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Extending the Reach of Legal Aid: Report on the Pilot Phase of the Legal Health Check-up Project

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PRÉCIS:

Extending the Reach of Legal Aid: Report on the Pilot Phase of the Legal Health Check-Up Project

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We thank our partners for their participation and contributions to the Halton pilot phase of this project:

Anglican Church of the Incarnation, Oakville	Links2Care
Employment Halton	Voices for Change Halton
Halton Hills Family Health Team	Halton Multicultural Council
Society of St. Vincent De Paul, Mary Mother of God Parish, Oakville	

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HIGHLIGHTS

- The Legal Health Check-Up (LHC) checklist for everyday legal problems is an effective outreach tool to uncover specific problems and open conversations. Client intake at Halton Community Legal Service (HCLS) increased by a third during the LHC project's pilot phase.
- Intermediary partnerships, the foundation of the LHC project, are a solid way to reach disadvantaged people and deliver integrated and holistic legal services.
- Trusted intermediaries must have an unqualified, non-judgmental relationship with the people they assist. Trust in the LHC process is built by active offers of immediate, concrete assistance.
- The LHC process effectively overcomes cynicism toward bureaucracies, particularly legal services.
- All everyday legal problems identified on LHC forms translated into clinically assessed legal problems at intake. Sometimes the clinic identified more legal problems than the LHC form.
- Expanded representation could be provided under higher financial eligibility guidelines.
- Comments from intermediaries indicate that disadvantaged people prefer supported self-help strategies to resolve their problems. How much a web-based approach could assist them and the intermediaries, and how to also offer more hands-on assistance, should be examined.
- Trusted intermediaries could go well beyond the gateway roles of problem-spotting and legal referral to assist in problem-solving, in partnership with the legal clinic.
- About 40% of LHC forms were completed by people unconnected to the seven partner intermediaries. For them, a web-supported self-help approach has potential.

Introduction

Research makes clear that legal service delivery, especially to the poor, fails dramatically if clients must find their own way to legal aid offices. The Legal Health Check-Up project addresses this by extending legal aid in partnership with trusted intermediary groups that are part of the everyday world of disadvantaged groups. These intermediaries make an active offer of legal service. It is hoped that the intermediaries will go beyond the gateway roles of problem-spotting and legal referral to – with the legal aid clinic – provide holistic and integrated legal services that otherwise would not be available.

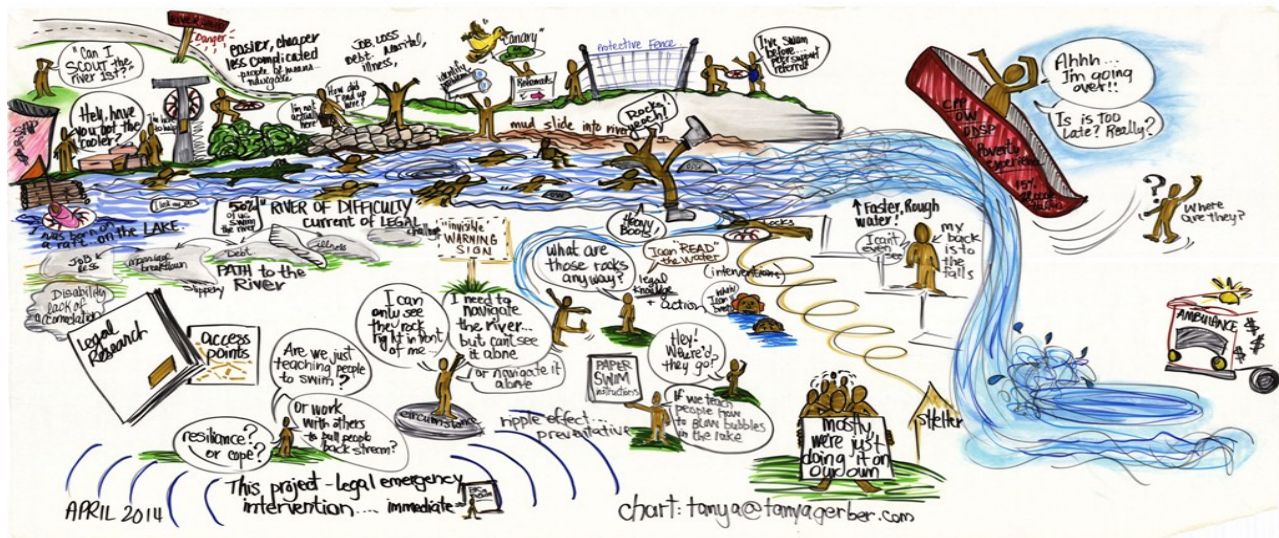
The Legal Health Check-Up project is being developed by Halton Community Legal Services (HCLS), a small Legal Aid Ontario community legal clinic (with an executive director/lawyer, a staff lawyer, an intake worker and two community workers) in Georgetown, Ontario. The project was conceived and developed during 2013 and 2014 by HCLS Executive Director Colleen Sym and Mike Balkwill, a consulting community organizer with a longstanding legal aid connection. The project is funded primarily by Legal Aid Ontario’s Fund to Strengthen Capacity of Community and Legal Clinics.

The Legal Health Check-Up project involves partnerships between HCLS and seven intermediary groups in the clinic’s service delivery area: Halton Region, Halton Hills, Oakville, Burlington and Milton. The project’s basic objective is to increase the number of clients served, by developing partnerships with health providers, peer groups with lived experience of poverty, and other community organizations.

Intermediaries have long been a mainstay in Canada for delivering public legal information to hard-to-reach populations. Several studies emphasize use of “trusted intermediaries” to reach low-income and vulnerable people who are unaware of their legal rights or face other barriers to accessing justice.

The Waterfall Metaphor

The project team, HCLS staff, board members and intermediary groups fleshed out the project’s basic design in facilitated discussions that translated into large wall poster images. Contemporary research reveals the high prevalence of everyday legal problems, failure to recognize and address legal problems before they become more difficult, limited use of the justice system, and the considerable harm everyday legal problems cause, both monetarily and intangibly (e.g., in ill health and high stress). Participants combined research with their understanding of how people experience everyday legal problems to plan how the legal Health Check-Up could address clients’ legal needs in a holistic and integrated manner.



In the figure above, the project's client population is pictured as disadvantaged people about to plunge over a waterfall. Some may be further upstream but still surrounded by dangers. Will service providers or intermediaries throw a flotation device? Or are they strong swimmers guiding clients to shore?

The Legal Health Check-up Form

The Legal Health Check-Up tool (LHC) is a major foundation of the project. Developed and tested with participating intermediaries, the LHC form asks about everyday legal problems concerning income, housing, education, employment, family, social and health supports.

Each partner intermediary was given a training session about the project and the LHC form. Some intermediaries were provided with tablet computers with the LHC forms loaded. Clients could complete the forms online or on paper, either assisted by the intermediary or at home. The form was also accessible to anyone on the project web site.

The project began in October 2014, and was to run for three months or until the intermediaries had submitted 300 LHC forms. That 300-mark was reached in January 2015, in the same week as interviews with the partner intermediaries. The following review is based on this three-month period.

Data used in this review came from several sources: Legal Health Check-Up forms compiled in a database; clinic intake data, including follow-up calls and interviews; five group interviews and two individual interviews with the seven partner intermediaries at the end of the pilot phase; and case notes by clinic lawyers and case workers. Research questions included whether the LHC form effectively identified everyday legal problems, and how problems identified on the LHC forms corresponded with clinically assessed legal issues. As the pilot phase proceeded, the project team formulated new research questions around fundamental themes: outreach, early intervention, holistic service and integrated service.

Client Profile at Intake

Problems on the LHC form were categorized by type: income, employment, housing, education and family/social/health. Income problems generally translated into legal problems with income tax, Canada Pension Plan, Ontario Works, Ontario Disability Support Program and Guaranteed Income Supplement. Housing problems included arrears in rent and landlords failing to make repairs. Family, social and health legal problems included difficulty in accessing medication support and powers of attorney.

More than 60% of the Legal Health Check-Up forms were completed by people who reported three or more problems, while only 15% of the overall Canadian population aged 18 years and older report three or more problems. Similarly, 64% of clients reported three or more problem types at intake. The most common problem type was income, about 45% of all problems. Housing problems were second (27%), followed by problems with family/social/health (13%), employment (12%) and education (2.7%).

Clinically assessed legal problems at intake closely matched the everyday legal problems reported on most LHC forms. About 30 percent of clients were judged to have fewer legal problems than reported on the forms, and about 5 percent had more.

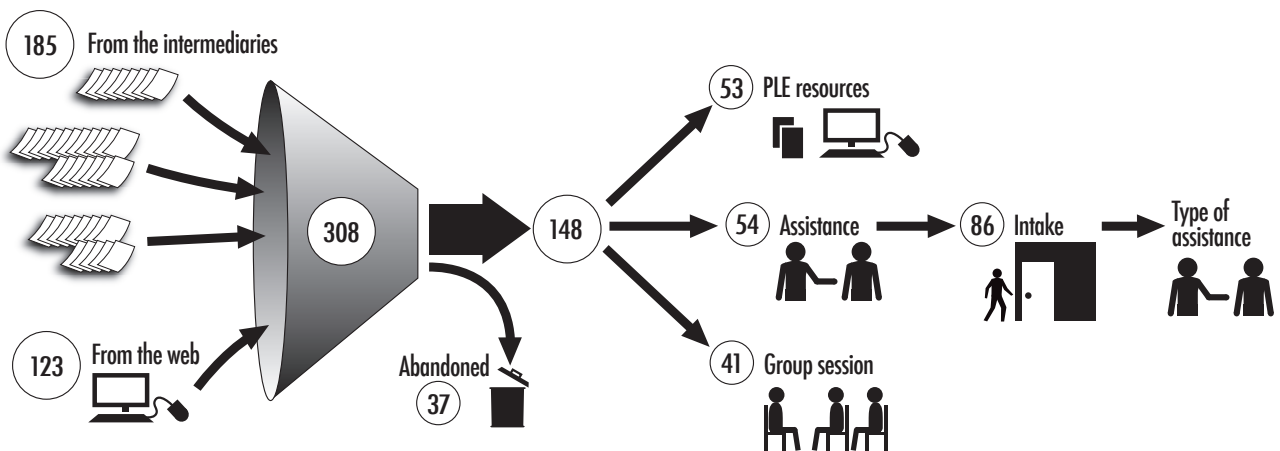
The concept of a crisis is problematic for this disadvantaged population, but it was hoped that the LHC process would identify problems early before problems became critical. Based on 44 clients, intake workers judged that almost 90% of clients presented non-critical problems. In about 9% a crisis was impending; only slightly more than 2% of clients had a problem the intake worker considered critical.

Outreach

Proactive outreach is generally recognized as essential to effective provision of legal aid, particularly to those who most need help. Outreach may involve a range of actions, including harnessing human services networks to refer those facing legal problems to appropriate legal advice.

The Legal Health Check-up form provided an effective tool for outreach by the intermediary groups. Over the project's three-month pilot phase, requests for contact with the clinic from people completing the form increased the clinic's normal caseload by a third.

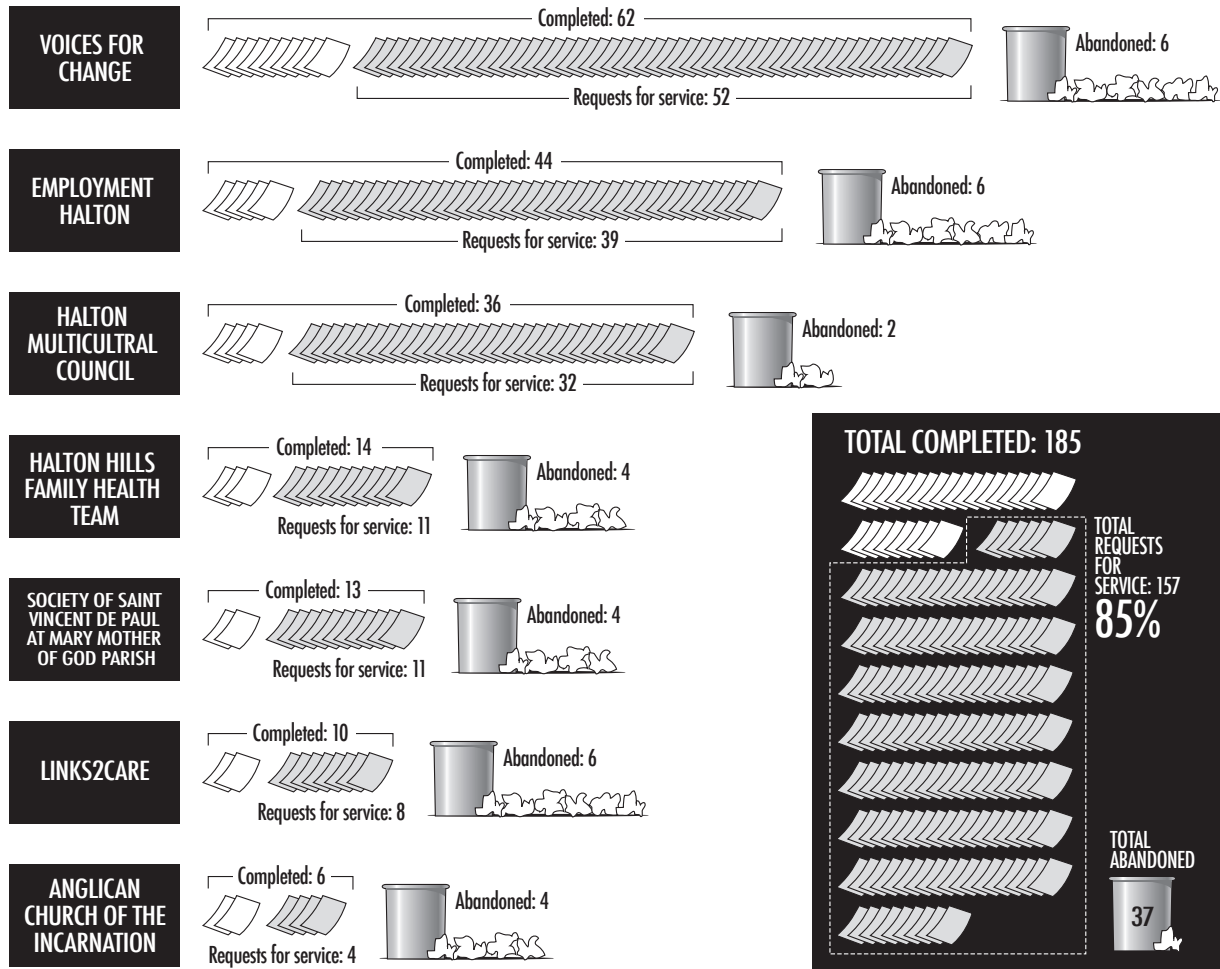
The Legal Health Check-Up process



Of the 185 forms from the seven partner intermediaries, only 20% (37) weren't completed. Of the rest, roughly equal numbers requested educational resources and assistance (a call from an intake worker). About a third requested information about a group support session related to their problem.

Unexpectedly, 40% (123) of all filled-out LHC forms came from the Internet, i.e., independent of the seven partner intermediaries. Contact with web sites such as the Canadian Forum on Civil Justice or Community Legal Education Ontario led some people to the LHC site.

Status of Legal Health Check-Up forms submitted through partner intermediaries



Three of the seven intermediaries – Voices for Change, Employment Halton and the Halton Multicultural Council – accounted for three-quarters of the completed LHC forms. But all seven intermediaries indicated in interviews that they found the LHC form useful. (Settlement workers at the Halton Multicultural Council found the form lengthy because of the need to translate it.)

Overall the intermediaries said the LHC facilitated a conversation that validated the client’s problems. Respondents from both the Anglican Church of the Incarnation (INCA) and Voices for Change (Voices) said the LHC form often “opened up the flood gates.” A Halton Hills Family Health Team (HHFHT) respondent said clients “will typically not answer [LHC questions] yes or no; they want to tell their story.”

A Halton Multicultural Council (HMC) respondent said problems uncovered by the LHC “are often not priorities at the time.” HMC assists refugees and immigrants become established, offering programs supported by government funding in a structured environment. By contrast, INCA and MMOG assistance is largely unstructured pastoral care, while Voices people and their clients share a lived experience with poverty. Both INCA and MMOG can access funds for emergency food purchases or rent payments; MMOG also operates a food bank, supports dental and eye care, and helps obtain government support.

Aversion to Things Legal

Four of the seven intermediaries identified hostility among their constituencies toward anything legal, and indeed toward all bureaucratic agencies, based on histories of repeated refusals of service. Moreover, many immigrants and refugees come from countries with endemic corruption and minimal rule of law. Such clients may see involvement with the legal system as risk – they fear losing everything.

A Halton Hills Family Health Team nurse said a legal problem might by definition be considered serious. The rector at the Anglican Church of the Incarnation said, “Legal is a red flag ... and legal aid is perceived as part of the [system].” Voices for Change respondents said their clients associate legal with high-cost, complex, inaccessible and sometimes hostile processes. People are afraid of disclosing their complex and troubled lives. “What if they find out I lied on my application for disability support?”

Regardless of such suspicions, between 65% and 90% of completed forms resulted in a request for referral to the legal clinic for assistance. (When MMOG respondents said their relationship with the legal clinic was positive, clients became interested.) The Legal Health Check-Up seems to have the potential to overcome suspicion of legal help, otherwise a significant barrier to access to justice.

Early Intervention in Lives on Simmer

Early intervention – proactively identifying, preventing and resolving problems – has gained prominence in policy discussions about legal assistance. It is widely felt that tackling a problem early avoids monetary and intangible (stress-related, ill-health, family relationship) costs of a later more complex problem, and avoids “knock-on” costs to the state to in publicly funded social services.

This perception may be consistent with relatively stable lives, in which there is time to forestall crises by identifying and dealing with problems. But poor people constantly deal with scarcity – they can’t afford to solve legal problems – and their lives are constantly on simmer. Respondents from Voices for Change, whose members have lived in poverty, say desperate people’s tolerance for crises is higher. Being unable to pay the rent, or even facing eviction, for example, is not new. “People are already desperate” when they overcome reluctance to ask for help. They need basics, such as money for food or rent.

These interviews suggest that crisis intervention might be more realistic than prevention or early intervention in the legal problems of the very poor. However, the Halton legal aid clinic’s partnership with trusted intermediaries who are closer to poor people appeared to help check simmering problems. The Legal Health Check-Up helped intermediaries identify people with everyday legal problems and refer them to legal aid. Halton Multicultural Council respondents consistently said that among their clients, problems are often identified when a crisis occurs.

The very poor resist revealing their problems to service agencies, and immigrants and refugees are suspicious of government bureaucracy and the legal system. Based on experience, they anticipate rejection, personal humiliation and unfairness. As they juggle problems about to boil over with scarce resources, short-term expediency often takes precedence over longer-term problems. HMC settlement workers said problems are identified when they and their clients have a long relationship of trust.

The LHC tool can uncover problems that might otherwise not come to light until clients suffer a full-blown crisis. But these interviews suggest that trust in the intermediaries might be the key to breaking down barriers. MMOG respondents suggested that the potential for early intervention can increase over time, adding that the basis of client trust is ongoing, unqualified and completely confidential active offers of assistance. MMOG resources – church funds and the knowledge and capabilities of its largely middle-class and well-educated, dedicated church workers – may also be important.

A Propensity toward Self Help

Literature on people experiencing everyday legal problems reveals a strong predisposition for self-help. A recent national survey found that about 62% of people experiencing legal problems were self-helpers. They relied only on Internet searches, advice from friends and relatives, and negotiations with the other party. A further 19% received advice (not legal) from an organization such as a union, government office or advocacy group. Asked if, in retrospect, assistance might have improved the outcome, 72% said yes. The majority suggested better information, someone to explain the legal aspects, help filling out forms, and intervention by an advocate. Only 30% would have preferred a lawyer to deal with the matter.

Voices for Change respondents emphasized that people to whom they offered help through the LHC were cynical, feeling that it was just one more social services agency form. Asked what would help, one respondent replied, "They want to do it on their own." A second said, "People don't mind doing the work if they have the guidance and tools ... to advocate for themselves."

Most clients of intermediaries who requested follow-up on the LHC form wanted legal education or information about support groups. HCLS's brief and summary services, aided by intermediary mentoring and advocacy, could significantly assist even the disadvantaged to deal with everyday legal problems.

Building an Integrated and Holistic Service

The Legal Health Check-Up project is building an integrated and holistic approach to access to justice. The clinic discerns legal needs from community studies, environmental scans and community development reports that track demographic and economic changes, legal aid cases and service delivery. Partnering with intermediaries helps the legal clinic increase its intake, by proactively offering service to people who would not otherwise ask for help. The next step is to provide integrated and holistic services, viewing legal problems as aspects of normal life. Particularly disadvantaged people experience clusters of interconnected legal and non-legal problems that cannot easily be disentangled. Partner intermediaries are essential to an integrated and holistic approach to access to justice, as well as to effective outreach.

Some intermediaries – such as Employment Halton, the Halton Hills Family Health Team (HHFHT), the Halton Multicultural Council (HMC) and Links2Care – provide specific services or serve a specific population. The Anglican Church of the Incarnation (INCA), Saint Vincent de Paul Mary Mother of God Parish (MMOG) and Voices for Change are rooted in the community in different ways. By partnering with intermediary groups, Halton Community Legal Services is using a community development strategy to expand access to justice, and is making the legal clinic a more integral part of its community. The referral process can also go the other way, from the legal clinic to the intermediary.

Holistic Service

Both integrated and holistic service relate to the clusters of legal and non-legal problems people face – a human experience. People who are desperate and afraid typically must be approached with empathy. A holistic approach, as described in intermediary interviews, involves blending various elements of human interaction: overcoming cynicism and resistance to requesting help, drawing out complex stories, building trust and, especially, actively offering concrete service that is unqualified and non-judgmental.

Voices for Change respondents emphasized the key role of offering assistance. "Once I got the person an application to use Handi Van [local transportation for disabled people], the flood gates opened." An HHFHT respondent said, "Typically the client will not want to answer [LHC questions] simply yes or no. They want to tell their story." Listening, the respondent said, "showed that someone is out there who cares." An INCA respondent said, "It is not just filling out forms. It is jumping through the hoops with [clients] ... You have to walk through the process with them." An MMOG respondent said the holistic process works "only because people know the intermediary [offers] non-judgmental, unqualified help."

An open-ended, holistic and integrated legal service, from lawyers or service agencies, is outside the expectations of disadvantaged people seeking help. Partner intermediaries are crucial animators in the LHC process, but the legal service itself is no less critical. In this project to extend and transform legal services, the intermediaries understood that HCLS differs from normal legal or social service models. They also understood that direct contact is needed to draw people to the clinic, because previous negative experiences erect barriers of cynicism, suspicion and aversion to both legal and non-legal assistance. The new kind of legal service needs a new kind of lawyer; the Legal Health Check-Up will be more effective as the legal service and the intermediaries become trusted.

Conclusion

Intermediary partnerships are an effective way to reach a highly disadvantaged, multiple-problem population: during the Legal Health Check-Up project's pilot phase, intake at Halton Community Legal Services increased by a third. The LHC process overcomes the cynicism and mistrust of bureaucratic government services typical of disadvantaged people, who often have been refused service even when desperate. The process also seems effective at overcoming widely reported client aversion to anything legal: the vast majority of filled-out LHC forms included a request for service by the legal aid clinic.

Early intervention is frequently proposed to prevent problems from becoming critical and to resolve problems before they become complicated. But the intermediary interviews indicated that crises are normal for highly disadvantaged people; their lives are constantly on simmer. Early intervention means early detection of a crisis and providing help that may bring it under control. This is not to say that people's lives can't stabilize, but that was not evident in the LHC project's short pilot phase.

Intermediary partnerships are the foundation not only to reach a disadvantaged population, but also to effectively deliver integrated and holistic service. Intermediary/clinic partnerships are the first service level, mutually supporting resolution of interrelated clusters of legal and non-legal problems. The second level is the network of contacts that the intermediaries bring into service delivery.

The concepts of integrated and holistic service both posit that dealing with disadvantaged people's inter-related problems requires considering the whole person. Holistic service recognizes that experiencing legal problems is a human process with emotional and personal aspects. Trust in intermediaries arises from judgment-free active offers of service, concrete assistance and sometimes advocacy.

Intermediary activities can expand beyond the gateway roles of problem-spotting and making legal referrals to embrace a wider range of advocacy and supported self-help. Providing the legal clinic with resources to mentor, train and otherwise support intermediaries might benefit service delivery.

About 40% of the filled-out Legal Health Check-Up forms came from sources other than the partner intermediaries. This suggests potential to expand the LHC project to more web-based information and self-help, which might assist people living precarious lives – low income, unstable employment and uncertain housing – who are just outside legal aid's current client base and eligibility guidelines.