



The Halton Legal Health **Check-Up**

*Seeking solutions to the legal problems in everyday life
that may be harmful to your health.*

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*Seeking solutions to the legal problems in everyday life
that may be harmful to your health.*

Extending the Reach of Legal Aid:

Report on the Pilot Phase of the Legal Health Check-Up Project.

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

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Highlights

The intermediary partnerships that are the foundation of the Legal Health Check-Up (LHC) project are a solid platform for developing a legal service delivery model targeted at people who are the most disadvantaged that includes the pillars of outreach, integrated and holistic service.

During the pilot phase of the project the clients intake at Halton Community Legal Service increased by about one third as a result of the Legal Health Check-Up.

An active offer of service and the capacity to provide immediate, concrete assistance building on the LHC process that is both unqualified and non-judgemental is the foundation of the “trusted” character of the trusted intermediaries and the people they assist. It is the key to the effective use of the LHC tool.

The LHC checklist for everyday legal problem is an effective tool to achieve outreach. It is described by the intermediaries as effective for uncovering specific problems and, importantly, for opening a conversation to bring unacknowledged problems to the surface.

The LHC process is especially effective in overcoming a cynicism toward all service bureaucracies and, in particular, an aversion toward involvement with legal services. Even though a number of intermediaries describe this among their contacts and clients, the vast

majority of LHC forms request follow-up service from the legal aid clinic (Halton Community Legal Services).

All of the everyday legal problems identified by people completing the LHC forms translate into clinically assessed legal problems at intake. In some cases a greater number of clinically assessed legal problems are identified at intake than are identified on the LHC form.

About 40% of the LHC forms were completed by people who may not have had any contact with the

7 partner intermediaries. Clearly the LHC form may reach a wider audience than the highly disadvantaged population coming into contact with the legal aid clinic through the trusted intermediaries. Nothing is known about the socio-demographic characteristics of these. However, it is probable that they represent a segment of the population above the very disadvantaged making up the current legal aid clientele. This suggests the potential benefit of developing a web-based approach supported self-help for this group.

Similarly, expanded representation could be provided under higher financial eligibility guidelines.

“Intake at Halton Community Legal Services increased by about one third.”

Highlights

Comments from the intermediaries indicate there is a propensity among the disadvantaged to make use of supported self-help strategies in resolving their problems. An important aspect of this development would be an examination of the degree to which these clients and the intermediaries can benefit from a web based approach and how that will have to be combined with more hands-on assistance.

The trusted intermediaries are capable of going well beyond the gateway roles of problem spotting and making legal referrals to assisting with problem solving within their own mandates and capacities and resource capabilities, in a mutually

supporting partnership with the legal clinic.

“The vast majority of LHC forms request follow-up service from the legal aid clinic.”

Introduction

Research makes it abundantly clear that legal service delivery, especially to the poor, will fail dramatically if it relies only on clients finding their own way to the ‘front door’ of the legal aid office.

The Legal Health Check-Up project is an attempt to address this issue by extending the reach of legal

aid by developing partnerships with intermediary groups that are part of the everyday world of disadvantaged groups with unmet legal needs. This is a form of outreach in which an active offer of service is made by trusted intermediaries who are part of the normal networks of contact of the people in need of legal services. It is hoped that within this partnership intermediaries will extend their

activities beyond the gateway roles of problem spotting and making legal referrals to working with the legal aid clinic to provide holistic and integrated legal services that would not be possible in the

“Legal service delivery, especially to the poor, will fail dramatically if it relies only on clients.”

absence of the trusted intermediary – legal aid partnership.

The Legal Health Check-Up project is being developed by Halton Community Legal Services (HCLS), a small clinic that is part of the Legal Aid Ontario community clinic system.¹ The project was conceived and developed during 2013 and 2014 by the Executive Director of HCLS, Colleen Sym and Mike Balkwill, a consulting community organizer who has worked on a variety of social justice

initiatives and has a long-standing connection with legal aid.² The project is funded primarily by the Legal Aid Ontario “Fund to Strengthen Capacity of Community and Legal Clinics”. HCLS is located in Georgetown, Ontario, about 60 kilometers northwest of Toronto.

The Legal Health Check-Up project involves partnerships between HCLS and seven intermediary groups within the clinic’s service delivery area Halton region, including Halton Hills, Oakville, Burlington and Milton. The basic objective of the project is to increase the number of clients served through the development of partnerships with health care providers, peer groups with lived experience of poverty and other organizations within the community.³

¹ The core staff of the clinic includes an executive director/lawyer, a staff lawyer, an intake worker and two community legal workers

² Balkwill and Associates, Toronto, Canada

³ Funding Agreement, Schedule A.2, Project Description and Details

The Legal Health Check-up Form

Legal Health Check-Up
Helping solutions to legal problems & everyday life
for people in need in your area

Part 1: Income

You are on step 1 2 3 4 5 6

1 Do you ever have trouble making ends meet?
☐ Yes
☐ No

2 Do you only pay about basic and community services?
☐ Yes
☐ No

3 Do you need services?
☐ Ontario A
☐ Ontario B
☐ Canada D

4 Can you afford to buy prescription medicine if you need it?
☐ Yes
☐ No
☐ Does not apply

5 Is anyone contacting you to pay outstanding bills?
☐ Yes
☐ No
☐ Does not apply

6 Is there anything else you'd like to tell us about income issues?
If yes, please describe below:
☐ Yes
☐ No

7

Back Next

The Legal Health Check-Up tool (LHC) is a major foundation of the project. The LHC was developed and tested with each of the intermediaries who agreed to participate in the project. The LHC form expresses the everyday legal problems approach to understanding legal problems.⁴ The LHC form was organized around common legal problems organized

under, income, housing, education, employment and family, social and health supports. The LHC form was designed to be administered either in paper form or electronically by intermediaries.⁵ The form was also posted on the project web site and accessible to anyone via the web. The web form included a note that the clinic would respond only to requests for service from the Halton area. People residing outside that area were referred to the Legal Aid Ontario web site.

The Waterfall Metaphor

The basic idea for the project was fleshed out in a series of meetings first with the project team, clinic staff and board members of the clinic Board of Directors and with the intermediary groups as part of their orientation and training. The meetings were facilitated by Mike Balkwill and were assisted by a graphic facilitator⁶ who translated the discussion into large wall poster images as it developed. This allowed the discussion facilitator and the participants to understand precisely what speakers meant by various concepts expressed verbally translating them into shared meanings among all participants through the graphic illustrations that emerged as the conversation evolved. This technique avoided the common problem in which the meaning intended by one speaker is assumed to be something

different by the listener, more likely than not informed by the unspoken underlying assumptions of both speaker and listener.

The very basic starting point for the facilitated discussions was the results of the contemporary body of legal problems research. This included the high prevalence of everyday legal problems experienced by the public; the extent to which people fail to recognize and take action to address legal problems until the matter has become more complex and difficult than it might otherwise have been, possibly until the situation is desperate; the very few people experiencing legal

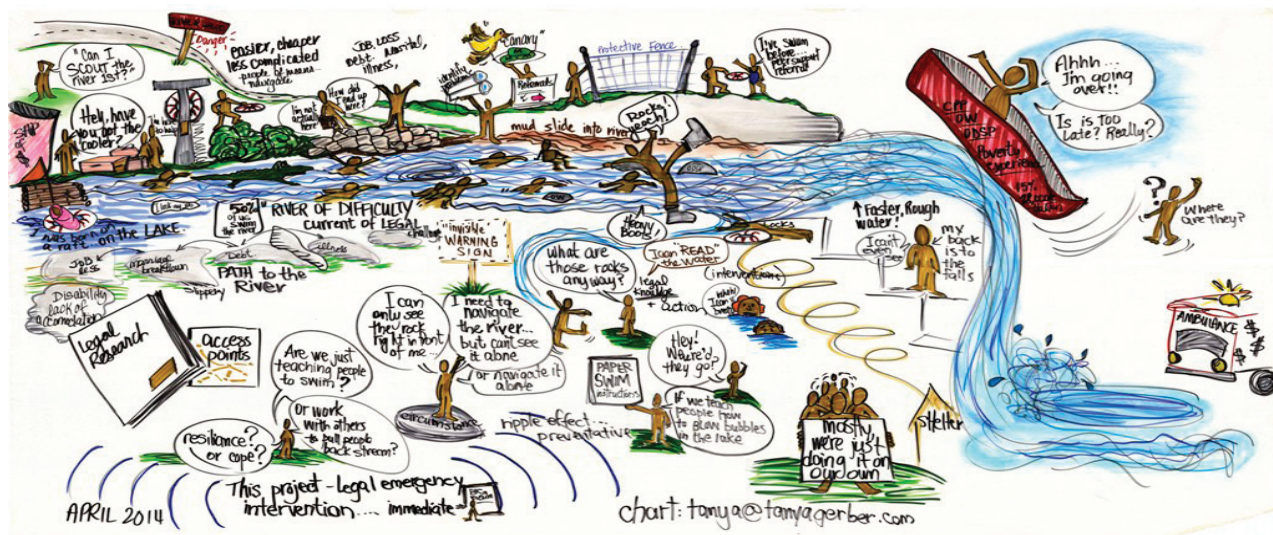
problems who make use of the formal justice system to resolve legal problems and, finally, the considerable harm that occurs in both intangible (for example, in ill-health and high levels of stress) and monetary costs as a consequence of everyday legal problems. Participants in the meetings merged this research-based knowledge with their personal and professional experience into a shared understanding of the reality of the lives of people experiencing everyday legal problems and how the Legal Health Check-Up project could address those legal needs in a holistic and integrated manner.

“Some people may be a little further upstream but surrounded by dangers.”

⁴ A Currie, The Legal Problems of Everyday Life in Rebecca L Sandefur (e.d.), The Sociology of Crime, Law and Deviance, Vol. 12, Access to Justice, Emerald, 2009, pp. 1 - 42

⁵ Intermediaries were provided with tablets with the LHC form installed.

⁶ Tanya Gerber and Associates, Toronto



The image in Figure 1 is typical of the interpretations that emerged in the meetings. This technique proved invaluable for clear project planning based on shared understandings of the problem and for intermediary training to allow intermediaries and the clinic a good foundation for a partnership based on a shared understanding of the problem, the project and its objectives.

The metaphor describing the client population for the LHC project that emerged in discussions throughout

the planning phase is one of disadvantaged people near the edge of a waterfall about to plunge over the precipice. Some people may be a little further upstream but surrounded by dangers. “Are you, as service providers or intermediaries, standing on the shore about to throw a flotation device or are you a stronger swimmer in the water with them guiding them to shore?” was among the many engaging parts of these discussions.

Development of Intermediary Partners

By the start of the pilot phase of the project HCLS had developed partnership relationships with seven intermediaries. These are:

- **Voices for Change Halton, Burlington** - a poverty support and advocacy group made up of people with lived experience of poverty
- **Society of Saint Vincent de Paul at Mary Mother of God Parish, Oakville** - a charitable organization providing services to people of all faiths within parish boundaries
- **Anglican Church of the Incarnation, Oakville** – providing pastoral assistance to all people in Oakville
- **Links2Care, Halton Region** - a multi-service community support organization
- **Halton Hills Family Health Team** - A family health service consisting of doctors, nurses, nurse practitioners, dietitian, mental health workers, psychometrists, health educator and speech language pathologist
- **Halton Multicultural Council** – a multi service immigrant services organization providing settlement services to newcomers
- **Employment Halton** - an organization providing services to unemployed and underemployed people to prepare for, obtain and maintain employment.

HCLS had maintained a holistic orientation to service delivery for some time prior to the development of the LHC project. In varying degrees the clinic had long standing relationships with all of the groups that eventually agreed to administer the LHC form to their clients and participate in the project. These relationships were mainly through making referrals for non-legal assistance to their organizations.

Each of the seven organizations who agreed to become partner intermediaries was given a training session with the LHC form along with a general orientation about the project objectives. Some intermediaries were provided with tablets with the LHC forms loaded. Forms could be completed on-line or on paper with the assistance of the intermediary or using either option by clients at home.

Trusted Intermediaries & Access to Justice in Canada

The use of intermediaries has long been a mainstay of the delivery of public legal information in Canada. Intermediaries have been used to extend the reach of public legal education (PLE) services, especially to hard-to reach populations. More recently, PLE has been integrated to a greater degree into the overall provision of legal services and has become a vehicle for problem resolution moving well beyond the traditional focus on information about the law and how the legal system works. Since those early years a number of studies had proposed increasing the use of “trusted intermediaries” to help reach low income and vulnerable communities who are unaware of their legal rights and obligations or face other barriers

to accessing justice.⁷ Two reports in 2008 recommended using intermediaries to connect legal services to remote and rural areas and to groups in which English

“Intermediaries have been used to extend the reach of public legal education services, especially to hard-to reach populations.”

or French are not the common languages spoken, including the Connecting across Language and Distance Report (Connecting Report).⁸ A 2008 review of legal aid services in Ontario recommended “a referral system based on

strong partnerships with the social services sector”.⁹ A 2011 report from British Columbia examined the role of immigrant services groups as an intermediary between the legal services sector and immigrants.¹⁰ In 2013 the Law Commission of Ontario recommended the use of intermediaries in family law.¹¹ The work of the National Action Committee on Access to Justice in Civil and Family matters (NAC)¹², and in particular, its work on prevention, triage and referral¹³, which stress the importance of these early resolution strategies to efforts to increase access to justice have also played a role in advancing the use of intermediaries in the delivery of legal services.

⁷ Trebilcock, Michael, Review of Legal Aid Ontario, Toronto, 2010

⁸ Reid, Gayla and John Malcolmson, Voices from the Field: Needs Mapping Self-Help Services in Rural and Remote Communities, Supreme Court Self-Help Information Centre, Vancouver, British Columbia, 2008 and Khol, Karen and George Thompson, Connecting Across Language and Distance: Linguistic and Rural Access to Legal Information and Services, Law Foundation of Ontario, Toronto, 2008

⁹ Trebilcock, Michael, Review of Legal Aid Ontario, Toronto, 2010

¹⁰ Focus Consultants, An Evaluation of the Immigrant PLE Consortium Project, Ministry of the Attorney General, British Columbia, 2011

¹¹ Law Commission of Ontario, Increasing Access to Family Justice Through Comprehensive Entry Points and Inclusivity, Toronto, 2013

¹² Access to Civil and Family Justice: A Roadmap for Change, Final Report of the National Action Committee on Access to Justice in Civil and Family Matters, Ottawa, 2013

¹³ Responding Early, Responding Well: Access to Justice Through the Early Resolution Services Sector, Final Report of the National Action Committee on Access to Justice in Civil and Family Matters, Ottawa, 2013

Data Sources

This review relies on five data sources.

1 Legal Health Check-Up Forms. A data base of all LHC forms was created by a consulting IT firm, The Dunham Group. Data from all forms completed by the seven partner intermediaries were captured electronically or entered manually where paper forms were completed. In addition, forms completed by people accessing the project web site independent of the intermediaries were also captured.

2 Intake data. People completing the LHC forms were given the opportunity to request a follow-up call from the intake worker at HCLS. Information from these contacts were captured on an Excel data base and, in a second stage, integrated into the regular case management system. Primarily, these data recorded a) the correspondence between the everyday legal problems identified on the LHC forms and clinically assessed legal problems at intake and b) some information on follow-up.

3 Follow-up interviews with some LHC project clients were carried out. It was not easy to contact clients mainly for two reasons. First, the process of engaging with clients between first contact with the LHC form and intake was often lengthy and uncertain. Second, it was often difficult to contact clients after an initial intake interview because of instability in residence and other aspects of their lives.

4 Interviews with partner intermediaries. At the end of the pilot phase group (5 intermediaries) or individual (2 intermediary groups) interviews were carried out with the seven partner intermediaries. These were open end interviews using an interview guide but conducted in a manner to allow the intermediaries to express their views and experience about their involvement in the LHC project. Respondents in the group interviews shared opinions and experiences, playing off one another in a way not dissimilar to focus group interviewing.

5 Case notes. Clients in the LHC stream received the same three levels of service as regular clients; brief service, summary advice and representation. Case workers or lawyers routinely made case notes on the client management system.

“Respondents in the group interviews shared opinions and experiences, playing off one another in a way not dissimilar to focus group interviewing.”

The Pilot Phase of the LHC Project

The project was implemented in October 2014. The intermediaries came on stream at different times so it is more accurate to refer to a start-up period than a start date. It was decided, somewhat arbitrarily, to allow the pilot phase to run for three months or until three hundred LHC forms had been submitted by the intermediaries. The three hundred mark occurred in the third week of January 2015, the same week as interviews with the partner intermediaries were conducted.

The following review of the pilot phase is based on this three month period in which three hundred LHC forms were completed. At the outset, a number of research questions were developed reflecting the performance of the LHC form, for example: whether it would prove

to be an effective tool for identifying everyday legal problems, the extent to which the everyday legal problems identified by people on the LHC forms corresponded with clinically assessed legal issues.

As the project moved through the pilot phase, monitored closely and discussed frequently by the project team, it was realized that the original research questions remained but began to re-organize around themes representing the fundamental character of

“Outreach, early intervention, holistic service and integrated service.”

the LHC project; outreach, early intervention, holistic service and integrated service. The results of the pilot phase of the project are presented in terms of those four themes.

A Client Profile at Intake

Men and women are about equally balanced at intake, 52.3% female and 47.7% male (n= 86).

The LHC clients have a very high level of multiple problems. The Canadian data indicate that about 15% of the overall population experience three or more everyday legal problems.¹⁴ Based on the intake data, more than 60% of the LHC clients report three or more problems. Multiple problems are associated with a range of indicators of social disadvantage.¹⁵

Table I: Percent of Clients at Intake Experiencing Multiple Problem Types

Number of Problem Types					
1	2	3	4	5 or more	
10.7%	25.1%	33.3%	19.0%	11.9%	100.0% (n=84)

Table I shows the percentage of intake clients experiencing problems by problem type (e.g. Income, employment, housing, education and family/ social/health). Adding the percentages for three or more, 64.2% of intake clients experience three or more problem types. This is about 4 times the national average based on legal problems surveys and suggests a very high level of disadvantage among the Legal Health Check-Up client population.

“This is about four times the national average based on legal problems surveys and suggests a very high level of disadvantage among the Legal Health Check-Up client population.”

¹⁴ A. Currie, The Legal Problems of Everyday Life

¹⁵ Ibid, p. 22

The same profile of multiple problems emerges from the distribution of specific legal problems reported within the five categories.

Table II: Percent of Clients at Intake Experiencing Multiple Specific Problems

Number of Problem Types							
1	2	3	4	5	6	7 or more	
7.2%	14.5%	15.7%	21.6%	20.5%	13.3%	7.2%	100.0% (n=83)

The data presented in Table II shows that 62.6% of intake clients experienced at least three everyday legal problems. Again, this is approximately four times higher than would be expected based on national data representing the Canadian population 18 years of age and older.

There are five problem types on the LHC form: income, housing, education, employment and family, health and social supports. People typically reported multiple problems types, therefore, the following table is based on problems reported rather than individuals reporting them. The most commonly reported problem type was income representing about 45% of all problems. Housing problems were second in terms of frequency with 27.1% of all problem types reported at intake, followed by family social and health, 13.3%, employment, 12.0% and education, 2.7% (n = 225).

“The most commonly reported problem type was income representing about 45% of all problems.”

Table III: Number of Everyday Legal Problems by Problem Type

Number of Problem by Problem Type					
Income	Housing	Family, Social and Health	Employment	Education	
44.9%	27.1%	13.3%	12.0%	2.7%	100.0% (n=225)

Table IV: Correspondence between Everyday Legal Problems reported on the LCH Forms and Clinically Assessed legal problems at Intake

The Legal Health Check-Up form and process is a very accurate tool for detecting legal problems. Clinically assessed legal problems at intake closely match the everyday legal problems reported on the LHC forms. For 66.2% of clients the number of clinically assessed legal problems was the same as the number of problems they had experienced. About 30 percent were determined to have fewer legal problems and about 5 percent had more.

	Percent of Intake Clients
Same Number of Problems	66.2%
Fewer Problems	29.4%
More Problems	4.4%
	100.0% (68)

“For 66.2% of clients the number of clinically assessed legal problems was the same as the number of problems they had experienced.”

The actual number of clinically assessed problems is consistent with the data on multiple problems based on the everyday problems reported by people on the LHC forms.

Table V: Percent of Intake Clients by Number of Legal Problems

Number of Problem Types						
1	2	3	4	5	6	
18.5	30.9	32.1%	9.9%	4.9%	3.7%	100.0% (n=84)

In total, adding the percentages for three or more problems, 50.6% of intake clients experienced more than three legal problems. This is more than three times the national figure for everyday legal problems.

“50.6% of intake clients experienced more than three legal problems. This is more than three times the national figure for everyday legal problems.”

It was hoped that the LHC process would be able to identify problems early before the situation had become critical. As will be discussed in greater detail in subsequent sections, the concept of a crisis is problematic for this particular disadvantaged population. However, an assessment of the extent to which problems had reached crisis at the intake stage suggests the absence of problems being presented at the crisis stage. Intake workers applied a three level rating of no crisis, impending crisis or present crisis based on their judgement of the unique circumstances of each case.¹⁶

Table VI: Percent of Intake Clients at Different Stages of Crisis

No Crisis	Impending Crisis	Problem at a Crisis Stage	
88.6%	9.1%	2.3%	100.0% (n=44)

“In about 9% of cases a crisis was impending but not present and slightly more than 2% of clients had a problem the intake worker considered critical.”

Based on 44 intake clients, almost 90% of clients presented problems at intake that were not at a critical stage. In about 9% of cases a crisis was impending but not

present and slightly more than 2% of clients had a problem the intake worker considered critical.

Income problems on the LHC form generally translated into legal problems in the following areas: income tax, Canada Pension Plan, Ontario Works, Ontario Disability Support Program and Guaranteed Income Supplement. Housing problems included arrears in rent and landlords failing to make repairs. The family, social and health category of everyday legal problems is a mixed grouping that included as clinically assessed legal problems gaining access to government medication support, family issues and Powers of Attorney.

¹⁶ Length of time since the onset of the problem were also collected for a small number of intake clients but the number is not sufficient to support any conclusions.

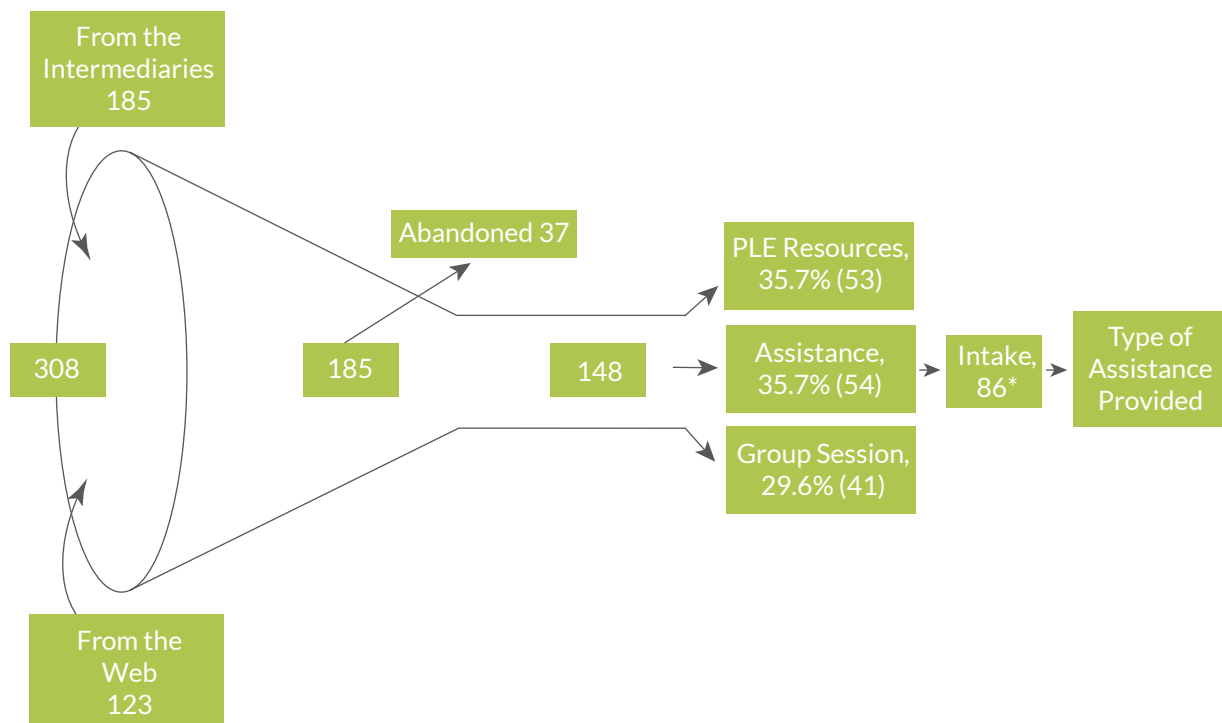
Outreach

Outreach is generally recognized as an essential feature of an effective approach to providing legal aid. There is a growing acceptance that legal services need to be more proactive in efforts to reach those most in need of help, and that this is likely to involve a

range of actions, including harnessing wider networks of human services workers in order to facilitate the direction of those facing legal problems to appropriate legal advice.¹⁷

Effectiveness of the LHC Tool

The Legal Health Check-up form provided an effective tool or foundation for the outreach activities of the intermediaries. Over the three-month period the number of requests for contact by the clinic made by people completing the form represented a one third increase in the normal case load of the clinic.



Forty percent (123) of all LHC forms came from the net, outside of the 7 partner intermediaries. This was an unanticipated outcome. No information was gathered about these forms. A few indicated first contact with web sites, such as the Canadian Forum on Civil Justice and Community Legal Education Ontario, that led to the Legal Health Check-Up site.

Of the 185 forms from the seven partner intermediaries only 20% (37) were abandoned, that is, not completed. Roughly equally percentages of the remaining 157 LHC forms requested PLE resources and assistance, meaning a call from an intake worker. About one third requested information about a group support session related to the problem they were experiencing.

¹⁷ Pascoe Pleasence, Christine Coumarelos, Suzie Forell and Hugh M. McDonald, Reshaping Legal Services: building on the evidence base, Law Foundation of New South Wales, 2014, p. 27

Table VII: Status of LHC Forms Submitted Through Partner Intermediaries

	Completed		Abandoned	Total	Request for Service	
	No.	%			No.	% of Completed
Anglican Church of the Incarnation	6	3.3%	4	10	4	66.7%
Employment Halton	44	23.7%	11	55	39	88.6%
Halton Hills Family Health Team	14	7.6%	4	18	11	78.6%
Halton Multicultural Council	36	19.5%	2	38	32	88.9%
Links2Care	10	5.4%	6	16	8	80.0%
Society of Saint Vincent de Paul at Mary Mother of God Parish	13	7.0%	4	17	11	84.6%
Voices for Change	62	33.5%	6	68	52	83.9%
	185	100.0%	37	222	157	

Three of the seven intermediaries, Voices for Change, Employment Halton and the Halton Multicultural Council account for most of the completed LHC forms. The number of requests for service as a percentage of complete LHC forms is relatively high to very high for all of the intermediaries.

Table VIII provides a summary of the LHC activity of the seven partner intermediaries. It shows the number of problem types and specific problems identified on the LHC forms by each partner intermediary. Row one of each section of the table shows the number of problems types identified; the number of times at least one problem was identified within a problem type. The second row shows the number of specific problems identified within each problem type. These are problems that were identified specifically on the LHC form within each problem category. The third row indicates the number of specific “other” problems identified within each problem type. These problems were not anticipated within the category specific problems on the LHC form.

Table VIII: Number of Problems Identified by Problem Type and Number of Specific Problems within Problem Types for the Seven Partner Intermediaries

	Income	Housing	Education	Employment	Family/ Social	Total
Employment Halton						
Number of Problem Types	38	21	27	20	30	136
Number of Specific Problems within each Type	134	59	56	42	71	362
Number of Other Problems Identified within Problem Types not specified on the LHC Form	17	10	5	5	4	41
Halton Hills Family Health Team						
Number of Problem Types	13	8	4	9	10	44
Number of Specific Problems within each Type	57	22	6	33	26	144
Number of Other Problems Identified within Problem Types not specified on the LHC Form	10	5	1	7	6	29
Halton Multicultural Council						
Number of Problem Types	30	18	22	23	31	124
Number of Specific Problems within each Type	105	37	43	57	84	326
Number of Other Problems Identified within Problem Types not specified on the LHC Form	7	2	3	7	4	23
Links2Care						
Number of Problem Types	7	7	5	7	6	32
Number of Specific Problems within each Type	34	21	9	18	22	104
Number of Other Problems Identified within Problem Types not specified on the LHC Form	5	4	3	1	2	15
Anglican Church of the Incarnation						
Number of Problem Types	5	4	4	3	3	19
Number of Specific Problems within each Type	15	7	4	12	8	46
Number of Other Problems Identified within Problem Types not specified on the LHC Form	2	1	1	2	1	7
Society of Saint Vincent de Paul at Mary Mother of God Parish						
Number of Problem Types	13	13	11	11	12	60
Number of Specific Problems within each Type	70	47	35	33	47	232
Number of Other Problems Identified within Problem Types not specified on the LHC Form	8	7	5	7	7	35
Voices for Change						
Number of Problem Types	53	44	31	44	46	218
Number of Specific Problems within each Type	221	157	57	130	125	690
Number of Other Problems Identified within Problem Types not specified on the LHC Form	22	22	12	17	18	91

All seven intermediaries indicated in the interviews that they found the LHC form useful. One qualifier for that otherwise unanimous feeling came from the Halton Multicultural Council. Because the HMC deals with people whose first language is not English the settlement workers generally found that the process of working through the LHC form was lengthy because of the need to translate much of the English form into the language in which the client was most comfortable.¹⁸ The form itself is a tool. The LHC tool does identify particular problems.

Overall the intermediaries said the LHC facilitated a conversation between the intermediary and the individual. According to a respondent from the Halton Hills Family Health Team (HHFHT):

“often it was the conversation around the LHC rather than directly responding to the questions that uncovered the problem,” and

“the conversation validated the clients problems and gave them an outlet”

Similarly, respondents from both The Anglican Church of the Incarnation (INCA) and Voices for Change (Voices) remarked that

frequently the LHC form “opened up the flood gates.” Elaborating on this theme, respondents from the HHFHT said:

“it often takes a long time because the person will typically not answer yes or no, they want to tell their story.” A respondent from HHFHT

“The process showed that someone out there cares; it was stress release, I could see it in their faces..”

remarked further: *“The process showed that someone out there cares; it was stress release, I could see it in their faces.”*

According to a respondent at Saint Vincent de Paul, Mary Mother of God Parish (MMOG): *“people internalize problems and put them aside. The process of filling out the LHC form helps getting things out.”*

A somewhat different perspective came from respondents at HMC. According to one respondent: *“problems uncovered by the LHC are often not priorities at the time; the client may want to come back*

to it later.” This comment by a settlement worker at HMC may illustrate the manner in which the intermediary carries out their work. HMC assists refugees and immigrants becoming established in Canadian society. HMC represents structured environment offering specific programs supported by government funding. The assistance provided by INCA and by MMOG are forms of pastoral care that are largely unstructured. The basis for the relationship between people from Voices and their clients is a lived experience with poverty. They no doubt bring to the process perspectives and approaches that reflect their own experience as well as that of the individuals they contact.

Some intermediaries also bring resources into the encounter with individuals and this may make a difference in the nature of the relationship and in how the LHC process develops. Both INCA and MMOG have financial resources to access funds for such things as emergency food purchases or rent payments. MMOG operates a monthly food bank and provides support for dental and eye care. MMOG also assists individuals in accessing various government support programs.

¹⁸ Arrangements are being made to have the LHC form translated into several of the most common languages among the HMC clientele.

Overcoming an Aversion to All Things Legal

Four of the seven intermediaries identified as an issue the level of hostility among their constituencies toward anything legal. In fact, this extends to hostility toward involvement with bureaucratic service agencies generally. The intermediaries identified repeated refusals of service as the reason for the aversion to bureaucracy. However, the aversion to involvement with anything legal is distinguishable from that wider issue.

Acknowledging that many immigrants and refugees come from countries where the rule of law is minimal and corruption may be endemic, the settlement workers from the Halton Multicultural Council noted their clients see involvement with the legal system as risk – the feeling they may lose everything.

A nurse at the Halton Hills Family Health Team noted that the aversion to legal matters is based on the idea that a legal problem is one that by definition is very serious. Reaction to the word legal in Legal Health Check-Up one of her clients said: *“I don’t know if I am in bad enough shape to fill this out.”*

The rector at the Anglican Church of the Incarnation noted that *“legal is a red flag”*. *“The people I am talking to are so diminished by the system and legal aid is perceived as part of the structure.”*

Respondents from Voices for Change also noted that in general terms their clients associate high cost, complex and inaccessible with the term legal. More

specifically, in their experience the aversion to legal often arises from fear of disclosure. The legal world is seen as part of the wider – and hostile – world of bureaucratic control over their lives. People are afraid of disclosing aspects of their complex and troubled lives to anything with legal in the title. *“What if they find out I lied on my application for [ODSP] disability support?”*

On the other hand, respondents from MMOG felt that their relationship with the legal clinic was positive. According to one respondent, when in the course of connecting with a client it was emphasized that *“we have a good relationship with the legal clinic, clients became interested.”*

“It seems as if the Legal Health Check-Up has the potential to overcome widespread suspicion of involvement with legal help which is a significant barrier to access to justice.”

However, regardless of the apparent suspicion of involvement with anything legal between about 65% and 90% of completed forms resulted in a request for a referral to the legal clinic for assistance. It seems as if the Legal Health Check-Up has

the potential to overcome widespread suspicion of involvement with legal help which is a significant barrier to access to justice.

Refining our Understanding of Early Intervention: Dealing with Lives on Simmer

Early intervention is an appealing concept in the delivery of legal services, implying a proactive approach to problem identification, prevention and resolution. Early intervention gained prominence in public policy discussions about legal assistance.¹⁹ It is widely felt that by tackling a problem close to when it first appears in the life of the individual early intervention will avoid monetary and intangible (stress related ill-health, family relationship problems) costs, it will avoid the additional cost of dealing with a more complex problem later on and will avoid the “knock-on” costs to the state to the extent that experiencing the problem results in increased reliance on publicly funded social services.

However, the concept of early intervention is a somewhat linear notion that may be consistent with relatively stable lives in which a problem occurs and there is sufficient time to identify and deal with it in a way that forestalls a crisis. The lives of the poor are not like that. They are lives of disadvantage, constantly dealing with the consequences of scarcity, constantly on simmer. And, very low income people don't have money to spend resolving legal problems.

According to the respondents from Voices for Change, the intermediary group with members having lived

experience in poverty, the definition of a crisis for desperate people is different. The level of tolerance is higher. Not being able to pay the rent, or even eviction, for example, is nothing new. Similarly, the respondent from INCA suggested that “people are already desperate” when they overcome the reluctance to ask for help. They need the basics, such as money for food or rent.

These interviews suggest that crisis intervention rather than early intervention might be a more realistic expectation when dealing with the very poor, the typical legal aid clientele. The need for early intervention is an idea that is based

“However, extending the reach of legal aid by partnering with intermediary groups may increase the capacity of legal aid to prevent problems on a constant simmer from ‘boiling over’.”

on the trigger and cascade effect that has emerged from the legal problems research. Legal problems trigger other legal problems. Legal problems trigger, and are triggered by, a range of non-legal problems. This presents a linear idea of problems occurring over time, suggesting that problems might be prevented or at least managed if they are identified and help provided early enough in the process. This concept is based on large-scale surveys of the public

and may adequately characterize the way in which problem sequences emerge for members of the public generally. However, a linear trigger and cascade concept of experiencing legal problems may not be the best way to characterize the way the marginalized groups making up the population served by legal aid experience multiple problems. Rather than a linear concept, it may be that the lives of the poor are on a constant simmer of multiple inter-connected problems that occasionally erupt into crisis situations.

The interview data presented so far from the pilot phase of the LHC project suggest that extending the reach of legal aid may not prevent legal problems among the marginalized people making up the legal aid client base. Lives kept in a constant state of simmer by scarcity may not allow that to occur. However, extending the

reach of legal aid by partnering with intermediary groups may increase the capacity of legal aid to prevent problems on a constant simmer from ‘boiling over’. Borrowing the metaphor made famous by Richard Susskind in *The End of Lawyers* depicting the choice between the fence at the top of the cliff or the ambulance at the bottom, the poor are crowded close to the fence and relocating them very far up the path away from the fence requires other strategies.

¹⁹ Strategic Framework for Access to Justice in the Federal Civil Justice System: Commonwealth Attorney-General's Access to Justice Taskforce 2009, Recommendation 11.3, p. 144); Responding Early, Responding Well

Legal aid may, however, be able to catch them before they tumble over the cliff. That is a refinement of early intervention tailored more realistically to the lives of people living on the margins. Early indications are that the partnership between the Halton legal aid clinic and trusted intermediaries who are closer to the lives of the poor can accomplish this objective. The Legal Health Check-Up is proving to be an effective tool in a proactive process of reaching out to identify legal need that allows the intermediaries to identify people with everyday legal problems and refer them to legal aid for the help they need.

However, inquiry is kept alive by differing views. Respondents from the Halton Multicultural Council expressed partly differing views. The respondents from HMC were consistent in the view that for their clients that “people have a lot in their plate.... problems are often identified when a crisis occurs.” However, the settlement workers at HMC also said that a second way in which problems are identified is when the worker and the client have a long relationship of trust. The settlement workers emphasized the level of suspicion that immigrants and refugees have toward government bureaucracy and the legal system. What is inferred from these interviews is that the trusted aspect of trusted intermediaries might eventually be

the key to early intervention.

The respondents from MMOG also suggest the possibility that association with intermediaries can over time increase the potential for early intervention. MMOG’s clientele is split between one housing development where they visit residents regularly and, more generally, all people within the parish boundaries. Home visits are made as needed, a “food box” pickup occurs monthly and connected with that there is a regular monthly church hall function focusing on matters related to assistance and access to government benefits in many areas such as disability support, eye care and dental care. Speaking primarily about the housing development clients, the respondents from MMOG agreed that based on this on-going relationship the LHC tool employed during the home visits and at the monthly programs enabled the MMOG people to detect problems which had certainly progressed to the serious stage, were detected earlier than would otherwise have been the case. Otherwise, in the absence of the LHC tool, people “*just find a way to survive.*” According to the MMOG respondents the ongoing and unqualified active offers of assistance across a wide area of services, with the understanding of complete confidentiality for recipients, is the basis of trust between MMOG and their clients. The LHC tool is clearly, for MMOG, the instrument for uncovering problems that might otherwise not come to light until

finding a way to survive gives way to a full blown, immediate crisis. The resources available, both the financial resources of the Church and the knowledge and capabilities of the largely middle class and well-educated, dedicated church workers may be important elements.²⁰

There is clearly resistance among the very poor to revealing problems. This is based on an anticipation of rejection, personal humiliation and a sense of unfairness, having experienced rejection by service agencies throughout their lives. In addition, the disadvantaged lives “on simmer”, constantly juggling problems that are about to boil over as they live lives constrained by constant scarcity of resources, thus often developing a sort of tunnel vision in which short term expediency in dealing with one problem takes precedence over longer term advantage for the immediate or other problems.²¹ The trusted aspect of trusted intermediary role may be a key to breaking down the barriers and circumstances that prevent early intervention. The intermediary

“The trusted intermediary role may be a key to breaking down the barriers and circumstances that prevent early intervention.”

strategy being developed in the partnership arrangements between the seven partner intermediaries and Halton Community Legal Service is a key to bringing legal assistance into the mix.

²⁰ This is not the only avenue. The shared experience of poverty of the people from Voices for Change is another foundation for the trusted quality of the relationship between the intermediary and people needing help.

²¹ Sendhil Mullainathan and Eldar Shafir, *Scarcity: Why Having Too Little Means So Much*, Princeton University Press, 2013

A Propensity Toward Self-Help

The respondents from Voices for Change expressed the view particularly strongly that the people to whom they offered help through the LHC were especially cynical, feeling at the outset that it was just one more form. They had filled out many at the insistence of social services agencies and nothing had changed. Against that background they were not convinced that the legal clinic could help. The group was asked by the interviewer: if not the clinic what would help? One respondent replied; They want to do it on their own. A second said: People don't mind doing the work if they have the guidance and tools. [They want to know] how to advocate for themselves. These responses suggest that the people approached by Voices for Change may be different from those contacted by other

intermediaries. It is also possible that the differences somehow lie in the orientation of Voices for Change. This intermediary organization is also being supported to develop a peer mentoring program, which may account for the responses about supported self-help.

The legal problems literature reveals a strong predisposition for self-help among the general population experiencing everyday legal problems. The recent Canadian Forum on Civil Justice national survey of everyday legal problems estimated that about 62% of people experiencing one or more legal problems were self-helpers. Self-helpers did not obtain any legal advice or assistance from any authoritative non-legal

sources, relying only on internet searches, advice from friends and relatives and attempts to negotiate with the other party. A further 19% received advice from an organization such as a union, government office or advocacy group but did not obtain any form of legal advice. When asked if, in retrospect, they thought the outcome might have been better if they had received some assistance 72% said yes. When asked what form of assistance would have helped the majority replied better information, someone to explain the legal aspects, help with filling out forms and an advocate to intervene on my behalf. Only 30% said they would have preferred a lawyer to deal with the matter by legal means.

“It is quite possible that the brief and summary services provided by HCLS, aided by the mentoring and advocacy capacity of intermediaries who chose to carry out those roles, could have the potential for considerable impact in assisting even the disadvantaged to deal with everyday legal problems.”

It is quite possible that the peer mentoring orientation of Voices for Change has tapped into a predisposition for assisted self-help among the disadvantaged that also exists in the general population. Further exploration might find a similar

tendency among some of the clients of other intermediaries. Recall that the majority of people requesting follow-up on the LHC form requested PLE or information about support group sessions. It is quite possible that the brief and summary services provided by HCLS, aided by the mentoring and advocacy capacity of intermediaries who chose to carry out those roles, could have the potential for considerable impact in assisting even the disadvantaged to deal with everyday legal problems.

Building an Integrated and Holistic Service through Intermediary Partnerships

Effective outreach is the first step in expanding access to justice and legal services. It seems clear based on the evidence that partnering with intermediaries is an effective way for the legal clinic to overcome the expressed demand barrier, to reach out with a proactive offer of service to the people who would not otherwise ask. The next step in expanding access to justice is providing integrated and holistic services. This is fundamental to the everyday legal problems paradigm of access to justice that views legal problems as aspects of the normal activities of everyday life and, therefore, experiencing legal problems as a human process. As well, it is well established that legal problems trigger other legal problems and legal problems trigger, and are triggered by, a range of non-legal problems. Thus many people, particularly the disadvantaged, experience clusters of interconnected legal and non-legal problems that, like Gordian knots, cannot be disentangled. The partner intermediaries are the building blocks of an integrated and holistic approach to access to justice, just as they are the foundation of effective outreach.

In the Legal Health Check-Up project building an integrated and holistic approach to access to justice is an incipient process

that is taking shape as the project develops and changes as a natural experiment. The legal needs of people in the community served by the clinic are gleaned from legal needs studies, environmental

“The partner intermediaries are the building blocks of an integrated and holistic approach to access to justice, just as they are the foundation of effective outreach.”

scans, reports of community development agencies containing changing demographic profiles and economic changes, legal aid case load data and service delivery experience.

The recruitment of partner intermediaries reflects this immensely complex mix of legal needs and groups within the population where the needs are concentrated. Some intermediaries provide specific services or a range of services to a specific population. Employment Halton, the Halton Hills Family Health Team, the Halton Multicultural Council and Links2Care are examples of this type of intermediary, The Anglican Church of the Incarnation, Saint Vincent de Paul Mary Mother of God Parish and Voices for Change are

rooted in the community in different ways than the more bureaucratic service organizations but they are all, in their various ways, part of the community. By engaging in partnerships with the intermediary groups, Halton Community Legal Services has undertaken a community development strategy for expanding access to justice and has moved the legal clinic toward becoming a more integral part of the community it serves.

An integrated legal service emerges as the clinic and the partner intermediaries develop relationships. A case worker from HCLS is present at Halton Multicultural Council one afternoon a week at an outreach clinic. Arrangements are made for a legal case worker to be present to hold a similar clinic on a monthly basis with Voices for Change. The interviews with intermediaries identified the emerging connection between the legal aid clinic and the intermediaries.

Respondents at MMOG spoke about how they emphasized the good relationship with the legal clinic when dealing with problems being experienced by their clients. One example of how this worked in a practical way involved an individual with a cluster of family law and domestic violence problems. The domestic violence problem

came to the attention of one of the people at MMOG with the use of the LHC tool. The people at MMOG contacted the legal aid clinic. The legal aid clinic does not deal with family law or criminal matters. However, the Executive Director of the Halton clinic contacted the Director General at Legal Aid Ontario (LAO) responsible for their district in the Southwest Region of Ontario and arranged a protocol to refer family law matters to LAO. This was followed by the development of a protocol between the legal aid clinic and MMOG to deal with family law and domestic violence issues. The people at MMOG accompanied the individual to family court. This situation that developed during January and February 2015 illustrates how integrated service emerges organically from the developing relationship between the legal service provider and the intermediary.

One other case illustrates how the referral process can flow from the

legal clinic to the intermediary, rather than in the opposite direction. Mr. H first came into contact with the legal clinic via the weekly satellite intake office at the Halton Multicultural Council (HMC). Having been injured in an automobile accident Mr. H wished to file an application for Ontario Disability Support (ODSP). Mr. H was disabled, as is his wife and one of his three sons. Appointments at the HMC allow for a full interview doing a comprehensive review of the client's circumstances in addition to completing the usual legal documents. It became clear that Mr. H was in need of, but was unaware of the range of community services available such as health care, the local food bank and a specialized pain clinic. This information was made available to him. In a second interview to prepare for the ODSP hearing the lawyer became aware of the level of desperation of Mr. H and his family. Even if the ODSP hearing were to be successful, Mr. H and his family were facing

a number of overwhelming issues and would almost certainly, in the imagery of the LHC project, go over the falls. At that point the clinic lawyer contacted INCA, one of the intermediary groups, to do for the family what the lawyer could not do. The church was able to provide transportation to various services, assisted Mr. H in dealing with arrears on his mortgage payments and assisted in making alternative arrangements to deal with arrears with the one son's university tuition.

These examples from the case notes show how the intermediary clinic partnership is a foundation of integrated service. It represents the dynamic aspect of integrated service. The linkages between the legal clinic and the partner intermediaries are in place. Linkages between the intermediaries and the clinic and second order services and resources are there. The partnership between the partner intermediaries and the clinic make it work.

Holistic Service

Integrated and holistic services and aspects are two sides of the same coin. In the intermediary interviews

“Typically the person will not want to answer simply yes or no. They want to tell their story.”

the respondent from INCA, the organization involved in the second of the two cases described above, described his involvement. *It is not just filling out forms. It is jumping through the hoops with them.* At another point the respondent said: *you have to walk through the process with them.*

A respondent from MMOG said of the holistic nature of the process: *when you are completely down and*

have no grocery money, there is a place you can go to get help and there is no judgement. Further, similar to walking people through the process described by the respondent from INCA, another respondent from MMOG remarked about what makes the process work: *“it only works because people know the intermediary – non-judgemental, unqualified help.”*

Consistent with the respondents from both MMOG and INCA, the respondents from Voices for Change emphasized the key role of an active offer of concrete assistance. One of the Voices respondents said: *“once I got the person a Handi Van [local transportation for disabled people] application and then the flood gates opened.”*

Similarly, speaking about the length of time often required to go through the LHC form with a client a respondent from the Halton Hills Family Health Team remarked: *“typically the person will not want to answer simply yes or no. They want to tell their story.”* The respondent continued: *“it showed that someone is out there who cares, there was stress release, I could see it in their faces.”*

It is useful to distinguish integrated and holistic service. Both relate to the clusters of legal and non-legal problems people experience and to the fact that experiencing legal problems is a human process.

“Holism is how you do what you do.”

Typically for people who are desperate and afraid, dealing with legal problems has to be approached on that level of empathy. Holism is *how* you do *what* you

do. Lawyers do that as illustrated in the case of Mr. H as well as professional intermediaries such as the health professionals at the Halton Hills FHT and the quite different “grass roots” people in intermediary groups such as MMOG, INCA and Voices. The impression

“It showed that someone is out there who cares, there was stress release, I could see it in their faces.”

conveyed through the intermediary interviews is that a holistic approach involves a complex blend of various elements of human interaction; overcoming people’s cynicism and resistance to asking for help, drawing people out so they will tell their manifold stories, building trust and, especially, making an active offer of concrete service that is, in the words of one MMOG respondent unqualified and non-judgemental.

A Different Kind of Lawyer

Much emphasis has been placed so far on the crucial role of the partner intermediaries in the LHC process. They are the animators that make it work on the ground. The way in which the legal service functions is no less critical to the extension and transformation of legal services made possible

“The way in which the legal service functions is no less critical to the extension and transformation of legal services made possible through the LHC project.”

through the LHC project. An exchange among several respondents in the group interview with Voices for Change ‘connected the dots’ between several key elements: outreach, integrated, services, holistic services and the aversion to legal services. Describing how he connects with people one respondent said: *“the great advantage is that I give free assistance; then I say “a lawyer will be at Voices on [particular day]. I am going over. Come with*

me.” A second respondent said: *“people develop tunnel view dealing with their problems; the*

particular problem becomes the focus.” A third respondent in the group interview followed with the comment: *“yes but people normally deal with services that provide a defined, limited service.”* Then a fourth respondent captured the discussion with a decisive comment: *“This is a different kind of lawyer.”* In the context of the discussion these are not partial non sequiturs. They come together to capture the nature of the legal service that is as crucial as the

nature of the intermediary contacts.

An open-ended, holistic and integrated legal service is outside the range of experience and the culturally-based expectations of disadvantaged people seeking help. When the first respondent reported saying to people: a lawyer will be there, I am going over, come with me, he meant that the person could talk to the lawyer²² about the problem or other problems - about the everyday problems people experience for which legal assistance combined with the assistance and advocacy work of the intermediaries might be able to help. People are not accustomed to this, either from lawyers or from the service agencies with which they typically deal.

The intermediaries understood that the form of legal service provided by HCLS is different from the normal

²² Often a legally trained case worker.

legal or social service model. They also understood that people need to be drawn to it through direct experience, because it has been through direct experience of the opposite type that has throughout their lives erected the barriers of cynicism, suspicion and aversion

to both legal and non-legal services. The new kind of lawyer is a necessary part of the overall new kind of legal service or it will fail to integrate effectively with the expansion of service so effectively accomplished by the partner intermediaries. This is what is being

done in the Legal Health Check-Up project. It will be more effective as the legal service becomes “trusted” as are the intermediaries.

Conclusion

The intermediary partnerships that are a foundation of the Legal Health Check-Up are an effective approach to outreach for a highly disadvantaged, multiple

“Experiencing legal problems is a human process and, therefore, dealing with them should also reflect the realities of emotional and personal difficulty”

problem population. During the pilot phase of the project the LHC process increased the intake of the Halton Community Legal Services clinic by one third on an annualized basis. The LHC process is effective at overcoming the cynicism and mistrust of bureaucratic government services typical of disadvantaged people who have experienced refusals of service in the face of desperate circumstances over much of their lives.

In particular, the LHC process seems effective at overcoming the aversion to involvement with anything legal that was reported of their clients by a number of intermediaries. Despite this widely reported aversion to and mistrust of anything legal the vast majority of LHC forms included a request for service by the legal aid clinic.

The preliminary research on the pilot phase of the project unearthed an interesting perspective on early

intervention and crisis prevention. Early intervention is frequently proposed as an approach to detect problems early, avoid problems becoming critical and making resolutions easier before the problems become increasingly complicated and difficult to resolve. The qualitative data from the intermediary interviews suggests that crisis is normal in the lives of highly disadvantaged people. If crisis is boiling over, their lives are constantly on simmer. Early intervention means detecting a crisis as early as possible and providing help that may bring it under control. This is not to say that stability cannot be brought to people's lives, but it did not become evident in the short term of the pilot phase of the LHC project.

Intermediary partnerships are not only the foundation for outreach to a hard-to-reach population, building on outreach the partnerships are the foundation for the next building blocks of effective service delivery; integrated and holistic service. In this approach the

“There is a considerable basis for expansion of intermediary activities beyond the gateway roles of problem spotting and making legal referrals to a wider range of advocacy and supported self-help.”

intermediary – clinic partnerships make up the first level of integrated service providing mutual support in resolving the interrelated clusters of legal

and non-legal problems experienced by clients. The second layer of integrated service is the network of contacts brought into the service delivery process by the intermediaries themselves.

There is much overlap between the concepts of integrated and holistic service. Both ideas reflect the idea that the whole person has to be considered in dealing with the clusters of inter-related multiple problems experienced by disadvantaged people. The dimension that is more characteristic of holistic service, although not uniquely so, arises from the recognition that experiencing legal problems is a human process and, therefore, dealing with them should also reflect the realities of emotional and personal difficulty. This is the real meaning of “trusted” in trusted intermediaries. It is an active offer of service, concrete assistance and, sometimes, advocacy, provided without judgement. It is, in the words of several intermediaries, giving people the opportunity to reveal problems when the revelation is deeply personal, and walking the path to resolving the problem with the person. Intermediaries and legal service providers working on partnership animate the three elements of service delivery: outreach, integrated and holistic service.

There is a considerable basis for expansion of intermediary activities beyond the gateway roles of problem spotting and making legal referrals to a wider

range of advocacy and supported self-help. The intermediaries come to the partnership between the intermediary and the legal clinic with an established set of service activities and substantial commitment. Providing the legal clinic with the resources for mentoring, training and otherwise resourcing intermediaries might be a worthwhile investment in service delivery.

About 40% of the LCH forms came from sources other than the seven partner intermediaries. This suggests

“Providing the legal clinic with the resources for mentoring, training, and otherwise resourcing intermediaries might be a worthwhile investment in service delivery.”

the potential value of an expansion of the LHC project to a more web-based guided information and supported self-help approach.

Little is known about the characteristics of this group. To the extent that it encompasses a socio-economic level above the highly disadvantaged people coming through the partner intermediaries, a web-based expansion might represent an opportunity to provide service to that layer of need represented by people living precarious lives of low income, unstable employment and housing who are just outside of the current client base and eligibility guidelines for legal aid.

Appendix One: Legal Health Check-Up Results, 2014-07-01 to 2015-01-31

Count of all surveys: 300

INCOME

Do you ever have trouble making ends meet?

- Yes: 171 (57%)
- No: 44 (14.6%)
- No answer: 85 (28.3%)

Do you rely on food banks and community dinners?

- Yes: 103 (34.3%)
- No: 111 (37%)
- No answer: 86 (28.6%)

Do you need help getting or keeping any of these benefits?

- Ontario Works: 37 (12.3%)
- Ontario Disability: 43 (14.3%)
- Canada Pension Plan: 8 (2.6%)
- Employment Insurance: 24 (8%)
- Guaranteed Income Supplement: 17 (5.6%)
- Child Benefits: 20 (6.6%)
- No answer: 184 (61.3%)

Do you need help when you do your taxes?

- No: 65 (21.6%)
- N/a: 10 (3.3%)
- No answer: 86 (28.6%)

Can you afford to buy prescription medicine if you need it?

- Yes: 71 (23.6%)
- No: 131 (43.6%)
- N/a: 14 (4.6%)
- No answer: 84 (28%)

Is anyone contacting you to pay outstanding bills?

- Yes: 96 (32%)
- No: 108 (36%)
- N/a: 9 (3%)
- No answer: 87 (29%)

Is there anything else you'd like to tell us about income issues? If yes, please describe below.

- Yes: 78 (26%)
- No: 104 (34.6%)
- No answer: 118 (39.3%)

HOUSING

Where do you sleep?

- Home I own: 46 (15.3%)
- Home I rent: 112 (37.3%)
- With family or friends: 26 (8.6%)
- Assisted living home: 4 (1.3%)
- Group home: 3 (1%)
- Retirement home: 1 (0.3%)
- Longterm care home: 0 (0%)
- Other (please specify): 17 (5.6%)
- No answer: 94 (31.3%)

Are you behind in your rent right now?

- Yes: 30 (10%)
- No: 149 (49.6%)
- N/a: 32 (10.6%)
- No answer: 89 (29.6%)

Are you on the waiting list for subsidized housing?

- Yes: 52 (17.3%)
- No: 154 (51.3%)
- No answer: 94 (31.3%)

Are you at risk of having your rent subsidy cancelled?

- Yes: 15 (5%)
- No: 111 (37%)
- N/a: 83 (27.6%)
- No answer: 91 (30.3%)

Have you been late paying rent in the past year?

- Yes, 1 to 3 times: 55 (18.3%)
- Yes, 4 to 6 times: 10 (3.3%)
- Yes, more than 6 times: 10 (3.3%)
- No: 109 (36.3%)
- N/a: 25 (8.3%)
- No answer: 91 (30.3%)

Are you behind with your utility bills (for example, electricity, gas, or water)?

- Yes: 75 (25%)
- No: 104 (34.6%)
- N/a: 33 (11%)
- No answer: 88 (29.3%)

Do you have any of the following problems?

- Landlord doesn't make repairs: 33 (11%)
- Heat or air conditioning doesn't work: 18 (6%)
- Mold, bugs, or rodents: 41 (13.6%)
- Other unsafe conditions in my apartment or house (describe): 21 (7%)
- No answer: 225 (75%)

Do you have any problems with your neighbours?

- Yes: 32 (10.6%)
- No: 175 (58.3%)
- No answer: 93 (31%)

Have you been given any eviction papers by your landlord or the Landlord and Tenant Board?

- Yes: 28 (9.3%)
- No: 177 (59%)
- No answer: 95 (31.6%)

Have you been harassed, discriminated against, or treated unfairly by your landlord?

- Yes: 32 (10.6%)
- No: 177 (59%)
- No answer: 91 (30.3%)

Do you have anything else you would like to tell us about housing issues?

- Yes: 57 (19%)
- No: 111 (37%)
- No answer: 132 (44%)

EDUCATION

Do you get a Canada Learning Bond for your children?

- Yes: 20 (6.6%)
- No: 93 (31%)
- N/a: 88 (29.3%)
- No answer: 99 (33%)

Are you worried about your children's education, attendance or performance in school?

- Yes: 55 (18.3%)
- No: 67 (22.3%)
- N/a: 90 (30%)
- No answer: 88 (29.3%)

Are your children able to participate in activities offered at school?

- Yes: 64 (21.3%)
- No: 41 (13.6%)
- N/a: 103 (34.3%)
- No answer: 92 (30.6%)

Do you need subsidized day care so you can go to school?

- Yes: 39 (13%)
- No: 64 (21.3%)
- N/a: 106 (35.3%)
- No answer: 91 (30.3%)

Do you need help to access adult education classes or a job training program?

- Yes: 86 (28.6%)
- No: 113 (37.6%)
- No answer: 101 (33.6%)

Are you overdue on any student loans?

- Yes: 31 (10.3%)
- No: 169 (56.3%)
- No answer: 100 (33.3%)

Is there anything else you'd like to tell us about education issues?

- Yes: 34 (11.3%)
- No: 126 (42%)
- No answer: 140 (46.6%)

EMPLOYMENT

Do you have a disability that affects your ability to work?

- Yes: 86 (28.6%)
- No: 117 (39%)
- No answer: 97 (32.3%)

Are you concerned about telling an employer about any health problems that you have?

- Yes: 63 (21%)
- No: 83 (27.6%)
- N/a: 53 (17.6%)
- No answer: 101 (33.6%)

Have you ever been hurt at work?

- Yes: 45 (15%)
- No: 157 (52.3%)
- No answer: 98 (32.6%)

Is your workplace safe?

- Yes: 71 (23.6%)
- No: 16 (5.3%)
- N/a: 113 (37.6%)
- No answer: 100 (33.3%)

Are you being harassed or discriminated against or being treated unfairly by your employer or a co-worker?

- Yes: 25 (8.3%)
- No: 80 (26.6%)
- N/a: 99 (33%)
- No answer: 96 (32%)

Do you worry about getting fired, laid off, or having your hours cut?

- Yes: 61 (20.3%)
- No: 35 (11.6%)
- N/a: 104 (34.6%)
- No answer: 100 (33.3%)

Do you have trouble getting time off when you need it?

- Yes: 31 (10.3%)
- No: 64 (21.3%)
- N/a: 104 (34.6%)
- No answer: 101 (33.6%)

Does your employer or past employer owe you money?

- Yes: 19 (6.3%)
- No: 111 (37%)
- N/a: 66 (22%)
- No answer: 104 (34.6%)

Are you having trouble finding a job because you have a criminal record?

- Yes: 19 (6.3%)
- No: 97 (32.3%)
- N/a: 80 (26.6%)
- No answer: 104 (34.6%)

Are you having trouble finding a job because you do not have enough Canadian experience or training?

- Yes: 45 (15%)
- No: 77 (25.6%)
- N/a: 72 (24%)
- No answer: 106 (35.3%)

Is there anything else you'd like to tell us about work issues?

- Yes: 48 (16%)
- No: 112 (37.3%)
- No answer: 140 (46.6%)

FAMILY, SOCIAL & HEALTH SUPPORTS

Are you going through a divorce or separation?

- Yes: 29 (9.6%)
- No: 158 (52.6%)
- No answer: 113 (37.6%)

Are you worried about your safety or for your children's safety in your home situation?

- Yes: 21 (7%)
- No: 175 (58.3%)
- No answer: 104 (34.6%)

Do you have any problems with child support, access, or custody?

- Yes: 36 (12%)
- No: 162 (54%)
- No answer: 102 (34%)

Do you have someone to make healthcare decisions for you if you become unable to do so?

- Yes: 89 (29.6%)
- No: 110 (36.6%)
- No answer: 101 (33.6%)

Do you want someone to make financial decisions or to manage your money and pay your bills for you if you become unable to do so?

- Yes: 102 (34%)
- No: 92 (30.6%)
- No answer: 106 (35.3%)

Are you having trouble getting the help you need, including healthcare, because you are new to Canada?

- Yes: 25 (8.3%)
- No: 173 (57.6%)
- No answer: 102 (34%)

Are you able to get the health services and supports that you or your family need?

- Yes: 98 (32.6%)
- No: 96 (32%)
- No answer: 106 (35.3%)

Do you or your children need financial help to get involved in social, fitness, or recreation programs?

- Yes: 93 (31%)
- No: 104 (34.6%)
- No answer: 103 (34.3%)

Is there anything else you would like to tell us about family, social, and health supports?

- Yes: 50 (16.6%)
- No: 108 (36%)
- No answer: 142 (47.3%)