curran, "Lawyer Secondary Consultations: improving access to justice: reaching clients otherwise excluded through professional support in a multidisciplinary practise", *Journal of Social Exclusion* 8(1), 2017, pp.64–71.
9. The term used in the Ontario project has shifted to "legal secondary consultation" rather than "secondary legal consultation" or "lawyer secondary consultation" used in Australia.
10. Not all community organizations resolve specific problems for people. Some organizations may become aware of a problem experienced by a person to whom food is being provided, but may not help resolve the problem. The legal health check-up's focus on identifying problems is appropriate to these organizations. Legal secondary consultation assists service providers in agencies and organizations who attempt to solve particular problems. Legal health check-up and legal secondary consultation are complementary aspects of a proactive, community-focused delivery model.
11. In both Halton and Brant, the executive directors occasionally respond to requests for LSC. See footnote 15.
12. Although formally the Agency Consultation Program, the program is referred to as legal secondary consultation. For common reference to all three clinics, this report refers to it as legal secondary consultation (LSC).
13. Based on 304 individual problems in 267 case notes.
14. Based on 267 cases
15. Interviewees were: one lawyer from Halton who provides most of the LSC advice, although some is provided by a licensed paralegal; two lawyers from Brant who provide LSC advice; and a staff lawyer, a paralegal and a community legal worker from Guelph. The executive directors in both the Halton and Guelph clinics occasionally respond to requests for LSC. However, they are not the main LSC advisors and were not included in the interviews.
16. 1) Legal advice, legal information, 2) referral, research on the topic, 3) access professional network for assistance, 4) strategic advice, 5) general information and advice, 6) follow-up with the service provider, 8) meet with the service provider and client, 9) review documentation, 10) refer the individual to intake, 11) assist service provider with documentation.
17. An analysis of the case notes suggests that up to 27% of the problems at Brant and 32% at Guelph for which service providers requested help did not have an apparent legal aspect. This may be influenced by how the case notes were written. Service providers do not screen for legal problems, but request help with immediate problems that they think the legal clinic might help with. LSC advisors do not turn requests away because they do not pass a screening test for legal content. Finally, these percentages of problems with no apparent legal content based on case notes emphasize the ambiguity of evolving concepts of legal problems and appropriate service provided by community clinics in a period of paradigm shift.
18. The mention of appeals likely refers to appeals of denials of Ontario Disability Support Payments, which has dominated the work of many community legal clinics. Often referred to as the "ODSP trap", it is so time-consuming as to limit the clinics' ability to go beyond traditional legal work. The executive director of the Brant clinic is one of the primary LSC advisors.
19. See the section above on LSC-related activities in other community clinics in the Southwestern Region.
20. 9 of 111 cases. A further 18 cases (16.7%) were referred to external organizations.21 7 of 69 cases. A further 5 cases (7.4%) were referred to external organizations.
22. 19 of 97 cases (19.6%) were referred to external organizations.
23. *They all have different areas of legal expertise and it's hard to get them available.* (case manager, Guelph Family Counselling and Support Services)

24. See footnote 2.
25. The research reported in this paper did not employ a common operational definition of a legal secondary consultation for the three clinics. An *ex post facto* review of secondary consultation cases to determine which might be considered LSC and which were not would be somewhat judgemental. An exercise like this might be of value for a discussion among the three clinics, but is not presented as part of this analysis.
26. Few consultations involved more than one person.
27. It is again becoming common to refer to access to justice as a social movement in this decade. An article titled "Has A2J become a social movement?" *NSRLP Newsletter*, September, 2017, National Self-Represented Litigants Project, University of Windsor, https://representingyourselfcanada.com/has-a2j-become-a-social-movement/ declares that "The solutions to the A2J crisis will go beyond anything the legal profession can offer alone." *Richard Zorza's Access to Justice Blog* referred to the infrastructure of the access-to-justice movement on, July 31, 2017. If the essence of a social movement is individuals or organizations combining efforts to achieve a common end, legal secondary consultation is at the leading edge of the access-to-justice movement, as it is playing out on the ground revived from 50 years ago.
28. *Access to Civil and Family Justice: A Roadmap for Change*, Action Committee on Access to Justice in Civil and Family Matters, Ottawa, October 2013.See pp. 7, 11 and 14.
29. Melina Buckley, *A National Framework for Meeting Legal Needs: Proposed National Benchmarks for Public Legal Assistance Services*, report of the Canadian Bar Association Access to Justice Committee, Ottawa, August 2016, p.10.
30. Ibid., p.6