ACTION RESEARCH AS AN ENABLER OF INNOVATION IN THE JUSTICE SECTOR:

TACKLING THE WICKED PROBLEM OF A2J

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CANADIAN IMPERATIVES FOR CHANGE & A2J AS A "WICKED PROBLEM"
WICKED PROBLEM.
noun | wi-kəd | prä-bləm

a problem that is difficult or impossible to solve because of incomplete, contradictory, and changing requirements that are often difficult to recognize.
- 45% of population experience one justiciable problem every three years
- Poor and vulnerable are particularly prone
- Problems multiply – trigger and escalate
- Social, health and economic costs result
- People do not take their problems to law
- 6.5% only reach the justice “system”
- Self-representation is increasing (50% +)

A FEW FACTS ABOUT ACCESS TO JUSTICE: CIVIL JUSTICE PROBLEMS ARE PERVERSIVE
SIX PRINCIPLES FOR ENSURING CANADIANS HAVE ACCESS TO JUSTICE: REQUIRES A "SHIFT IN PROFESSIONAL CONSCIOUSNESS"

1. Put the public first
2. Collaborate and coordinate
3. Prevent and educate
4. Simplify & make sustainable
5. Take action
6. Focus on outcomes
ACCESS
To Legal Services

meet existing legal needs better differently

& meeting unmet legal needs

considering not just the quantity of people served but the quality of the service

Photo Credit: Margaret Hagan for the Canadian Bar Association Future's Initiative
ROADMAP FOR CHANGE: INTERVENTION POINTS FOR LEGAL HELP – A NEW PARADIGM

Figure 2: The ERSS and Formal Justice System: Volume of needs vs. cost and funding allocations

Volume of problems, needs of population that are handled by the sectors of the overall justice system

- Early Resolution Services Sector (ERSS)
- Formal Justice System

- Information, education; building legal capabilities; triage and referral
- Supported information and summary advice; triage and referral
- Supported dispute resolution; advocacy for clients
- Legal Representation
- Trial

Cost to individuals:
- Lowest
- Highest

Opportunity to resolve largest # of problems early:
- Lowest
- Highest

Current allocation of funding:
- Lowest
- Highest

Figure 3: Family Justice Services Continuum

- Counselling, family servicing agencies, justice ministries, the Bar, legal aid, NGOs, etc.
- Early intervention, PLEI, family services, advice, triage, referral – connect to general ERSS
- Diversion initiatives, consensual dispute resolution, arbitration, etc.
- Courts

4.3 Consensual Approaches to Dispute Resolution Should Be Integrated as Far as Possible into the Family Justice System
ACTION RESEARCH AS AN ENABLER OF CHANGE

1. Identify the problem and envision success
2. Adjust the theory and begin again
3. Develop a plan of action
4. Report the results
5. Analyze data and form conclusions
6. Collect data
What is Action Learning?

- A process that involves a small group ("set") working on real problems, taking action, and learning while doing so.
- A powerful management tool that creates dynamic opportunities for individuals, teams, leaders and organizations to successfully adapt, learn and innovate.

Collaborative Inquiry

Appreciative Inquiry
Research

Action research cycle

- Re-evaluate
- Research
- Plan
- Act
- Evaluate
- Observe

Figure 18.7
Points of Entry into an Action Research Project

Action research: Prototype to scale up
Poorest 1/5th of Canadians (when compared to richest 20%) has:

- 2x+ rate of diabetes & heart disease
- 60% > rate of 2+ chronic conditions
- 3x+ rate of bronchitis
- ~2x rate of arthritis & rheumatism

High income ≠ good health

BUT low income = (almost always) poor health & significant health inequity

Inspiration from Public Health: Importance of prevention & early intervention strategies

Research Question: How can we prevent legal problems & intervene earlier to improve legal health?

Nudging the paradigm shift (Currie, 2016)
Justice & Health Partnerships

Lisa Turik
1. Literature Review
2. Advisory Committee
3. Connect to Australian & US Medical Legal Partnership resources
4. Plan preliminary research cycle
5. Undertake needs and capacity assessment using interviews with primary health care providers
6. Design evaluation
7. Data analysis and interpretation
8. Design implementation cycle
9. Develop Partner Advisory Committee
10. Implement and gather data
11. Evaluate & report
12. Plan next AR phase
**Sample planning tool**

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Name of Project/Initiative

WHERE WE WANT TO BE
(What is the change we are trying to create - the high level vision?)

1. 
2. 
3. 
4. 
5. 
6. 
7. 
8. 
9. 
10. 
11. 
12. 

HOW DO WE GET THERE?
Create the Action Plan - Understand the theory of change

1. 
2. 
3. 
4. 
5. 
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11. 
12. 

WHERE ARE WE?
Scan the environment. Assess strengths, weaknesses, opportunities & threats

1. 
2. 
3. 
4. 
5. 
6. 
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8. 
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11. 
12. 
13. 
14.

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Getting more sophisticated about documentation & evaluation: Learning from health
LEARNING ABOUT EFFECTIVE EVALUATION

- Program logic vs theory of change
- Process evaluation vs. outcome evaluation
- Developmental vs. project evaluation
- Participatory evaluation
- Operationalizing terms
- Research methods
  - Interviews
  - Surveys
  - Focus groups
  - Observation
  - Contact statistics
  - Project learning journal
- Research ethics
- Data collection & challenges
- Data analysis & interpretation
- Disconfirming evidence
- Ensuring reflexivity
- Validity & Trustworthiness
- “member checking”
- Outcome harvesting
- Knowledge dissemination
- Catalytic validity & Scaling up
Justice & Health Partnerships
Eastern and Central Region Transformation Project
Project Lead: CALC with partners Stormont, Glengarry & Dundas LC, Kingston CLC, Northumberland CLC & Peterborough CLC

Change We Are Trying to Create

Develop promising practices to improve impact & reach of legal help including "trusted intermediary" partnerships
Develop & advocate for policy tools for systemic analysis of adverse impact

National
Presentations at the University of Saskatchewan Meds & Law - AJ2 week in October 2017

Provincial
Created & co-lead Community of Practice
26 members from East, Central, & Southwest

Regional
15+ shared regional or local presentations
3 supported partnerships
Presentation at Fall 2018 - Spring 2019 Eastern Region Training

Local
B Partnerships
150 Healthcare Providers Trained
20% Rural Providers
93% Early Intervention
16 documented stories from health disciplines

Short Term Deliverables

Over 500 referrals received from primary care providers (HCPs) - 10x as many as before the project launched
90% of referrals have not accessed help from the legal clinics before. This jumps to 78% when looking exclusively at rural referrals
Nearly 90% of HCPs reported they were better able to identify legal issues because of the project, and were more likely to refer their clients to legal help.

Local Impact

90% of referrals are from rural areas, an underserved population
We have trained closed to 1200 HCPs how to spot poverty law issues
We have been able to intervene early and prevent problems including a 90% of referrals
The project is valued by all HCPs. 84% reported the project is helpful to them. 97% reported the project is helpful to their patients

"The Justice and Health network has changed the way that we think about client problems. It makes us think that we have hopeful resources for them. It is empowering for them to get help to resolve a problem. This legal clinic is extremely welcoming, open to providing support in whatever way that would be helpful (ours). The heart that they bring to it is so evident."

- Healthcare Provider 2017

Unexpected Value Added

Inter-disciplinary Learning with Placement Students from Health Disciplines
Understanding of Legal Care at a Health Systems Level
Sophisticated Evaluation Framework
Improved Communicants and More Productive Relationships
Website for Effective Resource Sharing

Operation- Cost Savings for CALC in Rural Areas

PLE Learning Exchange
Published a blog on the PLE learning exchange, & maintain the KnowledgeNow space for the Health & Justice Community of Practice

Legal health
Prescribing legal help: Intervening early to improve patient health

SASKATCHEWAN JURISDICTIONAL MEETING
Lecture on Expanding Engagement: Creating Connections Between Delivery of Justice and Health Services

MICHELE LEERING
LECTURER - UNIVERSITY OF SASKATCHEWAN

Getting recognition on a national level: we were invited to present on Ontario’s health and justice network at the University of Saskatchewan’s AJ2 week in Oct 2017

We created a website to facilitate resource sharing with healthcare providers: www.communitylegalcentre.ca/JHP

Unexpected Value Added

Future Intentions

1) Developing HJP Initiatives in the East & Central Region, Supporting Initiatives Province-Wide
2) Expanding the Local Project to Mental Health Agencies, Hospitals, Solo Practitioners
3) Leading Interdisciplinary Learning, Transforming How Legal Services Are Viewed & Connected to SDOH
4) Tracking Progress Nationally and in Other Countries

April 19 Spring Conference workshop: Improving Legal Health: How to Build a Justice & Health Partnership (hosted by ECRTP Medical Legal TAG/JacNe & Health COP)
“For those clients that we share, it makes me think of the adage, “it takes a village....” It takes a team of different professionals, working together. It’s not enough to have just a doctor, just a social worker, just a lawyer. And you need a lot of communication between them. The project has helped create a safety net for people who really need it.” – Healthcare Provider, 2017
Research Findings: Local Impact

“We have received over 500 referrals from healthcare providers. This is 10x as many as before the project launch.”

50% of referrals are from rural areas, an underserved population.

50% of referrals have not accessed help from the legal clinic before. This jumps to 64% when looking exclusively at rural referrals.

We have been able to intervene early and prevent problems from escalating in 93% of referrals.

We have trained close to 120 healthcare providers how to spot poverty law issues.

Nearly 90% of healthcare providers reported they were better able to identify legal issues because of the project, and were more likely to refer their clients to legal help.

The project is valued by our healthcare partners. 94% reported that the project is helpful to them. 97% reported the project is helpful to their patients.

“The Justice and Health network has changed the way that we think about client problems. It makes us think we have hopeful resources for them. It is empowering for them to get help to resolve a problem. The legal clinic is extremely welcoming, open to providing support in whatever way that would be helpful to us. The heart that they bring to it is so evident.”

– Healthcare Provider 2017
Short Term Deliverables

**National**

*Presentation* at the University of Saskatchewan
A2J week in October 2017

**Provincial**

Created and co-chair *Community of Practice*
25+ members from East, Central and Southwest

**Regional**

15+ shared resources and presentations
3 supported partnerships
Presentations at *Fall 2016 and Spring 2018*
Eastern Region Training

**Local**

8 Partnerships
150 Healthcare Providers Trained
250+ Rural Referrals
93% Early Intervention
16 placement students from health disciplines
Unexpected Value Added....

Operational Cost Savings for CALC in Rural Areas

Inter-disciplinary Learning with Placement Students from Health Disciplines

Understanding of Legal Care On a Health Systems Level & Understanding of Social Determinants of Health by Legal professionals

Sophisticated Evaluation Framework

Improved Communication and More Productive Relationships

Website for Effective Resource Sharing
Unexpected Value Added

The ABC’s of Legal Care

Community Advocacy & Legal Center (CALC): Training for Medical Professionals on ODSP Applications

NATALIE ALEXANDER & LAIKEN STARREVELD

Queens University

Access to Justice & Occupational Justice

Abuse and Disability

Community Advocacy & Legal Centre (CALC)

Advanced Care Plan Resource

Jeff Blasko & Elyse Latimer

NURS 405: Practicum in Community Health Promotion

Queens University School of Nursing

April 3rd, 2017

Health and Justice Project

Nursing Students: Sarah Savelli and Meaghan Hart
Preceptor: Lisa Turik
Agency: Community Advocacy and Legal Center Belleville
SOME CHALLENGES

- Time
- Capacity
- Data collection issues due to new software
- Rigour & Reflexivity
POTENTIAL NEXT STEPS

1. Research effectiveness of professional practices!
2. Popularize - develop an AR “kit” for A2J
3. Build stronger capacity for evaluation
4. Develop peer review or mentorship supports
5. Knowledge transfer - create a central repository to share results
6. Encourage research methodology courses
7. Model action research as educators
8. Encourage legal scholarship on AR
9. Recognize AR as socio-legal research
Future Intentions

1) **Developing** JHP Initiatives in the East & Central Region, Supporting Initiatives Province-Wide
2) **Expanding** the Local Project to Mental Health Agencies, Hospitals, Sole Practitioners
3) **Leading** Interdisciplinary Learning, Transforming How Legal Services Are Viewed & Connected to SDOH
4) **Tracking Progress** Nationally and in Other Countries
“Diy” Resources:

1. All You Need to Know About Action Research
2. Action Research for Business, Nonprofit, and Public Administration
3. Doing Action Research in Your Own Organization
4. The Action Research Planner
5. Locating the Energy for Change: An Introduction to Appreciative Inquiry
Michigan Journal of Race and Law

Volume 19 | Issue 2

2014

It's Critical: Legal Participatory Action Research

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Theorizing Legal Participatory Action Research: Critical Race/Feminism and Participatory Action Research

Emily M. S. Houh¹ and Kristin Kalsem¹

International development literature
Action research: Prototype to scale up

Librarians and Access to Justice in Ontario

Legal issues at the library
- Access to government benefits
- Housing
- Separation or divorce
- Employment
- Wills, estates & powers of attorney

Where librarians refer patrons
- Legal clinic
- Government office or agency
- Their own lawyer or paralegal

Access to justice challenges facing librarians
- Time
- Digital Divide
- Workload

Librarians are listening
Librarians most commonly learn about a legal problem because a patron brings it up in conversation or presents a formal document (e.g. eviction notice, statement of claim) for discussion.

Typically, patrons turn to librarians after contacting friends, family, government offices, or another intermediary such as a healthcare professional.

Locations of Librarians Surveyed
Over 165 librarians were surveyed across Ontario in 2016.

83% of librarians surveyed would like training to improve access to justice for their patrons.

Building Skills in Legal Information and Referral