

## THE LEGAL HEALTH CHECK-UP PROJECT

# Where We Started, Where We Went, and What's Next

## WHAT IS THE LEGAL HEALTH CHECK-UP PROJECT?

Research shows that legal service delivery fails dramatically if clients must find their own way to legal aid offices. The Legal Health Check-Up Project (the “LHC Project”) was developed to address this issue by extending legal aid in partnership with trusted intermediary groups that are part of clients’ everyday world.

The LHC Project was developed in 2013-2014 by Halton Community Legal Services (HCLS), a small Legal Aid Ontario community legal clinic that currently operates in Oakville, Ontario. The idea for the project was conceived by HCLS Executive Director Colleen Sym and Mike Balkwill, a consultant and community organizer, with funding from Legal Aid Ontario. The LHC pilot involved partnerships between HCLS and seven intermediary groups in the clinic’s service delivery area of Halton Region. The objective of the project was to increase the number of clients served by developing partnerships with these intermediaries.

A major aspect of the LHC Project is the Legal Health Check-up tool (the “LHC”). The LHC is a form that asks about everyday legal problems concerning income, housing, education, employment, family, and social and health supports. The LHC form was made available to the public on paper and electronically through the intermediaries and on the project website: [www.legalhealthcheckup.ca](http://www.legalhealthcheckup.ca). Once complete, the public had the option to receive educational resources from HCLS, talk with an HCLS clinic worker, or attend a group session.

## HIGHLIGHTS FROM THE HALTON PILOT

Halton Community Legal Services piloted the LHC Project from October 2014 to January 2015. Dr. Ab Currie, Senior Fellow at the Canadian Forum on Civil Justice, evaluated the pilot phase of the project. Here are some highlights from his report.

### *Clients have multiple undiscovered problems*

More than 60% of the people who completed LHC forms reported three or more problems, with the most common problem type being income (45%), followed by housing (27%). The problems HCLS assessed at intake closely matched the everyday legal problems identified on these forms.

### *Achieving greater outreach*

The LHC form was an effective outreach tool. Requests for contact from people completing the LHC form increased HCLS’s caseload by a third. The intermediaries also reported that the LHC

form was useful and opened up a dialogue with clients about their problems, even when the clients were suspicious of the legal system or just wanted to solve the problems on their own.

### *Achieving early crisis intervention*

By capitalizing on the trusting relationship between the intermediary and client, the LHC tool can uncover problems that might otherwise not come to light unless a client suffers a full-blown crisis.

### *Building an integrated and holistic service*

The LHC Project helps build an integrated and holistic approach to the delivery of legal services. Partnering with different types of intermediaries helps the legal clinic increase its intake by proactively offering services to people who would otherwise not ask for help. This also leads to community-building and makes a legal clinic a more integral part of the community.

## **HIGHLIGHTS FROM THE SUB-REGIONAL ROLLOUT**

Following the Halton pilot, the LHC Project was rolled out to three other clinics between June and October 2015: Hamilton Community Legal Clinic, the Legal Clinic of Guelph and Wellington County, and the Brant, Haldimand and Norfolk Community Legal Clinic. The LHC project at HCLS was used by the other clinics as a template, and each clinic adapted the project to their community. Here are some highlights from Dr. Ab Currie's report on the sub-regional rollout.

### *Achieving greater outreach, still*

The three clinics recruited between 7 and 13 intermediary partners that openly accepted the LHC concept. This resulted in increased outreach, measured by the number of LHC forms used or the increased number of points of contact for each clinic. For example, of people who completed LHC forms across the three clinics, 27% to 34% requested service.

### *Opportunities to strengthen relationships*

Most of the intermediary groups recruited had previous relationship with the three clinics. The LHC Project therefore created a platform to strengthen pre-existing relationships or develop more collaborative relationships. The LHC concept also created a platform to discuss community needs with intermediaries. At the client level, the project allowed the clinics to deliver services more holistically by creating a conversation that encouraged clients to discuss and prioritize their full range of problems.

### *Lessons for recruiting intermediaries, or why hard work matters*

Initially during the rollout, uptake of LHC forms was low. This suggests that sustained effort on the part of the clinic is required to engage intermediaries and ensure their participation. Possible reasons for the slow uptake include: front-line intermediary workers were busy,

intermediaries had their own intake process, or clients were in crisis when they visited an intermediary.

### *Opportunities to innovate*

Based on the sub-regional rollout, some innovations to the LHC project were considered and/or implemented. For example, HLCS planned to administer the LHC form to all clients at intake to increase their holistic approach to service delivery. Three clinics (HCLS, Brant and Guelph) applied for funding to conduct secondary consultations – that is, providing legal advice or information by a clinic lawyer to a non-legal professional involving their own client. The goal here was to build a network to access justice services among community agencies.

Finally, research shows that legal problems frequently lead to physical illness, making the relationship between legal services and health care providers important. As such, the Guelph clinic planned to introduce a designated staff person to work with existing family health teams to navigate pressing legal issues for clients, while HCLS committed to strengthening its relationship with the Halton Hills Family Health Team and the North Halton Health Link Alliance.

## **HIGHLIGHTS FROM THE SOUTHWEST ONTARIO EVALUATION**

Following the sub-regional rollout in Brant, Guelph and Hamilton, nine other clinics in Southwestern Ontario adopted the LHC Project. Dr. Ab Currie evaluated the implementation of the LHC at these 12 clinics over a six-month period beginning in May or June of 2016. Here are some highlights:

### *The same promising story*

The LHC form identified people with multiple undiscovered problems. Over half of the people who filled out the LHC form experienced three or more legal problems, and these problems tended to be longstanding. Clients also tended to be in crisis.

The LHC project also achieved greater outreach across the 12 clinics. Between 35% and 85.1% of people completing the LHC form requested service from a legal clinic and between 15.4% and 50.8% of those individuals had an intake.

### *Clients find the LHC form helpful*

Nearly 75% of clients reported that the LHC tool helped them identify their problems, and almost 44% said they definitely or probably would not have gone to the legal clinic without having taken the LHC. More significantly, 100% of clients said they would definitely or probably return to the clinic with a new problem.

### *Adaptation matters, or why one size does not fit all*

The LHC approach is adaptable. Clinics should use the LHC form and create intermediary processes in ways that work for them and their community. For example, the LHC form can be shortened or ask questions that address client issues that are specific to their community.

### *More insight on how to build relationships*

The 12 clinics developed relationships with a total of 125 intermediaries. Those intermediaries generally believed that the LHC was a good idea that benefited their clients. Clinics, however, must recognize that these relationships take time and effort to build. There is also value in developing partnerships with different types of community agencies so that other, disadvantaged populations can be reached.

### *Results take time and effort*

Some participating clinics noted a small increase in intakes, and there was a gap between the priority and achievement of some clinic objectives (avoiding crisis, providing holistic service etc.). Six months is a short time to implement a project of this size and develop strong intermediary relationships. Results take time, but the effort is worth it!

## **NEXT STEPS, OR WHERE DO WE GO FROM HERE?**

Ten clinics have decided to continue the LHC Project. Over the next year, the clinics will discuss how to share data and adapt the LHC form for themselves and their community needs. Clinics will also continue to learn how to develop relationships with their intermediaries to transition towards a more holistic approach to the delivery of legal services. Some questions the clinics hope to answer include:

1. Does the problem of unmet legal needs justify a response like the LHC?
2. What unmet legal or non-legal needs can be addressed through the LHC Project and intermediary relationships?
3. Are clinics already doing an adequate job in addressing unmet legal needs through existing community contacts?

Three clinics – HCLS, Brant and Guelph – are committed to the secondary consultation process. They plan to further develop and evaluate that process for a three-month period beginning in April 2017. Dr. Ab Currie will be involved in the evaluation.