

ACLCO Clinic Survey Results Summary

September 16, 2016

Introduction

The Survey was sent to all Clinics on July 7 2016 with the following Introduction:

The ACLCO has been the representative body of community legal clinics since 1997. For many years, the Association engaged principally in advocating for the clinic system with LAO, government, the Law Society of Upper Canada and other justice organizations. In recent years, the ACLCO has expanded its services for clinics to include services such as KnowledgeNow and Policy Counsel. In 2016, the resources and responsibility for the Clinic Learning and Training Program will transfer to the ACLCO.

The ACLCO Executive would now like to canvass clinics for their views on the ACLCO's work on behalf of clinics. This Survey will assist the ACLCO Executive to evaluate the work of the Association and to plan for future services for clinics. Your assistance in completing the Survey is appreciated and will inform and guide the Association at this important juncture in its history.

If at all possible, please complete the survey as a clinic. The clinic can remain anonymous, if you wish. All feedback is welcome and will help the ACLCO in its efforts to improve its services and supports for clinics.

Response Rate:

52 Responses were received.

Questions:

1. Please identify your clinic. (You may choose "Complete Survey Anonymously" if you wish.)

- 11 responses were completed anonymously.
- Clinics that identified themselves are listed in the attached Appendix.

2. How would your clinic rate the current services provided by the ACLCO?

Services	Very Satisfied	Satisfied	Not Satisfied	Unable to Comment
Representative Voice/Advocacy on behalf of clinics	33 66.00%	13 26.00%	2 4.00%	2 4.00%
Dialogue /Interaction with MAG/Governments generally	32 64.00%	15 30.00%	1 2.00%	2 4.00%
Dialogue/Interaction/Negotiation with LAO on behalf of clinic system	30 60.00%	17 34.00%	1 2.00%	2 4.00%
Coordination of the Friends of Community Legal Clinics	27 54.00%	16 32.00%	2 4.00%	5 10.00%
Association for Sustainable Legal Aid - leadership	26 52.00%	15 30.00%	1 2.00%	8 16.00%
Law Society Collaboration on Access to Justice Issues	19 38.00%	23 46.00%	1 2.00%	7 14.00%
Law Society Collaboration on Clinic regulation	18 36.00%	21 42.00%	1 2.00%	10 20.00%
Dialogue/ Interaction with other justice sector organizations (e.g. LFO, LCO, LLP, OJEN)	15 30.00%	18 36.00%	1 2.00%	16 32.00%
Dialogue/ Interaction with international legal clinics	12 24.00%	13 26.00%	1 2.00%	24 48.00%
Promotion of clinic work in law faculties/legal education	12 24.00%	17 34.00%	1 2.00%	20 40.00%
Poverty Law/Clinic System Orientation Sessions	14 28.00%	23 46.00%	1 2.00%	12 24.00%
ACLCO Annual Conference and AGM	30 60.00%	15 30.00%	2 4.00%	3 6.00%
ACLCO Website	17 34.00%	25 50.00%	1 2.00%	7 14.00%
Ontario CLC's Provincial Strategic Plan 2013-17	22 44.00%	22 44.00%	2 4.00%	4 8.00%
Clinic Funding Principles Consultation	21 42.00%	25 50.00%	2 4.00%	2 4.00%
Knowledge Now	18 36.00%	23 46.00%	3 6.00%	16 12.00%
Board Members Liaison Group	12 24.00%	22 44.00%	2 4.00%	14 28.00%
ACLCO Regional Meetings/Caucuses	18 36.00%	22 44.00%	2 4.00%	8 16.00%
ACLCO Annual Report 2015	22 44.00%	22 44.00%	1 2.00%	5 10.00%
ACLCO Clinic Practice Dialogue Series - Webinars	17 34.00%	24 48.00%	4 8.00%	5 10.00%
Clinic Compensation Funding Grid Project	16 32.00%	23 46.00%	7 14.00%	4 8.00%
Regional Training Workshops	16 32.00%	22 44.00%	2 4.00%	10 20.00%
LAO/Clinic Space Leasing Committee Support	15 30.00%	15 30.00%	4 8.00%	16 32.00%
LAO/Clinic Legal Disbursement Committee Support	17 34.00%	16 32.00%	2 4.00%	15 30.00%
Transformation/FEG Initiative Support	15 30.00%	29 58.00%	1 2.00%	5 10.00%
Mentoring/Clinic Advice	16 32.00%	22 44.00%	1 2.00%	11 22.00%

3. How can we improve the services provided by the ACLCO?

Comments: How can we improve the services provided by the ACLCO?
Our clinic is in a time of transition and we are short staffed. This should change in the near future and undoubtedly we will be more involved in ACLCO work. No comments at this time to improve your services.
Like to see Lenny to ask more for and from Clinics and be less content. Unions can have different styles. Aggressive or passive. Lenny is quite good in these good times and was also very good on the defensive a few years ago. ACLCO should look at the perennity of the clinics and beyond. (now what) Thank you
some of the unable to comment items are topics that board and staff members have generally not followed closely, e.g. few have used used the website or been involved in the Board liaison group so the clinic as a whole is unable to comment
Maybe a newsletter. Also develop a branding for clinics.
We are very satisfied with the ACLCO and cannot thank the ACLCO and Lenny enough with respect to the leadership it and he have shown in dealing with LAO and the Ministry.
The ACLCO is doing a beautiful job. The one area I would like more information about is Knowledge Now.
I think it is important for ACLCO to be clear about any agreements they have with ASLA in terms of the amount/percentage clinics should get of new money to LAO from MAG. It is time to re-think if the 20% is the sufficient (& it's not) of any new money from MAG especially when LAO takes a 10% admin fee & then decides to off load traditional personnel operating costs to clinics as happened with FEG money. Essentially clinics ended up only able to hire very junior lawyers or paralegals when in new areas of law with only 1 lawyer doing that area of law, it would have benefited our clients more to hire a far more experienced lawyer. Also the fact that LAO has downloaded the renovation work to clinics who have no expertise in this area is very inefficient and not a cost saving tactic & it is delaying the hiring of legal staff to provide new legal services in new areas of law. It is time for LAO with a big nudge from the ACLCO to revisit the support LAO should be providing to clinics (ie a new modern version of Clinic Services Office). This is particularly important since LAO is expecting to get more new FEG funds from MAG next year. Rather it seems that LAO focuses all of its services (improvements to IT, facilities', updating data bases, provision of training mandated by the Ontario government - eg. AODA training) etc on it staff at duty counsel offices, district offices, staff lawyer offices etc. Clinics are an essential & huge part of LAO's access to justice branding & we are not getting any non-legal services to help us help our clients by focusing on what we do best - providing legal services. Rather we are treated like the poor 2nd rate cousin. I think there should be a better way for ACLCO to report to clinics about the multiple ongoing issues with LAO rather than via lengthy reporting letters & updates at ED or AGM meetings. It is impossible for clinic staff & directors to keep abreast of the myriad of outstanding & longstanding issues the ACLCO has been trying to negotiate with LAO. Consequently it is hard to keep staff & especially directors interested in the issues & respond with comments. How about a checklist detailing the issues, brief statement why important, negotiation/1st talk start date with LAO, status, hoped for outcome & end result would help keep clinic staff & directors better informed about all the balls ACLCO is juggling with LAO. And telling clinic staff & Directors to go to the ACLCO website is not the answer. I think LAO has become a massive bureaucracy and clinics don't know where they fit in or who they should be talking to. And thus do no feel valued and do not feel their work or their clients are valued. What is the purpose of the GTA North/Central/Peel-York districts? What is the purpose of the Director General or General Director? What is the role of GTA VP now? And who is the Senior Advisor Clinics & what does she do for clinics? And how can s/he do her/his work without meeting with clinics?

Comments: How can we improve the services provided by the ACLCO?
<p>And what does the Clinic Advisory Committee do for the LAO Board? And when is David Field going to actually meet with clinics staff other than at the ACLCO AGM? And who sits on LAO Board & how do we contact them? Further it seems like LAO is studying issues of interest to clinics (eg. Mental Health Strategy, Aboriginal Strategy etc) & doesn't consult clinics, makes assertions in these reports about services to be provided to clinics (eg. 24/7 mental health resource hotline) but doesn't tell clinics about them or even provide any training about the new resources. Yet LAO announces training for its non-clinic staff on The Source. What gives? Are clinics part of LAO or they the poor country mouse or relation? What is the ACLCO's role to insure clinics are truly an integral part of LAO? CIMS is a scary alien. Except for a few clinics who have staff to devote to CIMS, most clinics are waiting for the announcement that CIMS is Set, Ready, GO & then clinic staff will really understand the significant impact of CIMS on every minute of their life. The ACLCO/Clinic Learning & Training should host a in-depth meeting so clinics can share their ideas about what measurement reports can be generated by CIMS that would be useful to clinics & what reports LAO will be getting without clinics even knowing. There should be a clear discussion on what CIMS can and cannot do. Rumour has it, that it is a poor client management tool. Really!! Then what kind of tool is it (to quote the host of Q107.1 is CIMS the 'tool' of the day'?) Obviously we cannot depend on LAO to do this - the CIMS staff seems bent on just getting the product out there asap & then letting clinics fend for themselves. This will not service our clients & may lead in terms of staff to the serious work place stress-absentee problems faced by ODSP & OW staff when the new SAMS computer program was poorly implemented in November 2014. And clinic OW & OD clients are still feeling the brunt of that poorly planned & expensive "newly improved IT" program. A survey completed by 1 clinic staff person is not sufficient for ACLCO to get an useful range of critical & constructive ideas. And to find out what negotiations clinics want the ACLCO to prioritize. Focus groups (of staff, ED, & directors) in each region are still needed if the ACLCO is really interested in change.</p>
<p>Please improve information provided on ACLCO services. We feel we should be better informed on the work ACLCO already does.</p>
<p>Liaison Group: we recommend semi-annual regular meetings; try a different format than conference call and provide guidelines for healthy participation (concern is that it becomes an opportunity for unproductive tangents by some participants). Orientation: get input from Board members in advance as to content preferences. KnowledgeNow: there is a desire for a more concerted attempt to involve/include Board members Website: perhaps the website is a platform for accessing information that has historically been in the Poverty Law Journal, but in a more accessible format. This might increase use of the website.</p>
<p>The AGM is always exceptional.</p>
<p>Excellent work</p>
<p>I'm afraid that Hay takes us further from getting back to a simple universal grid. To the extent that clinics follow it (and so far the one's I'm aware of seem not to be) it looks like it will leave clinics all paying different salaries, and, given that LAO still funds salaries on its internal grid, this makes our accounting very complicated. Would be better to get LAO back to publishing its grid, then address salary inequities after that. Re regional training, our concerns are well known. The biggest is that there is so little legal training at our conference these days. That leaves us rusty on the law. Next is maintaining the appearance of frugality.</p>
<p>More advocacy for individual clinics whose challenges or issues raise fundamental clinic principles, such as clinic independence, that may affect other clinics.</p>
<p>I do not feel that the ACLCO represents the views of individual staff. Generally speaking, only Executive Directors and/or Board members are invited to comment or to attend meetings or consult on issues</p>

Comments: How can we improve the services provided by the ACLCO?
affecting clinics. This survey is a perfect example. It should have been sent to all staff to give everyone the opportunity to comment. Most clinics are too busy to sit down and complete it together.
Overall, we are quite satisfied with the work of the ACLCO. I have indicated "not satisfied" in one area only: The Hay Report. It was a great initiative, but it is not proving to be as useful as we hoped without the lens of pay equity. I think that this might have been identified sooner. I am concerned that we will have great difficulty implementing the wage structure without further investment in consultants. In addition, I would note that WTCLS would like to see more work done to address LAO's unsatisfactory IT. CIMS is a fiasco. It looks to us completely unusable. We feel trapped by LAO's control over our software and our computers. We would like to have the funds for IT to use ourselves to obtain computers and systems that actually work effectively and efficiently.
We are not familiar with the details of the above, but we trust that you are doing excellent work in all of these areas.
Not satisfied with clinic lawyer compensation; advocacy required to bring up to par with LAO compensation.
Elliot lake and the North Shore Community Legal Clinic does NOT appear on your original list.
Doing a great job. We are very lucky to have the ACLCO and Lenny.
Maybe a newsletter or blog?
It may be useful to have more informal bulletins to advise clinics of developments with ACLCO

4. Which new services would you like to see the ACLCO provide?

Services	Number of Times Suggested	Comments
Board training	11	Moving the current BSWG to ACLCO. Anything to do with board
Research CRO transfer	9	
Governance/Board supports	8	E.g. Board Recruitment, Strategic Planning, Board Support, ED Succession
Benefits and insurance	7	
Group purchasing	7	E.g. audit, office supplies
New Clinic staff & Board orientation	6	Especially on a brief history & purpose of clinics & why clinics are world class
Management support	6	
Human Resources support	1	
Community development supports	6	
Needs Assessment Supports	6	
Accreditation/Quality Improvement	3	
ED/management training/leadership training	3	
Poverty Law Journal	3	
Pension and compensation	2	A forum for discussion about staff benefits plans
All of the above examples listed in Question 4	2	
Supports similar to the old Clinic Services office	1	
Full time policy counsel	1	
Support for Clinic Strategic Planning Processes	1	
Support with regional transformation projects	1	
more clinics to be encouraged to do workers compensation	1	
more economic / social analysis critical of "austerity" which leads to poverty	1	
Legal Clinic branding and public awareness (ads)	1	

5. Do you have any further explanation or comments about your suggestions for new services?

I think this is the one area that has the least support in the clinic system, and not a lot of resources out there to do.
All of these would be appropriate for the CRO. However, the topic of management support raises a broader issue. This is already an issue as the ACLCO plays a strong lobbying role for clinics and this may come more to forefront as the roles of the ACLCO expand. That is the issue of who the ACLCO represents. The Association has a history of encouraging involvement by clinic staff from all roles. But the ACLCO represents clinics, as non-profit corporations, and really the representatives voting and guiding the Association should be management. This is not to suggest that the ACLCO should dictate who the reps are but it might at least be advisable to stop encouraging broad representation. For example, the presence of particular job roles on the Compensation Funding committee can affect the recommendations; or on such a committee the interests of management and staff may not be entirely aligned. This can be true of other issues as well.
Bearing in mind that smaller clinics may have less resources to pay.
We are of the view that support activities can be taken over by the association. Accreditation/assessment should remain with the funder. We are happy with the CRO services at the present time.
see multitude of comments before The question #4 was not clear? Did you want us to write down the proposed ideas by ACLCO under the suggestion list or list new suggestions. Clinics should have been asked to help prioritize the suggestions above. The ACLCO cannot do everything.
Don't take on too much without additional resources.
Regarding the board supports, our clinic used the BSWG services (not frequently, but when needed). I found them to be very helpful. We now have a gap in management and Board-related services.
I'm not sure that I want the ACLCO to provide all of these services. I believe that the role of an association is to advocate on behalf of clinics, not provide services to them.
Want ACLCO to focus on current responsibilities.
The current relationship between "independent" legal clinics and the "funder" is unusual to say the least. There is a new role to be played by the ACLCO as a service provider, much like the Ontario Hospital Association to hospitals
I think ACLCO should stick with providing services that are more tied to clinic's funding issues, as opposed to trying to do it all. For that reasons, I am not sure it is a good idea for ACLCO to be working on poverty law journal. But I can see it providing assistance - as needed - to clinics around such issues as compensation system, or leasing agreement/policy, etc. anything to do with relationship with our funding body and with MAG. Board training/governance can also fit within that scope (maybe even audit/office supplies), but definitely not community development.
N/A

6. Would you increase your membership dues to enable the ACLCO to provide the new services?

- Yes - 30 (63.83%)
- No - 17 (36.17%)

Comments:

Unable to comment at this time. TBD as there will be a Director here in January who will decide financial matters.
As funding permits
but consider increased optional payments under current dues arrangement
However, since we have a fixed budget with basically no extra money in our budget, it is hard to see how we could do this. More support from LAO would be needed.
We would increase our dues however we would also have to take into account budget constraints.
We simply do not have the money. We struggle to balance our budget. Our hope is that LAO would download this to ACLCO along with funding.
But we're very tight for discretionary spending. Best to lobby LAO to fund increases to ACLCO budget.
Premature to assess this
Depends on the amount, but you get what you pay for.
We can only transfer what we are provided with by the funder, unless a small increase is required.
expensive for small clinics
Depending on services offered
Since I do not believe ACLCO should be expanding its scope of services, I don't think you should be raising the membership fee.

7. If you would increase your membership dues to enable the ACLCO to provide the new services, what would be an acceptable range for the increase?

Range	Number of Responses	Percentage of Responses
\$200. - \$500.	12	31.58%
\$500. - \$800.	6	15.80%
\$800. - \$1000.	3	7.89%
\$1000.+	9	23.68%
Not be willing to increase dues	8	21.05%
Total	38	100.00%

Comments:

This should be more of a last resort, LAO should not be downloading clinic system management tasks to the ACLCO without increased funding.
Whatever the amount that is required subject to the clinic's ability to pay.
We would consider a greater increase if affordable to the clinic.
We are concerned about smaller clinics' capacity to afford an increase and would still offer this amount if it meant helping to subsidize those who cannot contribute (as much or at all).
We can manage 500-800 from our current budget but end of the year surplus is unpredictable and if we have a larger surplus we would be prepared to donate that if we could.
A well supported and funded association is needed to advocate and lobby on behalf of the legal clinic system.
I think that the increase would depend upon the nature of the new services provided.
I would not be willing to increase dues

8. Please provide any other feedback that you would like the ACLCO to consider in making future plans for association services and supports for clinics.

<p>Try to think of who are the best people in the clinic system that can do the things that need to be done, as opposed to calling on the usual suspects every time. I think you will find many people who are willing to help if you ask.</p>
<p>We look forward to the ACLCO taking over management of training and learning funding.</p>
<p>The ACLCO is key to the well - being and future functioning of the clinic system. We are very grateful for all of the great work that the association has carried out. We agree that in general any support activities that LAO is willing to turn over to the ACLCO should be transferred.</p>
<p>see previous comments Thanks for the great work on behalf of clinics. No doubt without the historical tacit knowledge of the ACLCO especially during the "Wardian Era" , clinics would have been flattened & squished.</p>
<p>We think it would be helpful to elaborate on the activities of ACLCO in reports to clinics, and to highlight the projects it is working on.</p>
<p>We are very grateful for the amazing work of the Executive and staff and benefit hugely from the advocacy and services provided. We recognize that the Association punches well above its weight. A small suggestion (that we know you are conscious of): try to respect summer periods and not require a lot of consultation with Boards during this traditional quiet time for volunteers. Thank you and keep up the great work!</p>
<p>Generally we have always been very pleased with ACLCO. You have saved our bacon many times - with savvy, spirited, sophisticated advocacy. We are very grateful. The dust-up over the training conference has suggested to us that if ACLCO is going to provide services to clinics (such as training), as opposed to just advocacy, it may be beneficial (per administrative law principles) to create some sort of appeal structure. That said, we strongly agree with LAO seeking to "subcontract" providing services to clinics on LAO's behalf, as it is in better touch with clinics and their issues than is LAO.</p>
<p>I don't have any specific feedback, but I'd be happy to participate in ACLCO-led discussions about this topic if that would assist.</p>
<p>Possibly the ACLCO needs to look at a graduated fee scale for the fee amount that exceeds the amount the clinic receives from LAO for the ACLCO. The excess amount could be based on the number of FTE positions so that small clinics with small budgets are not asked to fund the excess cost at the same rate as large clinics with large budgets.</p>
<p>ACLCO has done an excellent job in keeping the funder accountable and insuring a well funded system is in place. Kudos to all members of the executive. Your work is very much appreciated.</p>
<p>I think the webinars have been very helpful. Taking a lead on compliance issues in terms of providing information on legislative changes is helpful: ex. putting together a package for clinics about what they need to know about compliance with the AODA. Practical tools so that everyone isn't trying to figure things out individually. This would be the same for things like pay equity wage gap reconciliation- a best practices standardized guide as to how to do this. These things would be very helpful. Also, as the ACLCO takes oversight for training dollars I would like to see the clarity as between when the decisions are made and commitments have to be made by the ED groups so that we are not making the decision in advance of the funding approval- this allows for clear lines of approval and accountability. For instance its not clear this year if that has happened.</p>
<p>Make ACLCO positions time-limited, eg. as secondment positions from permanent clinic staff (3-5 years).</p>
<p>This clinic values a strong association that has the resources and mandate to do what other associations do to support their membership.</p>
<p>Taking into consideration the particular needs of clinics located within a multi-service agency when discussing clinics' needs with LAO or MAG.</p>
<p>None</p>

APPENDIX - Responses Identified by Clinic

Advocacy Centre for Elderly
Algoma Community Legal Clinic Inc.
Clinique juridique Stormont, Dundas & Glengarry Legal Clinic
Community Advocacy & Legal Centre
Community Legal Assistance Sarnia (2)
Community Legal Clinic – Simcoe, Haliburton, Kiwartha Lakes
Community Legal Education Ontario/ Éducation juridique communautaire Ontario
Community Legal Services Ottawa Centre (3)
Durham Community Legal Clinic
Grey-Bruce Community Legal Clinic
HALCO - HIV & AIDS Legal Clinic Ontario
Hamilton Community Legal Clinic / Clinique Juridique Communautaire de Hamilton
Industrial Accident Victims Group of Ontario
Injured Workers Consultants
Jane Finch Community Legal Services
Justice for Children and Youth
Justice Niagara
Keewaytinok Native Legal Services
Kinna-aweya Legal Clinic
Landlords Self-Help Centre
Legal Clinic of Guelph and Wellington County
Manitoulin Legal Clinic
Metro Toronto Chinese & Southeast Asian Legal Clinic (2)
Mississauga Community Legal Services
Neighbourhood Legal Services (London & Middlesex)
North Peel and Dufferin Community Legal Services
Prison Law Clinic (Queens University)
South Ottawa Community Legal Services (2)
The Legal Clinic (2)
Timmins-Temiskaming Community Legal Clinic
West End Legal Services of Ottawa/ Services juridiques de l'ouest d'Ottawa
West Toronto Community Legal Services
Willowdale Community Legal Services
Windsor-Essex Bilingual Legal Clinic / Clinique juridique bilingue de Windsor-Essex