
THE TRANSFORMATION OF COMMUNITY LEGAL CLINICS AND THE PURSUIT OF JUSTICE

REPORT ON THE CONFERENCE OF CLINICS AND COMMUNITIES, TORONTO, JANUARY 17, 2015

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Kensington-Bellwoods Community Legal Services

Kensington-Bellwoods Community Legal Services is committed to providing legal assistance to low income persons in the area bounded by Ossington Avenue/Strachan Avenue, Yonge Street, Bloor Street and Lake Ontario. This includes providing summary advice, representation and assistance, as well as referral on non-legal matters of concern to clients; community outreach; community organizing; community education; and organizing law reform activities aimed at improving the legal and economic status of low income persons in Ontario.

Our goal is to work towards the elimination of poverty in our society, and to ensure equality before the law. To that end we are committed to working with other individuals and groups who share that goal, and to community organizing to bring about changes in the law that improve the legal and economic status of low income people in Ontario.

Kensington-Bellwoods Community Legal Services is committed to a policy of non-discrimination on the basis of race, creed, colour, national origin, political or religious affiliation, sex, sexual orientation, age, marital status, family relationship and/or disability.

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INTRODUCTION

On Saturday, January 17, 2015, Kensington-Bellwoods Community Legal Services hosted a **Conference of Clinics and Communities** at Christ Church Deer Park Parish Hall. The one-day conference was attended by about 100 staff and board members, community partners, clients, and friends of community legal clinics from across Toronto. Kensington-Bellwoods organized the conference to "re-boot" the discussion about "Clinic Transformation" that had been taking place among clinics and our communities over the past year. The conference was successful in providing a forum for a positive and constructive dialogue among 13 of the 14 general service (neighbourhood-based) legal clinics and our community members and partners in the City of Toronto.

In addition to presenting an account of the day's proceedings, this Report also provides some context for the conference. The **Background** section of this report includes a general profile of our clients and communities, information about the 14 general service legal clinics in Toronto, a summary of the GTA Legal Clinic Transformation Project and its proposed Vision Report, and information about Legal Aid Ontario (the funder of the clinic system and the various "Transformation Projects" underway across the Province).

The Conference section of this Report was created through reproduction of the written submissions and/or transcribed recordings of Opening Remarks, Panel Presentations, and Closing Remarks. As well, we have reproduced the comments posted on the wall of the meeting room by conference participants relating their Hopes and Concerns. This section is followed by an analysis of the **Emerging Issues and Ideas** which the authors have gleaned from the comments of panelists and other participants. The Report closes with our recommendations for **The Way Forward** based on the discussions of the day and the environment in which our clients, our communities and our clinics currently struggle in the pursuit of justice.

BACKGROUND

OUR CLIENTS AND COMMUNITIES

While the current transformative process has been contentious and at times heated, there has been no doubt that the focus of the upcoming change in the legal clinic system should be the community and its members. And while we continue to work through the questions related to what kind of change the system will see in the future or even how the change will come about, there is no denying that at its core, the legal clinic system is, and should remain, community-based and community-run. Clinics work best when embedded deep within their own communities, where they are able to form long-lasting and trusting relationships with clients and community partners that are crucial to furthering the core principles and mission of the legal clinic system. While each clinic is situated amongst a variety of communities within their own catchment area, the 14 Toronto clinics serve a much wider group of individuals who share some basic characteristics that make them vulnerable to a variety of distinctive circumstances and issues.

The newest LAO financial eligibility requirements state that a family of 3 must be making less than \$32,860 in order to qualify for clinic legal services.¹ This puts all clinic clientele significantly below \$73,700, the median income of households in Ontario.² Clinic clients also lie in the bottom income quartile of the city of Toronto, which is home to around half a million low-income households.³ Moving forward, the legal clinics must aim to continue and improve on addressing the particular issues faced by this group of individuals due to their financial situation and the resulting difficulties. For example, many low-income community members and clients lack daily Internet access at home, while others lack a cellphone or landline connections. Around 40% of Kensington Bellwoods' clients lack household Internet access and around 30% of clients do not have a cellphone, a home phone or Internet access.

¹ "Am I Eligible for Legal Aid?" *Am I Eligible for Legal Aid?* LAO. n.d. Web.

² "Canadian Income Survey, 2012." *Government of Canada, Statistics Canada*. N.p., n.d. Web. 13 Feb. 2015.

³ "Canadian Income Survey, 2012." *Government of Canada, Statistics Canada*. N.p., n.d. Web. 13 Feb. 2015.

These statistics are reflective of nationwide data that state that around 40% of Canadians in the lowest income quartile lack daily Internet access. This is mainly due to the high cost of equipment and Internet packages provided by service providers. Though national service providers have made progress in offering Internet service packages targeted at low-income households, these packages still cost around 10 dollars a month.⁴ And unfortunately 10 dollars a month is still a significant amount, especially in Toronto where the average monthly rent is around \$1026 a month.⁵

For low-income households that lack Internet access or even cellphones or landlines, the physical location and accessibility of a clinic is extremely important. Having a clinic they can approach at little to no cost may be the difference between them receiving or not receiving the appropriate legal help. Easy inexpensive access to a clinic is also crucial for those who struggle with disabilities. Around 50% of Kensington Bellwood's client base suffers from permanent disabilities. To these clients, simple straightforward physical access is very important because otherwise they would require significant support to access clinics that are located at considerable distances from their home and or would have to spend 6 dollars on the TTC to ferry them to and from their legal clinic.

The most significant change the GTA is currently experiencing is its surging population and reshaping of the city's demographic landscape. Clinic services have been unable to completely keep up with the growing population due to lack of human capital and both physical and financial resources, meaning that the current average ratio of clinic staff to low-income households in the city is staggeringly low at around 1 staff to 30,000 households.⁶ A significant proportion of this rise in population can be attributed to new immigrants. Between 2006 and 2011 around 17% of the city's population were new immigrants that had recently moved to Toronto and currently around 51% of Toronto's population was born outside of Canada and around 49.1% are visible minorities.⁷ About 5.3% of Toronto's population has no knowledge of English or French.⁸ The top five languages spoken at home in the City of Toronto are English, Cantonese, Chinese, Mandarin, and Tamil. At Kensington-Bellwoods nearly 50% of clients do not consider English to be their first language. Not only does this emphasize the importance of the role of trusted translators to help facilitate their relationship with their legal clinic but also the importance of tailored individual one-on-one services provided by trusted community legal workers and lawyers that understand their specific situation and needs that stem from both linguistic and cultural differences.

⁴ "Helping Low-income Youth, Families Catch the Net." *The Globe and Mail*. N.p., 3 June 2013. Web. 13 Feb. 2015.

⁵ "Ward Profiles." *City Council | City of Toronto*. N.p., n.d. Web. 13 Feb. 2015.

⁶ Vision Report

⁷ "Ward Profiles." *City Council | City of Toronto*. N.p., n.d. Web. 13 Feb. 2015.

⁸ "Ward Profiles." *City Council | City of Toronto*. N.p., n.d. Web. 13 Feb. 2015.

The 14 legal clinics in Toronto are located in a variety of low-income communities. The Downsview clinic, like many others, covers a large catchment area and is home to many diverse communities. When the clinic moved locations just within their own catchment district, they were able to notice the shift in the community landscape and the subsequent differences in the composition of the client base. Most clinics are equipped with specialized translators who are able to bridge communications between clinic staff and clients who do not speak English. Over time many clinics have witnessed their communities becoming home to a plethora of immigrant and refugee populations from a variety of countries.

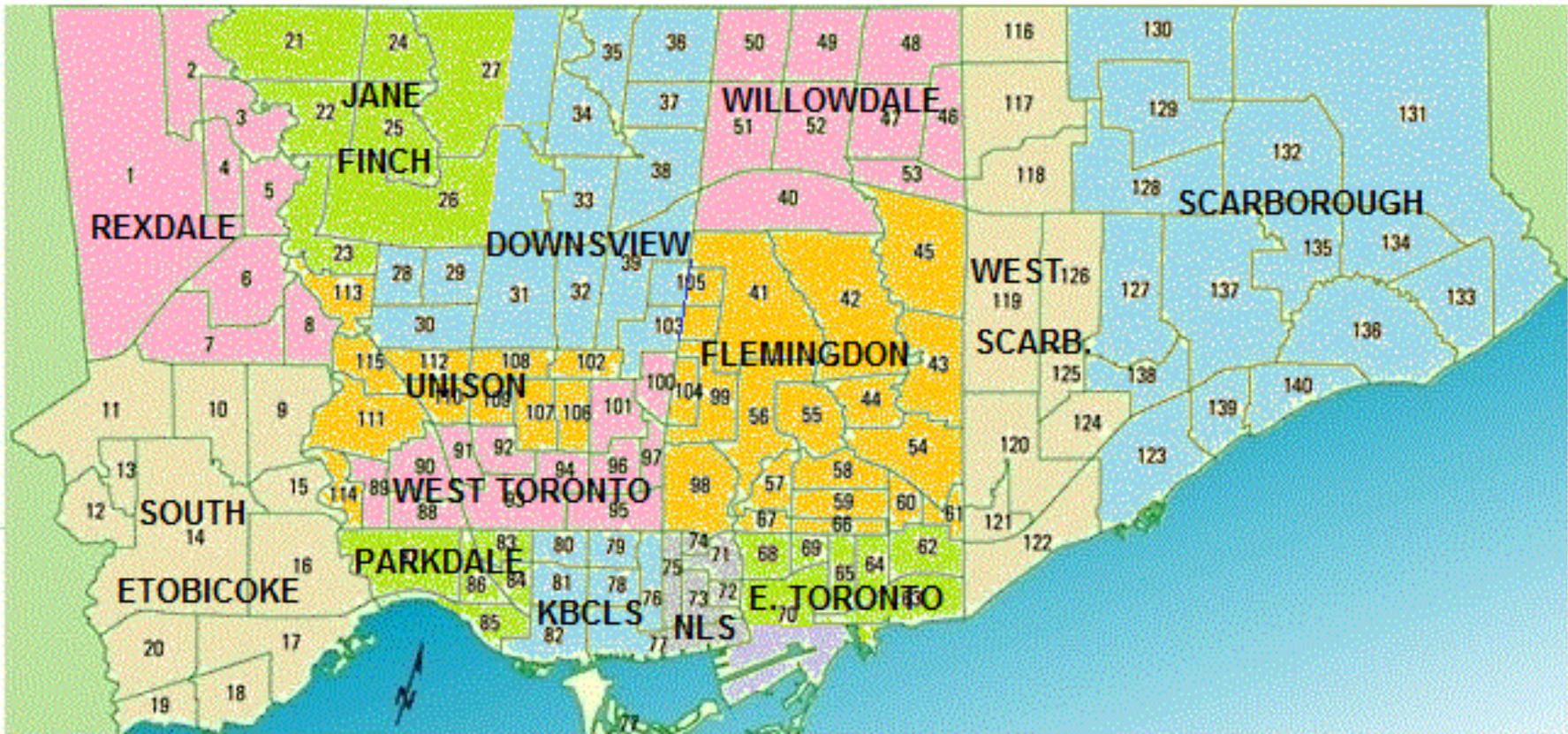
The communities at the center of the legal clinic system bring with them a unique set of challenges. Clinics must be able to surpass these challenges in ways that ensure transparency, inclusivity and accountability of the GTA legal clinic system and ensure that the clients are getting the best legal representation possible. By better understanding community needs, clinics are also better able to tailor community development and legal education programs. Looking to the future we must make sure that the clinic transformation process and end results sufficiently address these important issues.

COMMUNITY LEGAL CLINICS IN TORONTO

Below is a list of the 14 neighbourhood-based general service legal clinics in the City of Toronto in alphabetical order (with the closest major intersection in parentheses) and the date of incorporation. The list of clinics is followed by a map of the 140 neighbourhoods that make up our city. The map indicates, with various colours, the *approximate* catchment areas of the clinics in relation to the neighbourhoods defined by the City of Toronto. A numerical list of neighbourhoods follows the map.

Downsview Community Legal Services (Finch and Bathurst) 1987
East Toronto Community Legal Services (Gerrard and Greenwood) 1984
Flemingdon Community Legal Services (Overlea and Millwood) 1983
Jane-Finch Community Legal Services (Finch and Keele) 1981
Kensington-Bellwoods Community Legal Services (College and Bathurst) 1982
Neighbourhood Legal Services Community Legal Services (Queen and Parliament) 1973
Parkdale Community Legal Services (Queen and Dufferin) 1971
Rexdale Community Legal Services (Kipling and Finch) 1977
Scarborough Community Legal Services (Lawrence East and Markham) 1982
South Etobicoke Community Legal Services (Kipling and Dundas) 1986
Unison (Keele and Rogers) (formerly York Community Legal Services)
West Scarborough Community Legal Services (Eglinton and Kennedy) 1989
West Toronto Community Legal Services (Bloor and Dundas West) 1985
Willowdale Community Legal Services (Sheppard and Don Mills) 1987

City of Toronto Neighbourhoods and Approximate Legal Clinic Catchment Areas



Neighbourhood Map Source: City of Toronto www.toronto.ca, adapted and edited for this report.

City of Toronto Neighbourhood Numbers and Names

1	West Humber-Clairville	48	Hillcrest Village	95	Annex
2	Mount Olive-Silverstone-Jamestown	49	Bayview Woods-Steeles	96	Casa Loma
3	Thistletown-Beaumont Heights	50	Newtonbrook East	97	Yonge-St.Clair
4	Rexdale-Kipling	51	Willowdale East	98	Rosedale-Moore Park
5	Elms-Old Rexdale	52	Bayview Village	99	Mount Pleasant East
6	Kingsview Village-The Westway	53	Henry Farm	100	Yonge-Eglinton
7	Willowridge-Martingrove-Richview	54	O'Connor-Parkview	101	Forest Hill South
8	Humber Heights-Westmount	55	Thornccliffe Park	102	Forest Hill North
9	Edenbridge-Humber Valley	56	Leaside Bennington	103	Lawrence Park South
10	Princess-Rosethorn	57	Broadview North	104	Mount Pleasant West
11	Eringate-Centennial-West Deane	58	Old East York	105	Lawrence Park North
12	Markland Wood	59	Danforth - East York	106	Humewood-Cedarvale
13	Etobicoke West Mall	60	Woodbine-Lumsden	107	Oakwood Village
14	Islington-City Centre West	61	Taylor-Massey (formerly Crescent Town)	108	Briar Hill-Belgravia
15	Kingsway South	62	East End-Danforth	109	Caledonia-Fairbank
16	Stonegate-Queensway	63	The Beaches	110	Keeleisdale-Eglinton West
17	Mimico (includes Humber Bay Shores)	64	Woodbine Corridor	111	Rockcliffe-Smythe
18	New Toronto	65	Greenwood-Coxwell	112	Beechborough-Greenbrook
19	Long Branch	66	Danforth	113	Weston
20	Alderwood	67	Playter Estates-Danforth	114	Lambton Baby Point
21	Humber Summit	68	North Riverdale	115	Mount Dennis
22	Humbermede	69	Blake-Jones	116	Steeles
23	Pelmo Park-Humberlea	70	South Riverdale	117	L'Amoreaux
24	Black Creek	71	Cabbagetown-South St. James Town	118	Tam O'Shanter-Sullivan
25	Glenfield-Jane Heights	72	Regent Park	119	Wexford-Maryvale
26	Downsview-Roding-CFB	73	Moss Park	120	Clairlea-Birchmount
27	York University Heights	74	North St. James Town	121	Oakridge
28	Rustic	75	Church-Yonge Corridor	122	Birchcliffe-Cliffside
29	Maple Leaf	76	Bay Street Corridor	123	Cliffcrest
30	Brookhaven-Amesbury	77	Waterfront Communities-The Island	124	Kennedy Park
31	Yorkdale-Glen Park	78	Kensington-Chinatown	125	Ionview
32	Englemount-Lawrence	79	University	126	Dorset Park
33	Clanton Park	80	Palmerston-Little Italy	127	Bendale
34	Bathurst Manor	81	Trinity-Bellwoods	128	Agincourt South-Malvern West
35	Westminster-Branson	82	Niagara	129	Agincourt North
36	Newtonbrook East	83	Dufferin Grove	130	Milliken
37	Willowdale West	84	Little Portugal	131	Rouge
38	Lansing-Westgate	85	South Parkdale	132	Malvern
39	Bedford Park-Nortown	86	Roncesvalles	133	Centennial Scarborough
40	St. Andrew-Windfields	87	High Park-Swansea	134	Highland Creek
41	Bridle Path-Sunnybrook-York Mills	88	High Park North	135	Morningside
42	Banbury-Don Mills	89	Runnymede-Bloor West Village	136	West Hill
43	Victoria Village	90	Junction Area	137	Woburn
44	Flemingdon Park	91	Weston-Pellam Park	138	Eglinton East
45	Parkwoods Donalda	92	Corso Italia-Davenport	139	Scarborough Village
46	Pleasant View	93	Dovercourt-Wallace Emerson-Junction	140	Guildwood
47	Don Valley Village	94	Wychwood		

GTA LEGAL CLINIC TRANSFORMATION PROJECT AND THE VISION REPORT

The Conference of Clinics and Communities became necessary after the publication of a “Vision Report” by the Working Group of the GTA Legal Clinic Transformation Project. The report contained a proposal to replace 14 neighbourhood-based clinics in Toronto with 3 mega-service centres and an uncertain number of undefined “access points”. The Vision Report generated significant and growing concern and opposition among Toronto legal clinics and their communities.

The GTA Legal Clinic Transformation Project was based on work in 2013 that six east-end Toronto general service clinics engaged in to find more efficient ways to serve low income communities and provide more front-line services. East Toronto Community Legal Services, Flemingdon Community Legal Services, Neighbourhood Legal Services, Scarborough Community Legal Services, West Scarborough Community Legal Services and Willowdale Community Legal Services hired a consulting firm, “Public Interest”, to examine the community clinic model. The report that followed suggested larger clinics with many access points within the community.

The east-end clinics proposed to the Toronto Legal Clinic Management Group (mainly Executive Directors) that the clinics in the rest of Legal Aid Ontario’s GTA region (this includes Mississauga, North Dufferin and Peel and York Region clinics, but not Durham) should investigate the potential of restructuring the general service clinics. And thus the GTA Legal Clinic Transformation Project was established, with each clinic being given two seats on a Steering Committee that was led by a smaller Working Group of Legal Clinic Executive Directors. The Project engaged in a long series of meetings and released a number of documents as work proceeded.

By June 2014, it appeared that the Working Group and the consultant were committed to the replacement of the fourteen neighbourhood-based clinics in Toronto with three 33-person “model clinics”. This was the key proposal of the GTA Legal Clinics Transformation Project “Vision Report” released in August 2014.¹⁰

Kensington-Bellwoods Community Legal Services launched a public campaign to defend community-control of local legal clinics and called for more genuine and wide-spread community consultation. The KBCLS campaign was answered by the Working Group with

¹⁰ Vision Report, p. 23. The Working Group has insisted that the Vision Report does not call for the closure of any clinics, but it is inconceivable that Toronto would have three “model clinics” and retain the fourteen local legal clinics.

a series of communiqués aggressively promoting the proposed Vision. The general service clinics across Toronto organized many public meetings and community consultations on the issue of legal clinic “Transformation” and discussions finally began to move well beyond the limited possibilities advocated by the Working Group in the Vision Report.

THE FUNDER: LEGAL AID ONTARIO

In November 2014, representatives of Legal Aid Ontario (LAO), the body that funds community legal clinics, met with the Board of KBCLS. LAO was having significant difficulty understanding how a clinic could be opposed to the Vision and yet still claim to be in favour of “Transformation”. We not only shared our criticisms of the proposed Vision, we also shared our serious concerns with the process by which it was generated and promoted. We explained that, rather than starting from a blank slate as the Project had¹¹, we needed a new process that was informed by the long history and ongoing work of the existing clinics – a process that could develop a variety of options for clinic transformation through broader and more in depth community consultation.

We proposed a one-day conference that would give us the opportunity to discuss the diversity of our communities and the variety of clinic models that already exist. It would be an opportunity to learn from one another about how we have successfully met challenges in the past and, together, we could examine the options we have for responding to current challenges. Although LAO declined our request for conference funding, we proceeded with the conference nonetheless. It was our hope that the conference would serve as a transition to community-based transformation of legal clinics.

Representatives of Legal Aid Ontario have repeatedly stated in public that LAO is just an interested observer, and that transformation is “clinic-led”, and yet, they have also made statements that clearly indicate support for a very particular kind of transformation. In addition both LAO and Flemingdon Community Legal Services have refused to make public the foundation document for the Transformation Project, which is a Funding Agreement dated April 18, 2013 between LAO and Flemingdon Community Legal Services on behalf of the GTA Legal Clinics Transformation Project.¹²

¹¹ Memorandum of Understanding, which all Transformation Project participants were required to sign; see Vision Report, p. 85.

¹² This agreement is referenced in the “GTA Clinics’ Transformation Project Partnership Framework Agreement” of December, 2013, which is widely available. This agreement is also referenced in the Vision Report at pages 86 and 87.

Staff and Board members of Community Legal Clinics across the Province of Ontario are currently engaged in a variety of “Transformation Projects”, looking for ways to “improve services” to low-income people in their communities. LAO funds all these projects according to certain LAO established guidelines. While there are debates within the clinic system about how “transformation” should be “clinic-led” or “community-led”, clinics seeking LAO support for “transformation” will, no doubt, be ever mindful of the contents of LAO’s following publications, among other documents:

- Clinic Law Services Strategic Direction (May 2013)
- Ideas for the Future Development of Clinic Law Delivery Services in Ontario (May 2012)
- A Discussion Paper on Addressing Clinic Administrative Costs (May 2010).

There are uncanny parallels between the first document and the Vision Report.

LAO’s response to community-based transformation initiatives led by local legal clinic boards – such as the Conference of Clinics and Communities – will tell us whether or not meaningful “transformation” is actually possible without an independent public inquiry or some form of “regime change” within LAO itself.

THE CONFERENCE

Conference of Clinics and Communities
Saturday, January 17, 2015, Christ Church Deer Park Parish Hall

PROGRAM

- 9:30 Registration
- 9:50 **Welcome and Opening Remarks, Moderator, John McKinnon**, Executive Director, Injured Workers Consultants
- 10:00 Present Realities: The Diversity of Communities and Clinics
Panel of 4 Community Legal Clinic Representatives:
- **Cole Webber**, Community Legal Worker, Parkdale CLS
 - **Ann McRae**, Executive Director, Rexdale CLS
 - **Grace Pluchino**, Community Legal Worker, Downsview CLS
 - **John Stapleton**, Board Member, West Scarborough CLS
- Followed by Discussion Period
- 12:00 LUNCH
- 1:00 Visions of Transformation: Panel on Different Visions of Clinic Transformation
- **Kathy Laird**, Executive Director, Human Rights Legal Support Centre
 - **Josephine Grey**, Director, Low Income Families Together
 - **Mary Jane Mossman**, Professor of Law, Osgoode Hall Law School
- Followed by Discussion Period.
- 3:00 BREAK
- 3:15 **Continuing the Discussion**
- 4:00 **Issues for Consideration in the Transformation of Legal Clinics**
The 3 panelists make closing remarks, with each articulating Issues for Clinics and Communities to Consider in Clinic Transformation.
- 4:30 **Closing Remarks, Moderator, John McKinnon**

OPENING REMARKS

John McKinnon, Conference Moderator

Executive Director, Injured Workers Consultants

Welcome everyone. I think we're about ready to get going. My name is John McKinnon; I work with the clinic, Injured Workers Consultants. I was asked to come here today and help to moderate the session because I used to work with Kensington-Bellwoods Community Legal Services and I am still in the clinics, so they thought that would be helpful and I'm happy to help out the discussion. Many of you know me because I am also on the ACLCO Executive and you are used to seeing me in that capacity, but I'm not here today in any ACLCO capacity.

So good morning, and thank you all so much for taking your Saturday to come here and talk about clinic issues. As I said, I am here because I used to work at Kensington-Bellwoods and the odd thing about my "back in the day" stories – I won't tell any so you don't have to worry – but, back in the day, 30 years ago, a Board chair was this radical kind of lawyer by the name of Gary Newhouse. And we had this amazing office manager by the name of Isabella Meltz who was kind of like a mother to the clinic. And we hired this really spirited community legal worker by the name of Tim Maxwell. So that's the really odd thing, is that they're all still involved and still committed to the clinic system. So it makes it really hard to believe that it's been 25 years since I left the clinic.

We are very fortunate today to have here people who cover the entire history of Ontario's Community Legal Clinic system. We have people who were involved in opening the very first community legal clinic in Ontario and we've got new board and staff members of the clinics. I think we are all extremely proud of the legal clinic that each of us is involved in. And I'm sure that we are all proud of Ontario's Community Legal Clinic System. Our clinic system is not only considered the finest in Canada, it's regarded internationally as world class, and as one of the best examples of a community-based approach to poverty law.

And on this topic, I think it's very important that you, please, don't mistake respect for the history of the clinic system, and for the clinics, for a desire to preserve the status quo. I haven't met anyone here today that is here to defend the status quo. There is no question that the map of poverty in Toronto has changed drastically in the last 25 years. And I'm pretty sure that all of you who took the time to come here today on a Saturday believe that the Community Legal Clinic system must respond to those changes. So I think we are starting here today on the basis that the status quo is not an option, and nor is waiting for a better time. There is no better time than right now to work on improving the clinic system.

We're all here today for a full public discussion on how to improve Toronto's Community Legal Clinics. And we've got Board and staff members from all but one of the 14 community clinics in Toronto, and we've got people from the broader community who care very deeply about the future of Toronto's Community Legal Clinics. So, I am very honoured to be here with you today, and in my mind, nothing makes the future of the clinic system look brighter today than to see about a hundred activists who care deeply about the Community Legal Clinic system, who wanted to get together and wanted to talk about how to make the system better.

And we are also, I think, very fortunate to be having this discussion in a year where the funder of the Community Legal Clinic system, the Ministry of the Attorney General, has announced significant increases in legal aid funding for the purposes of increasing legal aid services in the Province of Ontario. And that includes Community Legal Clinic services.

One of the hopes for today's conference is that we will learn more about each other's clinics, and about our different communities. We will learn through the panel presentations and through our plenary discussions, but we'll also learn from talking to each other. And I encourage you, during the breaks, to talk to somebody from another clinic, from another table. Find out what their clinic is like, how do they deal with this issue or that issue. Do you see any common ground or opportunities for working together?

Another hope for the conference is that we will learn more about the possibilities for a better Community Legal Clinic system in Toronto. What are the unmet needs of our communities? What are the issues that need to be addressed? If we can't do everything, what should we do? What are the alternatives to the status quo, what are the options, the next steps that we could take to explore these options?

Now, Kensington-Bellwoods is going to try to capture today's discussion in a report that will be shared with you all in the near future.

We have some very interesting panel members with us who will share their thoughts and experiences with us today. And when it comes to discussion, we hope that people will speak freely and have a real discussion.

MORNING PRESENTATIONS

PANELIST ONE: Cole Webber, Community Legal Worker, Parkdale Community Legal Services

Thanks to the organizers for having me and for holding this conference. I believe that any changes to the legal clinic system should be discussed and decided upon by those of us who work in the legal clinics and those who use the services. I hope today's conference will contribute to that discussion. There are five aspects which define Parkdale Community Legal Services. Not all of them are particularly unique to PCLS but they bear consideration by the conference;

1. Commitment to the Parkdale Neighbourhood

We try to base our work in the realities of peoples' lives in the neighbourhood. We're able to do this because we are located in the neighbourhood and have been for 40 plus years. People walk through the door of the clinic every day. From them we learn about the daily realities of life in the neighbourhood. By discussing these experiences and the social, economic, and political forces which shape them we begin to understand what we're up against and how to change it. This ongoing discussion allows us to make strategic interventions on legal issues faced by individual clients and on broader issues affecting large numbers of people in the neighbourhood.

2. Dedicated Community Organizers

We need organizers dedicated to working with tenants, workers, immigrants and the unemployed. Dedicated organizers connect the legal issues faced by individual clients to the broader social and economic forces that give rise to them. Most importantly, organizers bring people together to struggle collectively against oppression and exploitation.

3. Interpreters

In-house interpreters make legal clinics much more accessible. Interpreters allow clinics to develop relationships with communities we otherwise could not. At PCLS our interpreters are known to and trusted by our clients and community members. They are involved in both casework and in broader community organizing efforts. Their contribution to the work of PCLS is invaluable.

4. Immigration and Workers Rights

We need to deal with immigration and workers' rights issues. Along with housing and income security these should be seen as core areas of work in the clinic system. Our capacity to take on different kinds of work will always have limits but we've got to give priority to these areas.

5. Student Program

Osgoode Law School's Intensive Program in Poverty Law is a resource to the legal clinic system because it trains law students to be progressive lawyers. Many lawyers who work in the legal clinic system are alumni of the program. The program has a progressive influence on the legal profession as a whole.

What Needs to Change?

PCLS does some things right but obviously we are far from perfect. For one, I think we need to change our approach to casework. The demand for service is overwhelming and we end up spending too much time on individual cases rather than getting to the root of the problem. As much as possible I think casework should be done in support of broader organizing. An example of this is our work with Akelius tenants. Tenant committees formed in four Akelius buildings in Parkdale to fight displacement and disrepair. To support the tenants PCLS has filed a group tenant application to the Landlord and Tenant Board arguing that the landlord has withdrawn services to the tenants without compensating them.

How can Clinics Work Together?

Clinics can do more to work together. To start with we should work together to stop our clinics from being closed down. And we should work together to make sure we have the resources we need to provide the services which are in such high demand in neighbourhoods across Toronto. Beyond concerning ourselves with the continued survival of the legal clinic system as we know it, we should be making inter-clinic collaboration more of a priority. We need greater participation in inter-clinic working groups. We should have system-wide strategic planning. We should work toward more formalized agreements between our organizations on collective work and division of labour.

At the end of the day, if we're serious about developing an alternative to the mega-clinic model being put forward by the Transformation Project, we need to demonstrate that we are serious about improving things and that means working together more effectively.

PANELIST TWO: Ann McRae, Executive Director, Rexdale CLS

I. What is unique about the community we serve?

Rexdale is one of the oldest clinics. We're very proud of our volunteers and community activists in our history; we're very proud of our attempts to capture the diversity of our catchment area on our board, among our staff and our students and volunteers. We are proud of being leaders, in the use of technological tools like guided interviews, in the use of staff models like case management, in partnerships with Legal Aid including our refugee service pilot project, including having LAO's advice lawyers in family, criminal and immigration, in expanding the concept of clinic services such as our Youth Justice Worker. And we are proud of our efforts to partner with Justice for Children, with criminal duty counsel, with the Refugee Law Office,

One of areas of innovation has been to max out the number of Investing in Neighbourhood workers, social work placements, paralegal placements, pro bono, articling and LPP students. Some of our expanded services are possible because we have recently reinvented ourselves in a community hub... which leads to what is unique. Some of our expanded services are possible because we have enough people on our staff to supervise and mentor students and enough space to put them to work.

2. What is unique about our clinic structure, operations and/or services?

We exist in a multi-service hub, self-managed. I mention self-managed by a coalition of agencies because Unison provides two different models, one of legal workers integrated into Unisons' staff, and the other as a landlord-tenant model of hub agencies.

Limits: Hubs can't happen everywhere that they are needed, or at least not for a long time, because they take an enormous amount of planning and some serendipitous availability of either buildings or capital. Our hub took more than two years to plan, and two more years to figure out how much we had missed in the planning process, and how to fix that. The governing of the hub, maintaining the presence of a group of rent-paying, stable agencies all working together, not competing, is a dream that takes a lot of work.

Hubs have advantages and disadvantages. The current tenants in our hub are learning to work together and use each other's resources, and this takes effort. There is a tendency to reduce the amount of energy you have to network outside of the building, leaving clients on the fringes of our service area sort of in the cold. Extra work is needed to make sure we keep up our contacts, our outreach efforts, to the agencies and services not here.

Is there a restrictive aspect to our office hours? Not really: one of our partner agencies keeps office hours until 8 pm. I joked in my communicate on this subject that our board meetings have to end by eight, so that we can clear the building by 8:30. None of our board members sees this as a negative! It makes us efficient stewards of our time.

Co-location with LAO services also makes us unique, and it is largely possible because the additional space commitment was made by LAO during the hub planning. Rexdale has been actively testing models such as co-locating LAO services, integrating our intake with LAO's advice lawyers, testing service agreements as a delivery model. We do this because we can, and because it benefits our clients, and because it is useful to the clinic system to assess what works, what is cost effective, what we can learn.

3. How do we achieve maximum engagement with low-income communities on matters of social policy development, law reform, and clinic transformation?

We try for maximum engagement in clinic networks, supporting the efforts of other clinics, other agencies, sharing information. We have focused for two years on building and maximizing partnership with other service agencies, in PLE, in community development, in all types of outreach. The transformation conversation has pushed us to ask what segments of our clients, our partner agencies, our geography, have been neglected? How can we offer more services offered at library locations, or at the youth and women's shelters? Our partnerships with community agencies is critical to engaging the community, because settlement workers and workers with various seniors or rate-payer groups or community policing liaison groups are in touch with people who are potentially our clients.

4. What, if anything, would we like to change about your clinic?

I would like to have more training opportunities, such as when Parkdale opened up their articling student training to other clinics, I would like to have a more structured approach to organizing students and volunteers, a more structured approach to CD and outreach. We are working on all of these things, of course. We are working on so many things at once. I can see advantages of being in a larger entity for this to work better.

I would like to have a staff person dedicated at least in part, to maintaining partnerships and contacts with community agencies or at least a more structured approach to keeping up these community relationships.

I would like to be able to move ahead on discussing process with clinics near me, as I think it will take months, maybe years, to agree on how to reinvent ourselves with a bit more economy of scale, and yet without losing the values that we have all agreed on.

It would not bother me if I had staff members delegated to work with the staff of other clinics staff on continued consultations around where to deliver our services, with the hope of ending up with more service locations than the client population currently has.

5. How can clinics in Toronto work together more effectively?

I have just mentioned some ways that clinics could work together better. But there is more: Many hundreds of hours of clinic resources every year go into EDs and office administrators completing reports, surveys, funding applications, consultations with LAO and the ACLCO over everything under the sun, most recently the carrot of new Financial Eligibility Guidelines and new money for clinics. We also scramble to write funding applications to Toronto Employment and Social Services, Trillium, the Law Foundation and others. Probably all clinic directors would be happy if some of this would go away, but instead it grows by 5% per year.

Right now everything I or my office manager do to respond to correspondence from LAO, the ACLCO, by board members, the FEWG, surveys of this and that, reports on French Language Service, IT surveys, and so on, is also being done by every other clinic manager. If we were amalgamated even in some modest way, we could toss a coin for who gets to deal with each task. It is possible that more service delivery of all types could result.

PANELIST THREE: Grace Pluchino, Community Legal Worker, Downsview CLS

My name is Grace, I'm from Downsview Legal Services. It's quite interesting that I'm right after Ann, on the hub experience, and that's what we have too. Funny enough to us, the hub experiences are different. Extremely different. So ours wasn't necessarily something that we thought we were getting into at the time that it happened. This, my friends, is Downsview. (*displaying map of Downsview*) This is what it looks like. It's a huge vast piece of property up at the north end of the city. And when we moved in thirty years ago it was a desolate, sort of vast, empty land. It was. The Downsview Airport was there, where the Pope came to speak and they could put millions of people on grass land cause it's all available. So here we now are. Thirty years later and it's grown. And it's kind of interesting the way it's grown because of all the way around us, of what we see, everything is growing up. So it's become more dense, but not dense like the downtown Toronto core. It's dense because it's just being built up.

Also, our subway station, which we had was Wilson at the time and it was to the point where subway, or the buses running over to our offices, which would have been on the same street, at two blocks away, it was taking about forty five minutes for someone to take from the subway. So we would go and pick up our clients from the station. That's how that all started.

So we followed the questions (*given to panelists prior to conference*). We looked at the questions together, staff and board, and answered them in the way that they were given to us. So I am going to speak to you about the hub experience and again interestingly enough I'm going to show you this. (*map of Downsview*) It was a vast piece of land and I think that thirty years ago when our board decided where we would be, they smacked us down right in the middle. So we were right here and actually, we remained in the center of our geographical boundary trying to make sure that we were there and being a service provider for all for about twenty, twenty five years because we are now into year thirty.

So when it was time to move the first time – and those were the days when we were still able to go on our own to look at real estate and drive around and find where it was that we wanted to move – we ended up moving directly across the street from our first office. And that again, allowed us to remain in the area. And I'll tell you, the inter-clinic working groups, we couldn't get any meetings to come up to our office because we were so far away, but once the Downsview station was built, people would walk and it was doable.

And then something happened where Legal Aid said there were to be cost effective measures and our rent, our lease was coming due. So we had decided to move. And yes. We ended up at a hub all the way up here. So it took us very, very far away from the center core of our community. And sure enough we were still busy but it's a totally different community that we're engaged in. And we could just be busy with that particular community but when we have our board meetings and our board members who still keep

the pulse of the entire community, they're telling us that we're sort of losing our clients down on the south side. Saying that they just can't be bothered coming to see us. We're doing a lot more work on the phone and actually we're doing a lot of satellites.

So we are in a Unison hub. And that's kind of interesting too, because Unison is a huge organization. It takes up the four pillars, the four corners of northwest Toronto. So they do have a hub in four different spots there. We are part of one: the Bathurst-Finch hub. And so I will go do some of my work in housing but I go do it down in Lawrence Heights. So that makes me travel back and forth between Bathurst-Finch and Lawrence Heights. I also wanted to tell you what we gave up, and again, this was our cost savings measure: we gave up 2500 square feet for 1100 square feet and so there are eleven people sitting on top of each other. I'm sorry.

That was really, very difficult to accept because we had space. We did a lot of community activities within our own office and had to give all of that up. In the hub, though we gained community rooms and the community rooms are lovely, we have to apply for space and we only can get the space at certain times so some of the stuff that Ann was talking about, opening and closing and the amount of space that you get, or the fact that our offices are so tiny, and will have, some of us will use the, what they are calling "interview rooms" to actually to do a lot of work. So that happens.

There's been a lot of things that have changed for us and they changed after twenty five year period. We're still getting used to. We're very, very welcomed where we are. They're thrilled to have us there, we're in a community where it's Eastern European up in the, towards Finch-Steeles area, so we have changed, as I say, the kind of services that we provide. It's a Russian speaking community, we hire Russian speaking people and we're very much aware that's what's needed. But the beauty is too, along with the health services and the social services in our hub, we're sharing the interpreters. So we can run from one office to another to get the people that we need to be able to help us with the work that we're doing. Or vice versa, they are running in to us for legal things.

There's good and bad and I think I've put it sort of into the comments that I've been making, because it has been a change. Here we now sit. Okay. We answered the questions, as I said, very, very specifically so I'll just go through them. What makes us unique is that because of the vastness of the geography, there are large geographical regions and therefore there are a lot different communities. So we've got our Hispanic community and we have the Eastern European community and the Caribbean and African community are down at the farther end of our boundaries.

On the uniqueness of the clinic structure, operations and services. We're in the hub model and again, it's very different than Rexdale's and it's very different than Unison's two other hubs. When we went on board with the Unison hub, they were talking about us losing our Downsview name and becoming part of Unison. Just a thought in their minds but it was really kind of

detrimental, a point of them saying that we would have to close down our business to be able to then become part of them. So we decided it was a very strong feeling amongst staff and board, that we would not do that. That we would hold on, as long as we could, to ensure it was still Downsview. Which we did. Which is very different than (*the former York clinic*) which is part of Unison now.

We do have access to a number of the community agencies because they're in there but again, they're very specific. It is the other tenants, or what they call "community partners" that are in that particular hub. So it's very, very specific to the communities that are served within the hub, and most of the services that we would have access to. It's because we have other places where we do our satellites that we have access to the other types of services and so we're connected down in the Lawrence Heights area too, which is further south.

Our community legal worker-lawyer engagement, we find that we deal with each and every case that we have, very, very holistically and so there's a marriage. And honest to goodness, I will have to tell you, somebody walks in with a housing issue. I mean, if the person hasn't had breakfast, we are going out and buying the milk and the bread before, and they're eating first, before we actually get to talk about the legal issue. It's something where there's quite a sensitivity... We are very flexible dealing with legal issues but also we are expansive in the work that we do. The work that we do or the work that is required around hoarding issues, we've actually gone in and done the cleaning to ensure that it's been done. You do what you have to do to ensure you're getting the result that you need. And the staff at our office is very, very committed to that flexibility.

Being located in a very Russian speaking community, we have Russian receptionist to address the language needs. And the Board has a long standing membership. Our Board members, right or wrong, board members have been around for thirty years and in some cases, thirty seven years. And this is why Downsview looks the way that it does, I keep showing you my little map, but that's because it's a chunk of land that was just bear, that did not have legal clinic in place. We had neighbours on either sides, but there was nothing there. So there were people in the community who went to legal aid each and every year asking for money to put in a clinic and it took them seven years to actually get the funding to put Downsview in place and then we got whatever was left.

Our services contribute to continued partnerships and community development. Downsview has dedicated a Toronto Community Housing worker, which is me, and that just means all I do in the office is TCHC matters. So even the way that we've designed our statistical information, it would be shown as housing and then we actually subdivided it down, where we show that it's TCHC and two areas, particularly evictions and/or maintenance. We've achieved maximum engagement of low income communities, there's mentoring and supporting in the community. And what we mean by that is, we had the Revitalization Project. The twenty year project that went to city council, by the way it's only Rob Ford who voted no, at the time we assisted the deputants and that was amazing because in this particular case, it was actual residents that were writing their own deputations to talk about why they

needed development to happen. We assisted in helping people write it. It was everything from looking over whatever it was that they had written to actually giving them more words that they needed to put in to the depositions that they were going to make. And then it was bussing them to city council to ensure that their voice was heard. And I'll tell you, it was quite an incredible day when they won it.

So it was quite a feat but I have to say for those that were involved and actually it did make a difference in their lives. In the days when we used to do workers' compensation, that was quite interesting, that was very early on but we ended up advertising on CHIN radio, on CHIN radio we advertised to the Italians, because we are in Downsview and sure enough we had *everybody* coming to our office to have a workers' compensation case done and so the Italian language, that was there. So when we talk about how it was that we were able to engage, making sure that we do the proper outreach. Making sure that we serve the language and being able to get people to come and see us. And the end result would be the successes with their claims or their appeals. A particular example is the town hall for the GTA transformation because of the size of our community we rented a bus and brought our southern-most boundary up to the clinic to be able to ensure that everybody was there and we were talking about the issue or what's going to happen to their legal clinic.

So the question, number four, what if anything, would you change about your clinic?, and of course I am sure we're going to hear this over and over again today: increase staff compliment to support under serviced areas. Increase the areas of law that we now don't do but we wish we did. And the formalizing of the satellite offices in high need areas. How could legal clinics work together more effectively? I feel that I've heard this, but here we go, joint programing, shared service model, every other week to provide complimentary services. Again as I say, the Unison model they have a hub at Jane-Tretheway, which is not one that I have spoken about, but we will send our lawyer there to do housing issues and Unison, the clinic, will send their lawyer there to do immigration. So there's different components that people know what days that those, they professionals who are available, to be able to go. Take their problems to the Jane-Tretheway hub. And that, I guess, takes co-ordination of Unison, of the health center and the Unison legal clinic, and Downsview in putting it all together for, this to be successful work that we do.

The ED's in different regions can look at initiatives or opportunities to merge services where appropriate and it's knowing the possibility of sharing common internal services like H.R. and payroll. Or any that would make changes. It would be effective. It would be cost saving, which is the word that we've been hearing, for what, last five, six, seven years and see where we can continue to do the work that we do so well and not worrying about our funding. Thanks.

PANELIST FOUR: John Stapleton, Board Member, West Scarborough CLS

Good morning everyone. My job is, I think this morning, is to put Scarborough on the map. Unfortunately I don't just mean that figuratively, I mean literally. If you go out to the airport you can pick up a snazzy magazine on Toronto. You can get a shorter version of it if you stop in at a hotel in Toronto. You have this, "what's going on in Toronto". I encourage you to look at the map of Toronto in each of those glossy magazines, because it cuts Toronto vertically somewhere around Victoria Park or Birchmount and there's just nothing else that goes beyond that. In fact the only thing that's apparently going on in Scarborough, according to those magazines, is the Toronto Zoo.

And of course they have the additional problem, that if you are going to take one of those magazines, and try to find the Toronto Zoo on it because you had been incentivized to go to the zoo, of course you can't find it because they've cut that part of Scarborough off that the zoo is in. So I was dismayed to see that the Transformation document has afforded us the same favour, because, if you look at the front cover of the Transformation document, it also cuts Scarborough off in terms of its geographical presence. And of course we're talking a lot about real estate. We're talking lots about bricks and boards. I'm going to talk about that in a bit but I'm also going to try and talk about something other than the real estate and the physical location.

I want to quote to you something that I heard, and if you had been up at seven twelve a.m. on Wednesday September 3rd and a very delightful woman, a broadcaster on Metro Morning, named Mary Wiens said, and I quote, "Scarborough has long been seen as Toronto's wasteland and the subway is something too expensive for an outpost like Scarborough", unquote. Well I've since had a very animated argument with Ms. Wiens and we've also agreed to continue our discussion. But at the same time, this is the problem of Scarborough is that it's not on the map. And so that's what I intend to do today in terms of putting Scarborough on the map.

How does it become a wasteland and an outpost? Well, I'd suggest to you one of the issues is transit and the transit issue comes in this form. I'll just give one form of it, and that is that each and every district in the GTA is crisscrossed with a limited access multilane, 400 series roads except for Scarborough. It only has the east-west 401. You can't go anywhere else in all of the GTA, all the way out to the westernmost boundaries and to the northernmost and the easternmost and have only one four hundred series roadway. Now it doesn't just carry cars and trucks. Of course it carries buses and vans and all sorts of other vehicles. The way I would frame Scarborough's problem, is that it has a north-south problem, it's the most north-south deprived area or district within the GTA because it doesn't have the north-south service that other areas, within the GTA have. Ninety-one percent of all transit that starts in Scarborough ends in Scarborough. Only nine percent is east-west ending out of Scarborough.

So we have a problem of how the rest of the city and the media frame Scarborough and frame our problems. Our big problem, according to downtown interests, is that we don't have more robust transit to deliver the working poor of Scarborough down to the downtown to pour coffee, clean offices and other things and then get back home at night so that they can do it again the next day.

So, what does this mean for Scarborough and its needs? I too have a bit of a map that I'm going to show you and it's from the hospital. It's from the Scarborough hospital. And, let me just give you a few facts about Scarborough. Fifty-nine percent of Scarborough is foreign born. Over twenty five percent, so over a quarter of all children are living in low income families in Scarborough. More than fifty percent speak a primary language other than English or French. 14.2 percent are without Canadian citizenship, more than double the Ontario average. 8.8 percent are recent immigrants coming from various countries including, China, the Philippines, India, Sri Lanka, Bangladesh and Pakistan. And 17.2 percent of families are headed by female. Lone parents are among the most economically vulnerable. I'll end with the stats that almost half of the NIA's.

Everybody know what the NIA's are? Neighbourhood Improvement Areas, the sons or daughters of the poverty by postal codes neighbourhoods: The "priority areas" of Toronto. Almost half of the neighbourhood improvement areas in Toronto, six of thirteen identified by the city of Toronto, are located in Scarborough. So that sets up a very important backdrop for the legal services and the legal services profile for Scarborough.

I'll also tell you a couple of other things. If you were to stand on the corner, just north of here, at York Mills and Yonge Street, and you were to gaze west, you would have nine universities within a hundred kilometer radius of York Mills and Yonge Street. You have the University of Toronto, York University, Guelph, Wilfred Laurier, University of Waterloo, McMaster, Brock and the Erindale campus at U of T. These attract high income people who want to live there, raise their families so that their children can go to university. It also attracts hospitals. So this is what Richard Florida talks about, "the creative class". When you look east, gaze eastward. You'll find two universities within one hundred kilometer radius. And that is the Scarborough campus of U of T and University of Ontario Institute of Technology.

There are natural disadvantages that Scarborough has both in terms of transit and roads, as I've already mentioned. And in terms of high value jobs that's just one fact, the universities. And so that is the back drop for our legal services. Let's talk, for a moment, about real estate. We have thirty percent. So this "wasteland", this "outpost", is about 30 percent of Toronto's square mileage. We have 366 square kilometers in the city of Toronto and we, Scarborough, has 30 percent of that. Our two legal clinics. One, Scarborough West, is located at Kennedy and Eglinton. It's exactly three point six miles from the legal clinic that's at the corner of Markham and Lawrence. So in many ways they're very centrally located in Scarborough. Yet miles, miles, miles from where some of

the greatest need is in north eastern Scarborough. So we're not necessarily located where the highest need is, and in fact, both community legal clinics are closer to the lake than they are to Steeles.

Another important thing to note is that poverty doesn't end at Steeles. The city of Toronto does. But poverty doesn't. And the need for legal services doesn't. And so when we start to think about and we start to frame the big issue that we face and I wrote it down. I don't want to first talk about the idea of where we should locate and what if there's a 'megaclinic' and what if we have to merge and all that sort of that thing. I was always attracted to Bertram Russell who said there are two ways to deal with a problem. You can either solve it or you can avoid it. And it's always preferable to avoid the problem. So I'm going to just avoid the problem of megaclinics for a moment. And simply ask the question, "What is the best possible access to the best possible legal services for Scarborough?"

I'm thinking back to November 4th, where we had another meeting in which someone I'd known for forty years was talking, he wanted to emphasize 'community' in the community legal clinics and it's an important thing to do and it's not something that we have any problem with. But at the same time for Scarborough, except for the people who live in these communities at quite a distance to either of those legal clinics, they really aren't community legal clinics in that sense. If you're somewhere in the far northeast of Scarborough, you have an awful long ways to travel. Remember we don't have any four series highway going down. Sometimes to get from Steeles to the lake, I've tried it. On a good day it's two and a half hours by transit, and on a bad day, it's four hours. So there's a long way people have to travel.

I want to make the point, back in 1967 we didn't have faxes and internet and pdf's and all these sorts of things and when I start to think about the legal services of the future and think of some of the things that our governments are going to do, one of the very important ones is next year. For the first time the Canada Revenue Agency is going to require all people receiving refundable credits - which are all of our poor people, to have bank accounts, and because they are not going to pay with cheques anymore, they are only going to work through direct deposit. So it means that more and more poor people are going to have to get access to online banking and the internet and all of that sort of thing and it seems to me that there is an awful lot of legal services that can start to take advantage of the technology that we have now and the technology of the future.

Computers have been important. The internet is getting more and more available at community hubs, libraries and that sort of thing. So part of what we faced in 1967 in terms of legal documents and service of legal documents, is something that we may be able to have synergies in the future. Thinking again about the community, and thinking about the best possible access to legal services of Scarborough, I have to start thinking about, do we want, and do the people of Scarborough want to come, and the low income people of Scarborough want to come to a mega clinic? What I've come to understand is the answer is emphatically no. But at the

same time, do, should they, should we be, as part of those two clinics, should we be looking at better ways to do outreach so that someone doesn't have to come to the clinic.

In other words, we're not just looking at a model where people come to us and those two relatively isolated areas, clinics for a lot of people, but in terms of, if they don't want to come to a megaclinic, shouldn't we be sending and shouldn't we, people talked about satellites, but the idea of having legal services available at various points throughout and their home office might be in two legal clinics or a megaclinic? But we really need to think much more about having those legal services provided in the areas of actual need. Does that mean we have to have the bricks and boards there? Maybe not. Of course it would be ideal to have thirty legal clinics in Scarborough so that everybody would have a community legal clinic, but that's probably not on the table. So I guess some of our thinking then is: how do we get out to these places?

And there's been an awful lot of talk about community hubs. What we understand from our own meetings is these community hubs for us, are very expensive. You have to pay for it. You have to pay money. And we're going to have to compete with other social services through these community hubs in Scarborough, that already exist and new ones that might come in the fact that we have six of the thirteen neighbourhood improvement areas that maybe will be able to get into there but all of that is going to take money.

So another point I want to make, is without proper resources, that no matter what Transformation looks like in terms of real estate, or bricks and boards, it's not going to happen unless we have a lot more resources to do it. We're not going to be able to put in different types of law, unless we have the resources to do it. So the whole of Transformation is going to be, and to get the best possible legal services out to the low income people is going to have to come through an incredible amount of resources.

And then I just want to end my comments by saying that the two clinics are actually now working together and working very closely together. Part of what we want to do is to highlight the need of Scarborough. We have estimates, for example, that we have up to 100,000 undocumented people in Scarborough. Guess how resources are allocated for hospitals? They're based on the demographics. So this becomes one of those questions about unreported crime. How much unreported crime is there? We don't know the answer because it's unreported. If we have 100,000 people who we know that we're serving in our hospitals and in our legal clinics and in our other services, that are undocumented, Scarborough does not get the funding for people that we cannot document and we do not have official addresses because they're refugee claimants, etc. Or people who are simply here.

So that is going to, be a huge challenge to us, but the main thing is that we are working together and we want to keep our eyes on the prize. The prize is that we put Scarborough on the map both figuratively and literally, not just from the glossy magazines but also in the reports that we write about ourselves. And we want to provide the best possible legal services.

Just thinking about the future, just one other comment is that in 1995 Mike Harris and Mr. Eves announced the 21.6 percent decrease in social assistance. That's something that has never been made up. In fact, it's not been made up at all. What that did was take a 43 percent difference between Ontario Works rights and Ontario Disability Support rights and turned it into a 78 percent difference between Ontario Works and ODSP. Now I don't think that I have to convince anybody in this room, which is pretty well impossible to live in this city on the Ontario Works rate of \$656 a month. You can just scrape by in some areas in the city if you have proper housing and supports on the amount of ODSP. So we have a huge amount of our business in legal clinics that deals with getting people on to ODSP.

I am hoping that in the future, that as the Ontario government starts to move their rates closer together, sometimes at the expense of ODSP, but there has been some move to bring those rates closer together, that we can come to a point where we will no longer need to think about moving someone to from OW to ODSP. I did ask a staff member in Newfoundland where their rates are virtually the same. The difference is in services. The differences are in rules. But the rates between their disability rate and their basic rate is virtually negligible. I said, "How many appeals, could you tell me? How many appeals you have to go from one program to the other?" After the woman checked, she came back and said we haven't had any. Isn't that amazing? So if we, if governments, can start to do other things, we can free up resources to move into other areas of law and we can start to be more robust and, let's say, in the terms of the technology transformation also.

But anyways, again, my true purpose this morning was to put Scarborough on the map and I hope I done that. Thank you.

AFTERNOON PRESENTATIONS

PANELIST ONE: Kathy Laird, Executive Director, Human Rights Legal Support Centre

Thank you. Thanks very much. Well, I just want to start by saying I see that you're really happy to be here. I know that's kind of strange. It is a Saturday but I love being around you guys and the great work you do and it's just fantastic that you're all here today to talk about this. So that's just endlessly impressive. I've read the Vision Report a few times now and I think we can all agree that it does a really great job of capturing the challenges and the limitations that you face in your work. Your dilemmas are accurately reflected. And I also think that the model is a useful prototype to measure and to use to compare against any change as you move forward. And what I'm hearing today in the room is a lot of interest in changes moving forward. So, I think that's really exciting.

So the buzz in the room is great. You've got to build on that. I think it's useful to do what the vision report did, which is to ask, "What would we do if we were starting from scratch?" But after you do that visioning exercise, I guess my question is, "Is it useful to then plan change as if you are really starting from scratch? And, I guess to me, that seems like a waste, because of all the stories that you've been telling and all the work that you've been doing and others have been doing in their clinics for forty years. So it doesn't. We still have to solve those dilemmas, but we need to take care, obviously, in how we do that. I guess that my starting point is that, for each clinic, finding the right way is the responsibility of that clinic. I don't think you want to hand that off. And I think, for most, the first step will be committing to work together and connect better with the clinics that you're adjacent to.

Obviously the problems that we heard about from Scarborough are different than the problems of the downtown clinics. But the people who know best what the solution is for their part of the city are the people on the ground in that part of the city. Your Boards have to drive the change and your Boards, obviously, have to really be representative of your community. So I think, if they are, and by and large I think they are. I think that's an enormous strength that the clinic system has. And don't forget about the really enormous victories that the clinic system has had in driving change in law reform for their clients.

And, you know, collegiality is a big part of that. If collegiality is at risk in this change, in this transformation exercise, then you lose everything because it is collegiality that allows you to speak for all, to find the problems that they share. Not just across the city, but across the province. That's what you are so good at. So keep your eye on that collegiality thing. And, I guess one thing, other than that, if collegiality is the first casualty of transformation, then you're on the wrong transformation road probably. So caution there.

So I've been asked to speak a little bit about clustering. And I'll do that in a minute. Funny word but not unfamiliar to all of you because that's what your tribunals did. The Social Benefits Tribunal, the Landlord and Tenant or the Human Rights Tribunal and those small Tribunals, whose names escape me, they have clustered. And when they did that, well, what you will notice is that the pace was relatively slow. They didn't get rid of their locations. All they did at first was put a super chair on top, I think that I'm hitting a button there, they put a super chair on top and then they just started talking, meeting, and trying to make their policies fit together. It was a small process. I mean, obviously clinics are completely different than Tribunals, but think about the pace of that because you need to build trust as you go through any transformation process.

I read the evaluation report of the Hamilton merger. This week I also talked Hugh Tye a little bit about that, because I wanted to get some idea of what else is happening in the province. And, I think Lenny will speak about this later, but a lot is happening in the province, in particular, a lot is happening in southwest and it's all being driven by clinics working together on new models including collaborating with their community agencies. One thing that did strike me is, well the evaluation report was sent to LAO and it's called, "A value for money report", so that's a bit scary for me, but actually it was probably critical of LAO for interfering too much in the clinic lead process and it touted the benefits of that merger as including all of the benefits that the vision report has proposed for the three clinic model. That is more time for community development. More time for legal services. Back office efficiencies that prove better governance and it includes the clinic finagle to set up satellites.

They're experimenting with a hub. They have a new aboriginal outreach forum. They've been able to expand French language services, but I think that was new money from LAO. Of course the exciting thing for all of you is that you're going to get new money from LAO as well. So, it seems that that was a pretty successful process but, I appreciate there's more improvements to be made. It's ongoing. It's a continuum. You don't change and then have a product that's set forever. You're always looking to find how to serve the community better. How to know your community better and meet its changing needs.

I guess one thing that I'm confused about is what you're voting on, because I heard Ann speak about voting to go to the next stage and I'm all for more stages of transformation but, I guess what I would really push for is keeping change within your clinic groups and your clinic clusters and your geographical clusters. I think that the Steering Committee as, maybe, having a role as a clearinghouse and an advisory body. The Hamilton study talks about the need for money, so if there were a bunch of pilot projects going on, then maybe there would need to be some money to help those pilot projects. So that's the role the steering committee in channeling that money, making funding decisions. I just don't know why you wouldn't do that. I don't know who does change without doing pilot projects. If they don't work out exactly, you can make adjustments. And I think that you build trust and you build the support of your communities as you do that.

A big change from the top down is scary. Even with the best of will, and let me hastily say that there is nothing but good will from everyone in the room wanting to make things better. I feel like I have to say something about, something more about the fact the vision report was critical of mergers and amalgamations because they couldn't move boundaries or result in, removing resources or staff and I don't know why that would be. I think that as long as there's good will, you can do any of, any of those things. And if there isn't good will, then how would that work? The three clinic model really requires a lot of collegiality. If what we saying is if people don't agree to these things then we're going to have to order them to do it, then, you know, people aren't going to be happy with that.

I went to the Willowdale meeting this week and it was great. There were so many people there. It was a bit of a love in for Joe and Rola. There were dozens of clients, newcomers and community partners, and none of them really wanted any changes – except they wanted more Joes and more Rolas. But one community worker did say that she could see the advantage of consolidating back office and administration and she had some other models for what had happened in another community service sector. So those ideas were on the table. Joe spoke about the problem of a four person clinic serving 45,000 households. So I just think that we should be able as a community of clinics to help Joe with that problem or Willowdale with its problem, or Scarborough with its problem without going to such a drastic change. Clearly, we don't have to. You know. I heard Anne talk about sharing space. There's so much that you can do. I want to say that even Parkdale could change. Even Parkdale can collaborate with other clinics and it might have surprising benefits that aren't immediately apparent.

About clustering, I guess I can just say briefly how you can start. You can start by having 3 or 4 of your clinic boards, maybe 3. I don't know. Start meeting. And maybe then each clinic board chooses two people to go on a joint board. And maybe you negotiate some memorandum of understanding with LAO to doing one funding application for the next year. You know. Anything's possible. As you move along, then you might conceivably consolidate your payroll, and obviously your financial books. One funding application. That would be great.

Many clinics first contact (with clients) is by telephone at 90%. So maybe you could – I know that's a big phase for Parkdale and other clinics that have storefront places on the street but – in your cluster that might be one way that people make their first contact. So, you could consolidate that, perhaps. You could create staff teams. You don't get rid of your buildings. You keep those. And maybe you put your L&T in one site – or maybe not. Maybe they meet together once a week and, you know, you then can communicate by phone or email constantly, as you all do constantly. I remember what it's like on those list serves. Everyone's giving you odd days all the time. The clinic on a whole is always collaborating on how to solve problems.

One other thing I would say is that the local boards...would be more concerned about what's happening on the street and the community. Like if there's a redevelopment project. Whatever it is that's happening, they may be more closely in tuned to the legal issues, the community work, the organizing, you know, if it's around refugees, refugees in your neighbourhood, then maybe it's your community, your really local boards that do more of their work. I always felt, with my clinic boards, that we took the people that were community activists and then we put them on our board and we made them worry about our problems with legal aid. You know, or our funding application and all of that. So this model would kind of take that part of the work and push it up to the second board which would also be managing the, sort of ongoing amalgamation or co-operation functions. Try to get that to all work more smoothly. Maybe you could switch from having three ED's to having one ED and two legal directors. I don't know.

As someone at the office managers meeting said, "Well, what about office managers?" And I guess the hard thing to say is that with some of these models, maybe some positions wouldn't remain the same. So you have to decide at a certain point. Is this about your job or is it about the service to the community. But you want to save every job. I agree with that but there are ways to save every job I think. Even in the government with mergers or amalgamations almost no one loses a job. And you're a big enough system. I think you could, in fact, handle it. In Hamilton...nobody lost a job. Everyone got to keep a job. Even if some jobs changed. I know OPSEU's here. I can feel his presence over here. So maybe I'll even go further and make it controversial and say that if you did go with 3-clinic model, you know, it's pretty well for sure that it would be organized. Right. I'm not against organizing; I just recognized my union, my bargains unit. You've got to. You've got to think about this change. You can't have your eyes closed to it. You know. It will be different. It might be way better...But you've got to think about how these changes would play out. Okay. So...I'll stop here.

PANELIST TWO: Josephine Grey, Director, Low Income Families Together

So. I feel like this sort of rare sighting. I'm one of those from an earlier generation. I have to say that my entire career as an activist is thanks to a community legal worker. LIFT was midwived by a community legal worker in a way. Back in the day when there was this notion of, perhaps reform in social assistance, some of us clients went into a meeting and thought, "Ah, look at all these professionals talking about us." We were like, "You know what? We don't like this." We were sort of in the early stages of "nothing about us without us". Right? And it was community legal workers that supported and assisted us to organize ourselves in a way that we could be very effective, so that we were well informed. So that we could engage meaningfully in dialogue about law and policy reform. And I have to say that thanks to that relationship, we had a lot of success because we had been very frustrated with each individual battle and struggle.

On your side it's frustrating as the worker or the lawyer. But let us not forget how much more painful and frightening and frustrating it is on the other side. Right? As time has moved on and I've watched things change and shift and, you know, more of this is being placed on specialty clinics. All of which could and should be so. But at the same time, things have changed drastically in your client base and the communities that you serve. As we talked about earlier, there have been major demographic shifts. We are also now dealing with new systems that are much more computer based. They are much more likely to cause huge problems because of computer problems. What about when they couldn't process the social assistance increase because the computer system didn't allow for it?

This is where you have to have that balance between technology and human beings. Right? Because unfortunately, on the other side of the desk, in your client base, when people can't access your services it's not just a matter of inconveniences, people die. Right? The woman who was found dead not so long ago died from lack of family law representation. And as a survivor of domestic abuse, I know, very painfully so, how important that can be. And there was a day when I could walk, not that far, downtown into an office, get a legal aid certificate. Get some help figuring out what I need to do. What kind of lawyer I need. And get a real lawyer who'd actually work with me. Basically sit down with me. Take the time. And in my case, I have to say, that it was really important that I had that kind of one on one, dedicated, not time restricted, legal service – because I was in a very awkward situation where my abuser was on a lease in a social housing unit. So we had to actually change the law through the court in order to change that. We did a precedent setting case that I could keep that home as a matrimonial home. That was what a good legal aid certificate and having access to that system did for me back then. I have to say that had that happened anytime in the last 15 years, forget it. I'd be on the street. I would have lost my kids by now. And Sistering is full of women who have suffered from a loss of access to justice. From cut backs and services. From systems that are now so broken and so distorted that you can't actually tell how the systems are playing out in any given part of the province or the city.

And that's another thing that's really concerning to me. One of the reasons I think local clinics are so incredibly important, with local boards and local experience. Another example: Jack DeKlerk himself saved my housing. I was being threatened with eviction and we had to jump over the landlord tribunal because they couldn't really deal with the issue properly, because landlord tribunal doesn't really deal with what happens when they try to kick you out because you didn't put your RGI forms in. So we had to go over that and go to Divisional (Court). And we were able to get my housing saved and there were my niece and her children, there were ten children who were about to be on the street in January had I not had a clinic that understood what was going on in our neighbourhood, that knew that my project manager is a maniac and that it would be easy to knock her down in court because she was such a maniac. It's very likely that those ten children would have been on the street. And I'd have certainly lost my mind, guaranteed.

Now interestingly, at the time I was working at ISAC. I've been very involved within the clinic system, as well as on the client side. I've a long history on working on both sides. I helped to develop and build ISAC. And my prayer and hope for ISAC would be that it would be a place that we could concentrate a lot of the community legal work and law reform work and find the ways in which we could take those issues through the court system all the way, if necessary, to the superior, Supreme Court at the federal level. And that's what the mandate was about. But you know, I found like this. As I got into it I started realizing this new creature that had been constructed by Harris seemed to find ways to stand in the way. And I'm talking about Legal Aid Ontario.

And I have to say that I think, just from discussions and reading emails and this and that, I have this feeling that people are not all necessarily feeling very free to speak or all that comfortable about a democratic and open conversation about what to do about transformation and change because of the presence of LAO. And I'm only, like, extrapolating that in part from my own experience. I may be wrong, but I swear to god I heard, more than once, well it would be nice to take that issue forward but LAO won't allow it. Or LAO won't fund it. Or LAO won't support it. And I found more and more often as we were trying to exercise ISAC's mandate that there's all these little subtle boundaries, you know, in the way. So we would have to be redirected somehow.

And then the whole 25 in 5 thing started, and that's fine. That's great. There's, you know, more stuff happening. But I have to say that when this Transformation process came along, I didn't find out until I got a phone call from somebody in the clinic system who thought maybe I should be involved in this discussion but I live in a neighbourhood where a lot of this was rooted and started and people who I know who are involved in that clinic were not really aware of it. So, you know, I think that there are a lot of things at play here, but I gotta say that, you know, clinics are the last line of defense for poor people now. You were before and you are again. And the systems that we are dealing with are so brutal, as John was saying, \$656.00 a month. Are you kidding me? And if you can't live on it then what do you have to do in order to survive? Ah. Break the law. Right?

So, you know, if we don't change, I mean if you're concerned about the overwhelming caseload, then doesn't it make sense for us to come back together, the way we used to in the past. That inter-clinic working groups work with organizations and other people in the community. People who work in MPP's offices, whatever, come together, go to government and say, and hop scotch over LAO, and say directly to the ministries involved, we've got to change this. We've got to change that. This has to change now. Right?

TCHC same thing. Big. Huge. Mega. TCHC. I was a part of that process of bringing that together and making it more efficient. I want to say something about "efficiencies", okay? I've heard this so long and so many time and I've seen same the results so often. Let me give you a completely different example of efficiencies that I find very frustrating. My son told me yesterday when I asked him, "Oh, this R&B star is coming to Toronto. Is he using local musicians or bringing musicians with him?" He said, "Musicians? R&B artists don't use musicians. They use computers." Rhythm and blues is now computer generated?

Now it's kind of funny, but there's something about it that's not funny too, because music is a beautiful example of how people co-operate, synchronize, harmonize. It brings the audience into that whole experience and when you have a group of musicians who have created something beautiful together and they're synchronized and they're harmonized and they're presenting that to you – it's an entirely different experience than when you have some guy spitting out his lyrics with a CD behind him. But the other side effect of those efficiencies, why do they have to have CD's instead of musicians, because no one can afford to pay musicians anymore. Because the frigging economy is so efficient that you can't even have real art. Never mind real law. So I say this is pretty pathetic and it's certainly ruining my enjoyment, you know, of music. I'm very attached to music, I might add. My partner's also a musician. But my point is efficiencies are dangerous.

We had a Harris government come in, construct a bureaucratic system, whose mandate was all about cost saving. The Business Model. And I object. Government is not a business! And the more we try to create business model type efficiencies within government, the more damage we cause. The more people get hurt. The more pot holes we have in the roads. You name it. Right? It's in their interest to screw up the road fixing job so they can do it again the next year. Is it in the clinic's interest to change the law so you don't have such an intense case load? I think so. I hope so. I don't think you can manage the case load. And I don't think you want to see people die. I think we can go back to having a balance between community legal workers and lawyers working together with the community to change systems and change rules and hold local offices, local landlords - local people together – hold them accountable. We can do that when we work together. And we can do it well.

If we don't do that well, we're going to continually hope that a few of the massive population of people who have like tripled, quadrupled, will manage to somehow get in the cue fast enough to get their life saved before it's too late. That's not good enough. I think after all this time it is definitely time for a major rethinking and major review of what we're dealing with. I don't blame NLS for

wanting change. NLS's community is gargantuan. They have the most diverse neighbourhood in the world within their catchment area. They can't even begin to deal with that neighbourhood and all the immigration issues that are happening there. But I hear about them, I hear middle class proud immigrants who had the ingenuity and money to get here, suddenly finding themselves in the state of dire poverty.

They don't have a friggin' clue what the possibilities are. What the history is. What could, or should, be happening. What their rights are. They don't even know we have real banks. Some of them, they think that Money Mart is "it". So, how do you have an effective legal service and law reform service cope with that kind of situation with five staff? Not! Right? But is it the fault of the clinic model or is it the fault of LAO's lack of funding and support of a real clinic model?

So I want to thank those who have started this process and have reflected and found a lot of the issues and brought those to the table. I think that's incredibly important. They have identified for all of us, you know, in a way that LAO has to pay for, and accept that we have a lot of issues to address. I think, at this point now, we're in a good position to be able to move forward now that we've had a chance to all come together and talk in this room. Now I think we can open up and widen this process and make sure that it's more inclusive and representative. So that some of the people who are engaged in making the decisions are also people who know what the effects will be on the other side of the desk.

I think it's also an opportunity, now that we've proven that these things need to be addressed; now pushing it further and making it broader and having greater transparencies so that everyone has a chance to speak freely without fear. Because, I'm sorry, I sense there's an atmosphere of fear around this. I've seen some emails and heard some dialogue and spoken to some people and I'm very concerned about that. That is not how we make progressive, healthy change. And I'm not blaming the people that are trying to make this progress happen; I'm blaming the structure we're stuck in. And I don't think we need to stay there. I really don't. I think we've proven that we need to go beyond it. And I think this process, as it moves forward now, can start identifying what these basic profound principles are that were embedded in the original clinic vision, and figure out how to make sure that those principles become a minimal standard of whatever move forward.

And that includes reflecting on and respecting the fact that different areas of the city, different communities have different needs. When you have a massive south Asian population, you better have some staff that can speak those languages. When you have a massive Caribbean population, ditto. When you have a rural population, it's not a language issue, it's a distance issue. That's a totally different problem. When you have transportation issues versus sheer numbers issues, these are different problems. So let's figure out how to make sure the system serves those principles and those goals that we all believe in as best as possible in each case.

And that may require merging in some cases, and it may require simply improving in what's already there. It may require putting entirely new clinics in places. As we said before, there are 79 employment centres across Toronto and 14 clinics? And yet, employment is what? Getting better? No. Okay. So you know. I think that maybe some of those employment centers could become legal clinics. I don't know, just a thought. And maybe legal clinics can make sure that some of those new jobs, those employment centers are creating, actually pay people. I'm just saying I think there's a lot we could do moving forward. I'm really encouraged to see everybody here and I'm looking forward to the rest of this conference.

PANELIST THREE: Mary Jane Mossman, Professor of Law, Osgoode Hall Law School

A big thank you to Kensington Bellwoods for making this day happen (and I'm speaking for myself and not on behalf of Osgoode Hall Law School). As on previous occasions when I have spoken publicly about the Vision Report, I start by acknowledging some important factors:

I accept that the proponents of the Vision Report are committed and long-time clinic folks, but I do not accept the proposals in the Vision Report: this is a fundamental distinction. That is, by criticizing the Report, I am not engaging in personal criticism of clinic persons for whom I have respect and admiration;

I also accept that there is a need for major change in the provision of legal aid services to disadvantaged individuals and communities in Toronto – and in other parts of Ontario – and the current problems are financial, structural and political;

As I, and all of you also know: change is hard; reform is hard; and “transformation” is even harder;

And finally, we are all in this process together – and we can't afford to let personal differences interfere with real and substantial and progressive change in the interest of communities served – and to be served – by community legal clinics.

In my view, these are some fundamental assumptions about the Vision Report:

- The principles adopted in the Vision Report are generally fine;
- However, the process adopted by the Working Group did not reflect fundamental ideas about “community, the bedrock on which Community Legal Clinics were established, and have flourished for more than 40 years;
- The proposal to close 14 Toronto clinics and replace them with 3 large clinics, and (very optimistically, I would say) many access points, fails to respect the “community” base that is fundamental to community legal clinics in relation to governance, the effective delivery of poverty law services, and the clinics' fundamental mission to “transform communities.”
- The Vision Report is overly focused on the provision of services. Community legal clinics are certainly about the delivery of poverty law services, but they are also fundamentally about building and strengthening communities, about law reform, about transforming the lives of individuals and communities, and about solidarity in legal action with the most disadvantaged Ontarians.
- And as some of you already know I believe that the Vision Report proposal does not and cannot contribute to these goals in any meaningful way. Indeed, I think that it would severely undercut them.

So, where are we now and how can we (today) contribute to “moving on” with “transformation beyond the Vision Report”?

In responding to this question, there are issues that are financial, structural, and political. Concretely, we are at a point now where we need to think (today) about “moving on” – as two different but related processes. One is a process for reorganizing and/or re-visioning transformation; and the second relates to more specific options for individual clinics to engage in actual reform initiatives.

So, let me briefly sketch out these two processes:

First: Re-visioning a Process for Reform of Toronto Clinics as a “System”

In this context, I want to identify two possible ways to “move on”: one focuses on comprehensive reform of legal aid services for disadvantaged communities, while the other focuses more specifically on moving on from the Vision Report for clinics in Toronto. These are suggestions for consideration, and it’s possible that clinics might want to take on just one of these options for moving on – or perhaps both:

A Comprehensive Reform Option

As many of you will know, I cut my teeth as the first articling student at PCLS in 1971-72. Then, I was the Acting Director in 1978 at a point when the clinic faced a very significant crisis (although not the first and clearly not the last time!) On several occasions, I have also been a proud member of the Board at PCLS as well as at Jane Finch and at ACE. And, perhaps more significantly, I was for four years, the often contested Clinic Funding Manager at the Ontario Legal Aid Plan in the late 1970s and early 1980s at a time of major expansion – and consolidation – of community legal clinics. It became the “clinic movement.”

Engaging in this discussion from the perspectives which my experiences have shaped, I have to say that I am very unhappy with the new Legal Aid Services Act and with the work of Legal Aid Ontario, especially as it impacts community legal clinics. Moreover, we have every reason not to be confident in LAO’s institutional role in relation to clinics. We need only note that, even though the LAO Board of Directors is required by law to have members who have “knowledge, skills, and experience in the operation of clinics,” there are none at present and have been none for some years. Thus, since LAO is now almost two decades old, I think that it might be a useful reform initiative to ask the AG for a public inquiry about the provision of legal aid services, an inquiry that could assess the work of LAO since its inception, and especially its relationship with its community clinics.

Particularly in the context of the recent new funding for legal aid services, it might be very useful to assess whether the current legislation and the current administrative arrangements (which have repeatedly downplayed and sought to undermine local community governance and systemic work in legal clinics) should be addressed. This might be a moment for real change to happen in the context of the provincial government's current support for democratic decision making and attention to the needs of disadvantaged individuals and communities.

Another Alternative: "Moving on" from the Vision Report

A request for a public inquiry may, of course, take time and some effort. This is not to say that it is not worth doing. It is to say that, in the meantime, clinics need to take charge of their own futures, their own clinic transformations. And, to do that, I am suggesting the formation of an alternative transformation process, which I am tentatively calling the ACCT: Action for Community-Based Clinic Transformation. (We can, of course, argue about the name! but I like the acronym: ACCT.)

Here are some ideas for the creation and activities of ACCT:

- ACCT would be a group of clinics that decide not to endorse the VR in relation to their communities, but that are firmly committed to achieving significant change and reform with respect to:
- how and to whom and where and when they provide legal services;
- the goals and methods of achieving administrative and other efficiencies;
- envisioning ways of engaging more often and more fundamentally with law reform and other initiatives on behalf of their communities; and
- providing leadership at a public inquiry if one should be launched.

ACCT (that is, Toronto clinics involved in an alternative process) need access to Transformation Funding, either as currently provided by LAO to the Flemingdon Clinic (where it appears that \$200,000 or 300,000 remains unspent to date), or an alternative block of funding from LAO, to enable ACCT clinics to engage with communities (including those currently served as well as those under – or not-at-all – served at the present time), as well as community agencies and others, to develop proposals for transformation.

Such proposals might include cooperation between or among clinics in relation to particular legal matters, staff networks across clinic boundaries, cooperative commitments for systemic work, administrative savings through back office cooperation, arrangements for sharing expertise, satellite clinics and respectful relations with community partners in relation to referrals, and more formal and structured ways of working together such as clustering.

In this way, there will be a variety of pilot projects to assess, along with different approaches in other clinics in relation to transformation goals. Clearly, this is just a suggestion for a different, but equally funded, transformation project. In the context of the extraordinary enthusiasm for this conference today (evidenced by all of you giving up Saturday to be here, and even though LAO refused funding for us to meet), I and some of my colleagues concluded that we need to consider how to move forward with clinic transformation in Toronto, that is, beyond the Vision Report.

My suggestion is one possibility, but there may be others too. What is needed is a strategy, supported by access to resources, to explore the pros and cons of alternative structures beyond the Vision Report. And, it goes without saying that Boards and clinics that want to pursue other alternatives need to vote against endorsing the Vision Report.

We know that decisions about whether to endorse the Vision Report, and whether to remain members of the Steering Committee, are matters for Boards of Directors. At the same time, we need your views. If you are interested in pursuing any of these or other alternatives, we would welcome your ideas and support. You can post a "stickie" on the wall, or you can provide your email address to Rosa to be recorded on the laptop.

Second, some Brief Comments about Options for Reform

If some of us can agree to move on – beyond the Vision Report – there will be a need to define processes for engaging community legal clinics that choose not to endorse the current Vision Report and its transformation proposals: processes that will engage clinics with their communities in a real and political “process of change, reform and transformation in the interest of communities” – and it will require a good deal of consultation – with communities, stakeholders, other community agencies, etc. It will also require data analysis, research, and almost certainly pilot projects.

In this more defined process, it will be necessary to consider a range of different alternatives: moves or relocations, cooperative back office arrangements, satellites, administrative arrangements to achieve greater efficiencies, clustering, inter-clinic sharing of legal expertise, etc.

These kinds of reforms can build on, but go well beyond, the work reflected in the Vision Report – in a fundamentally new structure for decision-making about reform and change that takes clinics’ history and their commitment to community building seriously.

Finally, in my view, we need to make some progress, if we can, in our discussions today, on these issues about “moving on beyond the Vision Report” and the identification of new and revised processes for achieving change, reform and transformation – for clinics and for their communities. We will need to marshal resources to gain access to funding, and to create new or revised structures to undertake consultations with communities, data collection with community interests in mind, investigations of cooperative initiatives with other clinics, and other ways of strengthening and supporting disadvantaged communities. We have the people and the expertise here today to make a fundamental commitment to the goal of “moving on beyond the Vision Report.”

I encourage clinics to make this commitment. And I look forward very much to your ideas in our ongoing discussions.

Mary Jane Mossman, Final Remarks on behalf of Panel following discussion

So I think that the previous discussion was incredibly helpful. Very useful in terms of thinking about moving forward. And I think that basically there are now quite a lot of clinics that think that. They want, in fact, to explore with their communities and perhaps with some of their neighbours, neighbouring clinics, different kinds of possibilities for moving forward. I think that, in that context, what might be useful in the little bit of time that we have left. I realize that some of you might want to make comments on other things, and that’s fine. But we think it might be really helpful at this point, for people to try to think about the, perhaps small, perhaps not so small, change in that structure for transformation. And you know that I’ve talked about a parallel situation and I think most people think that’s not a good idea. It’s not that first time people have rejected a good idea of mine. I’m just fine with that. It was just an idea.

So if we were going to stay with the same structure, I think what I would want to say to you is, we need to think about the role of the steering committee. The steering committee could be the same structure that it currently has, that is two representatives from each clinic including one board representative, it might in fact need to be rethought, in terms of who are the people who are going to represent the clinic on the steering committee and that, basically the steering committee could become the voice to which individual clinics submit their plans for transformation. In other words, there would be individual and group efforts to try to figure out what would work for individual clinics. And that might well include people saying, in order for us to be affective, we need more staff. We need more resources and that the steering committee could essentially then be that relationship between clinics and Legal Aid Ontario in terms of transformation funding. So that to the extent that clinics are making proposals, it’s the steering committee that is deciding which proposals and how those proposals might in fact manage to come into existence.

I think that means that the steering committee needs its own kind of structure and it probably needs a significant amount of additional structure than what it currently has. But I'm still thinking that by the end of today we ought to try and come up with a plan for going forward so that we don't all leave basically not knowing what is going to happen next. And so I'm just going to say, why don't we forget about a parallel structure? Let's focus on the steering committee and the question of the extent to which a restricted steering committee might in fact be able to manage the transformation that is coming from the ground up from clinics. That they would manage resources to promote transformation and that they would manage Legal Aid Ontario. That would be a job.

HOPES AND CONCERNS POST-ITS

The following are the comments of conference participants that they posted anonymously on the wall of the meeting room and Hopes and Concerns:

How will clinics be accountable and informed re: local issues if there are only 3 mage boards?

Go beyond the Vision Report

Hope that clinic staff (all of us) will be strong enough to survive this. Health and well-being of staff needs to be considered.

Hope that this evolves to engage more of those affected and that the original intent and purpose of the clinic system is strengthened not lost.

22 real Clinics + satellites for 22 Provincial Ridings

The people united will never be defeated – Justice delayed is justice denied – the whole is equal to the synergized efforts of all concerned

If the ODSP caseload could be removed from clinics altogether, what then?

“Efficiencies” create more costs elsewhere – always in this case including lives lost and broken families

While hubs etc. should be considered as a choice, there is a danger that clinic’s mandate could be co-opted by the mandate of their hub partners which may not involve social change. Clinics are important enough and should be big enough to stand on their own.

Continue to build on the Clinic Transformation Steering Committee Process

People who fear change will block change.

CLOSING REMARKS

John McKinnon, Moderator

I'm just going to make a few comments as the moderator and then turn it over to Gary Newhouse as the Chair of Kensington-Bellwoods to have the last word. So, first of all, like many of you, I'll start by thanking Kensington-Bellwoods for pulling us all together. I found that I knew a lot more about how different clinics are operating and what's working and what's not working than I did before I came in here this morning. And so I hope that all of you also had a chance to find out more about the way other clinics are working.

I also heard a lot more about the options and about the processes that might take us forward and I learned a lot and I think that other people did as well. It was my worry when the conference started that there are a lot of different courses where people are heading that were at some point going to end up in a collision, if people didn't modify what they're thinking. But my sense is that all of us have got a much deeper understanding of the issues and about the alternatives on both ways to move forward, together.

Unfortunately, as Jack said, it maybe that the easy work is done. I'm sure it doesn't seem like it's been easy to those of you who have been working so intensively on this. Because there is a lot more to do. It's definitely not going to be resolved in a day like this. We need all of us to keep talking to each other. First of all. And to keep talking with our clinics and our boards and our neighbouring clinics. And to be willing to put a lot more hard work into the ongoing development of the community legal clinic system. And that's the way it's been, really through all of its existence and I think we need to continue on.

I feel particularly heartened by the fact that so many people talked about the importance of our, whatever you want to call it, our collegiality. Our collaboration. Our willingness to work together or ability to come together and discuss different points of view and to advance our thinking on this. And then today, I think is a beautiful example of how progress can be made and so I really see now that we can continue to meet and discuss and that we're all committed to continuing this discussion for as long as it takes and as many meetings as it takes to move this process forward in a collaborative way and in a collegial way.

And there are no particular solutions that we've agreed on yet. People are not in favor of the parallel processes and so I think everyone needs to do some thinking now on what kind of a single process could move forward with some buy-in and some support from everyone. It strikes me that that might be possible. So I'm quite optimistic about the future but it's going to be a lot of work.

There are a couple of things, just to remind people to leave any comments or thoughts that you have a sticky note on the wall and as long as you're willing and able to continue this discussion, please speak to Rosa and get your email address on the list there so that you can be part of an ongoing discussion. And, at this point I'm going to invite Gary to come up and to wrap up the conference. Thank you so much for coming here and for sharing your opinions and thoughts and for playing, more or less, by the rules. I think that it made this a very successful day.

Gary Newhouse, Board Chairperson
Kensington-Bellwoods Community Legal Services, Host Clinic

Okay I just want to start in a very nice and innocuous way – and it's going to get worse – by thanking John. Thanking the morning panel. The afternoon panel. Everybody for coming. Everyone who's contributed. It's been a very informative and insightful conference and I think what's been good is that people, many of whom don't know each other, I think, have met each other today and had a chance to talk. And that's all been very good and we're going forward from this. And that's the nice part of what I have to say.

And now for, sort of, more of the confrontational stuff. I haven't been working on a closing speech or anything like that, so this is more or less off the top but I brought some material with me just in case.

One thing I wanted to remind clinic people of is the fact that, when we signed on to get involved as part of the transformation project, we all had to sign on to a partnership framework agreement. And the first, probably nobody read. I don't think I read it at the time. I read it in the fall as this thing got more heated up. The first point of that agreement is that this agreement is addendum to the funding agreement dated April 18, 2013 between Legal Aid Ontario and Flemingdon Community Legal Services on behalf of the project called the "GTA Legal Clinics Transformation Project". Okay. When I looked at that my first comment was, "Oh." My first thought cause I was looking at it online. "Oh. I'd like to see that original funding agreement." And I see Marjorie's smiling.

We asked Marjorie and Jack for a copy. Never got an answer. Asked Legal Aid, got an answer and the answer was "No. It's a private funding agreement between Flemingdon and Legal Aid." Okay. So in the spirit of transparency, openness and so on, one of the things

that I think probably everyone in the room who hasn't seen it would like to do, is see that agreement. So I put that out there and you can circulate however you like, but I think it would be nice, because one of the issues that this relates to is funding of the transformation idea.

Whether there's a parallel ACCT thing happening or whether there is, sort of, substantial revisiting of the structure of the working group and the steering committee, which, you know, certainly from Kensington-Bellwood's' point of view, we would endorse what Mary Jane said. That that's viable. She, not totally surprisingly, because we talked, had the ACCT idea. And, it has its usefulness and it may be the way to go.

But if we can have the kind of transformation ongoing in a way that's been discussed, more organic, more inclusive, then we've got to figure out how the funding's going to go. Because we can't do it, Kensington-Bellwoods, we've done an awful lot with essentially no funding to do it. And we hope to produce a report, coming out of today, as John mentioned at the beginning, and we intend to circulate the report. And we will have done that without any substantial funding. So take that Legal Aid and read it.

If we're going to move forward, we have to address issues like funding for, you know, whether it's the steering committee of the "transformation project" or the steering committee that gets alternative money through "ACCT" but somehow it always comes down to money. So we've got to have that discussion which we're not going to get into today. But I think in our view, there's a problem, right now, with the way transformation is being funded because it's being funnelled through, essentially one clinic. And I don't think that's the way forward. So, having laid out that little item for discussion and contemplation, I think that's it.

One last thing that I wanted to say, I wanted to mention the Keepers (*Keep Neighbourhood Legal Clinics*) group because I know that they're here today. They are important to recognize as an alternative community-client city-wide group of individuals who have been involved and aware and trying to make other community members aware of what's going on here. And the most obvious thing that I've found in the last few months is that most community members don't know what's going on with this whole transformation thing. So, kudos to the Keepers for trying to make that awareness happen. I didn't thank them at the beginning and I want to thank them now. So, having said that, that's it. Thank you.

EMERGING ISSUES AND IDEAS

As a result of the conference, clinics were able to come together to discuss and express their thoughts and opinions on the Transformation Project. And through discussion, participants were able to identify key issues that the clinic system will have to tackle as we continue to move onward with Transformation.

The process which produced the Vision Report has raised many concerns throughout the clinic system. Concerns ranged from the lack of financial accountability, to the lack of inclusivity and channels to localize concerns and critiques. It is crucial that as we move forward, we remember these concerns and make sure we do not fall back into the same pattern once more.

As the clinic system continues to transform, maintaining a transparent, accountable and inclusive process will be one of the biggest challenges. Whether or not this means a similarly structured process involving a working group and a steering committee or something completely different is yet to be seen. But we must make sure to find the most appropriate structure and process that allow us to maintain the core principles of inclusivity, transparency and accountability.

A larger working group or a steering committee open to low-income and marginalized individuals and their advocacy groups will allow for a truly inclusive process.

We must also work on making the process more transparent and this will almost inevitably lead to more accountability. Making funding arrangements more transparent and accessible to all clinics and clients will be the next step to ensure financial accountability for all parties involved, including Legal Aid Ontario.

It might also become necessary to clearly define transformation and what it would mean for each particular clinic or group of neighbouring clinics and their plethora of individual needs. It is evident that clinics are vastly underfunded and under resourced, but not all clinics face similar situations and needs.

More specifically, the following Issues and Ideas emerged from the presentations of the panelists and the discussions which followed. They are highlighted here as they appeared to significantly resonate with many participants.

- As much as possible, casework should be done in support of broader organizing.
- Clinics should work together to make sure we have the resources we need to provide the services which are in such high demand in neighbourhoods across Toronto.
- Beyond concerning ourselves with the continued survival of the legal clinic system as we know it, we should be making inter-clinic collaboration more of a priority. We need greater participation in inter-clinic working groups.
- Clinics should have a more structured approach to community development and outreach.
- When determining whether to relocate or renew their leases, clinics should have the freedom to determine what the best location is for their clinic. Clinics should not be forced into a particular location by Legal Aid Ontario.
- Re-locating a clinic within a hub should be a decision arrived at in an organic way by the Board of a clinic in consultation with their staff and their community, not a decision forced upon a clinic by Legal Aid Ontario.
- Leveraging new technology and using Internet and telephone-based systems cannot and should not replace in-person direct service.
- While “professional courtesy” and “collegiality” are important to paid professionals, in the spirit of public service and in recognition of the original purpose of community legal clinics, it is **solidarity with our clients** and service to low-income communities that must remain paramount as we continue discussions about the transformation of community legal clinics and the pursuit of justice.

THE WAY FORWARD

The following recommendations are based on the Emerging Issues and Ideas articulated above and informed by feedback from clinic colleagues and community friends received since the conference concerning the present state of affairs relevant to Clinic Transformation.

Moving forward, the clinic system is faced with numerous challenges regarding the “transformation” of general service community legal clinics in Toronto. A “one-size fits all” 33 person clinic, with 3, 4 or 5 such clinics replacing the 14 current clinics is not the way forward. The current decision-making body in place cannot continue as structured and funded. This entails changes to the GTA Clinics’ Transformation Project Partnership Framework Agreement, and presumably to the unseen April 18, 2013 Funding Agreement between LAO and Flemingdon Community Legal Services on behalf of the Transformation Project. Negotiations with LAO to this end are required. LAO funds for the Toronto Transformation Project should not be held by Flemingdon Community Legal Services.

More specifically:

- The GTA Legal Clinic Transformation Project should be devolved into two transformation projects, one comprising North Peel Community Legal Services and York Region Community Legal Services, the other comprising the 14 Toronto general service community legal clinics (the “Toronto Transformation Project”).
- A “Steering Committee” of the Toronto Transformation Project and not a “Working Group”, should lead the work of clinic transformation in Toronto.
- The Steering Committee should include representatives from academia, community partners of clinics and low-income people’s organizations.
- The Steering Committee may need an Executive Committee with a clear mandate and term and must report and be responsible to the Steering Committee and no other body.

- A Project Manager should be hired to manage the day-to-day business of transformation, reporting to the Steering Committee. We note that other ongoing transformation projects are proceeding in this fashion.
- The Project Manager, an Executive Committee, or any other individual or group purporting to represent the Steering Committee should not meet or communicate with Legal Aid, elected officials or media, nor release any public statements on behalf of the Steering Committee without explicit and precise directions from the Steering Committee to do so.
- The Steering Committee should convene another Conference of Clinics and Communities to examine in more detail the various options clinics have for transformation of their work and services, some of which are emerging from the resolutions that various clinics are submitting to the current GTA Clinic Transformation Project.
- Inter clinic working groups and neighbouring clinics coming together to approach similar issues or concerns could vastly improve the eventual result of the project. These approaches should fall under the umbrella of the Toronto Transformation Project.
- Pilot projects would allow us to see the real application and implementation of an idea on the clinic system, providing the clinic system with evidence on how successful the project might be and how necessary certain changes and alterations are.
- Some have identified the need for some form of larger public inquiry, perhaps into the Legal Aid system generally, and not just the community clinic system.

ACKNOWLEDGEMENTS

The Board and Staff of Kensington-Bellwoods Community Legal Services would like to thank John McKinnon for doing such a great job of moderating the conference and we thank each of the Panelists for their presentations. We also thank all those board members, staff and community members from other clinics who gave their time and energy to participate in the conference. We acknowledge that this report may contain views and perspectives not necessarily shared by each of the panelists and conference participants, but we offer it as our contribution to the continuing discussion on the transformation of community legal clinics and the pursuit of justice.