Innovating, Intervening, & Transforming: Justice & Health Partnerships in Ontario

Why?
What?
How?
So what?
What else?
Future?

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Access to Justice is much more than just “access to lawyers or courts”

- **Information** about the law, legal rights, and “paths to justice”
- **Services** to help navigate the system, improve legal health & prevent legal harm & solve problems
- Promote justice through **reform** of unjust laws and adopting new laws
- **Systemic advocacy** to improve policies & practices & programs
- Making **enforcement** of laws possible and easy

The discourse is broadening because of empirical research
Clients obtain access to the justice system, civil liberties, equal protection and intended benefit of the law.

Clients have increased security in achieving and protecting their basic needs, such as food, shelter, income, education, employment, health care, personal safety and family relationships.
We must build strategic leadership in the justice sector & the legal profession: a justice eco-system
Working with trusted intermediaries is essential...

1. Voluntary, informal or inadvertent intermediaries

2. Members of the helping professions

3. Lay or professional advocates or advocacy organizations

4. Intermediaries connected with the justice system

Health care providers
What is the change we seek to create?

New partnerships with primary, & secondary health care providers

Best practices in interdisciplinary problem solving leading to early issue identification and intervention - preventing clusters of legal problems

Improved health outcomes and lower health costs through greater access to justice
Getting situated: JHP initiatives are growing..
Mapping study: Ontario’s Justice & Health Partnerships

# of hosts

11

Who are hosts?

9 community legal clinics, 1 PBO, 1 LAO

# of partnerships

33

Types of healthcare partners

9 hospitals, 9 “CHC”, 10 “FHT”, 3 “A & MH”, 1 “NursePC”
Degree of formality and collaboration

- Not applicable: 9.09% (1)
- No: 27.27% (3)
- Yes, for some: 27.27% (3)
- Yes, for all: 36.36% (4)

Wide spectrum of degree of collaboration

Challenge - don’t really fit Australian definitions ... degree of formality & type of service
Service delivery approaches

- **Hotline**
- **Secondary consultations**
- **Holistic approach**
- **Legal services**
- **Red flag & referrals (cold, warm, hot)**
- **Systemic Advocacy**
- **Document review**
- **Legal literacy**
- **Legal Health Check**

**Legal Health Check**

- **Income Security**
  - Welfare, Ontario Works (OW)
  - Ontario Disability Support Program (ODSP)
  - Child Tax Benefit (CTB)

- **Employment Insurance (EI)**
- WorkSafe & Insurance Board (WSIB)
- Seniors’ Benefits (OAS, GIS, CPP Retirement)

- **I can’t pay my bills**
- **I need help with my medications**
- **I lost my job**
- **I was turned down for disability**

- **Housing**
  - I can’t afford my rent
  - My landlord won’t fix my apartment
  - My apartment is too small

- **Legal Health Program**

**Legal Health Check-Up**

Welcome

Many people do not think of their everyday problems as being "legal problems" and do not know that they can get help. People living in poverty are more likely to report multiple problems such as bad health, unemployment, low income, poor housing and family breakdown.

Halton Community Legal Services has created this check-up to help people who are living in poverty so they can identify legal problems and get help. Funding for the project is from Legal Aid Capacity of Legal Clinics. A research has been completed in Halton Region using to support the use of the Legal Clinic. Brant, Haldimand, Norfolk, and Wellington County.

Click here for a survey demonstration

**THE BEST PRESCRIPTION YOU’LL EVER WRITE!**
Improving health through successful OAS/F applications

McMaster Family Health Team
Hamilton Community Legal Clinic
Core Collaborative Learning

Health Justice Tuesdays
What kinds of legal problems?

3 most common

Resulted in some changes in service priorities
Funding sources

Primary funding... largely legal aid!

Secondary funding sources:
- Legal service - project (3)
- Health care partners - core (2)
- Health care partners - project (2)
- Law Foundation (1)
- Municipal government (1)
- Other

In-kind contributions:
- Oversight
- Governance
- Supervision
- PLE/CLE
Assessing evaluation practices:
A work-in-progress

Whether evaluate?
- Yes, internal evaluation: 45.5% (5)
- Yes, independent evaluator: 45.5% (5)
- Not applicable: 9.1% (1)

How often do you meet to discuss or evaluate?
- Annually: 9.09% (1)
- Quarterly: 36.36% (4)
- Other (please specify): 18.18% (2)
- Not applicable: 9.1% (1)
Measuring implementation and impact
A work in progress...

Do you collect data?

Kinds of impacted data recorded:
- Practical case outcomes
- Monetary outcomes
- Types of services given
- Early intervention referrals vs. crisis
- PLE Pre and post knowledge

Data collection methods - order of %:
- Service & referral statistics
- Debriefs
- Surveys
- Interviews
- Other

Evaluation Frameworks?
- Program logic models
  (3) (+2?)
Impact of JHP: Host self-reports

- IMPROVES
  - early intervention
  - social determinants of health
  - legal health
  - legal literacy

Impact of JHP:
More referrals are received from healthcare partners for legal information or help
There are more opportunities for early intervention or prevention of legal problems being
Your legal service now offers more diverse legal services to respond to healthcare referred
Increase in income security for patients referred
Increase in housing security or safety for patients referred
Increase in stability of employment for patients referred
Improved physical health of patients referred
Improved mental or emotional health of patients referred
Improved legal health of patients
The legal literacy of healthcare partners is improved
Other (please specify)
Value added: Cross-disciplinary student placements, medical & nursing students training, increased research capacity, knowledge sharing.

Abuse and Disability
Andrew U & Victoria Zelz
Community Advocacy & Legal Centre, Queen’s University School of Rehabilitation Therapy

Access to Justice & Occupational Justice
Andrew U & Victoria Zelz
Community Advocacy & Legal Centre, Queen’s University School of Rehabilitation Therapy
What have we learned so far?

See also second presentation
Undertake local needs & capacity assessment with health care providers

Develop “service pathways”, learning resources & data collection methods

Foster cross-disciplinary discourse between law & health professionals

Enabler: Nimble organizations as hosts & instigators

Enabler: Small seed grants

Cultivate “trusted intermediary” relationships - bottom-up approach

Action research: Prototype to scale up

Build research & evaluation capacity: they are experts!

Image courtesy of www.rsdmo.org
What does the future hold?

Law Foundation of Ontario funds 4 new projects:

• Scaling up two new JHP in Eastern Ontario
• Rural mental health org and justice project
• Developing evaluation frameworks and resources
• Regional JHP forums & accredited virtual workshops for health care providers

Learning from others:
International research & knowledge-sharing

Advance the discourse:
• Justice through a health equity lens:
• Look to meds/health - create a shift in professional consciousness & competency development

Dr. Andrew Pinto et al. - Longitudinal study of impact

Photo credit: Legalhealthcheckup.ca

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