



North Peel & Dufferin
Community Legal Services Inc.

Annual Report

November 2019

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1. Introduction

1.1 Overview

The deep threat facing us now is the cuts to legal aid funding implemented by the Ontario government. These cuts caused great harm to many legal clinics in 2019-20. As was the case for most legal clinics outside of Toronto, we escaped relatively unscathed, with a 1% reduction in funding. However, if the government proceeds with the cuts set out in the budget for 2020-21, the effect will be devastating for all legal clinics. What is set out in this annual report may turn out to be irrelevant if we are instead implementing a deep cut to our funding. Like other community legal clinics, we have lobbied against the legal aid funding cuts and we hope that the new Attorney General will reverse this dire course of action.

The Ontario government is also embarking on a Legal Aid Modernization Project. We welcome the opportunity to engage with that project. Like many other community legal clinics, we have long been working on modernization and we are eager to progress further.

The annual Board/Staff Planning Meeting sets the objectives for the coming year. Those objectives go into the annual funding application to Legal Aid Ontario (LAO). This Annual Report contains information to help inform the planning process. There is statistical information on the clinic's activities, demographic information on the communities we serve and a review of the services that we provide.

As set out in our Vision/Mission/Values statements, our first priority is our clients. We embrace innovation and collaboration to help us deliver excellent services to our clients. Dignity and respect are extremely important. Our clients are served with all of the respect that a client of a Bay Street law firm would expect – but with even better quality legal services!

Our core values are expressed in many ways. We are open 9-5, Monday to Friday, and make arrangements to meet clients beyond those hours as needed (we do not close for a lunch hour or for weekly meetings). This is the level of service that any middle class client would expect and it is even more important for our clients: someone who has to travel with children on public transit to get to our office should not be greeted by a “closed” sign.

We have multiple entry points: clients can contact us by telephone (the most popular method), by coming to our office, by emailing us, by texting us, by using the contact form on our website, by using our online intake form, or by intake conducted by one of our community partners. Clients using our website can see photos and bios of the staff, so they know in advance who we are.

Our clients are greeted by our Client Service Representatives (CSRs) and it is a job requirement that CSRs have social service worker degrees. Many of our clients have mental health issues and all of our staff have had mental health training.

We engage in health justice partnerships with the Dufferin Area Family Health Team and the Canadian Mental Health Association (Peel Dufferin).

To do our work efficiently, we need to make effective use of technology and be willing to try new methods of service delivery.

We have moved to paperless client files. Obviously, there are cost savings with respect to file storage and time savings by avoiding double entry (paper and digital). Most importantly, this improves the quality of our client services. Our staff can work from anywhere and access the latest information on any client file. So can supervisors. Up to date information on any case is always immediately available.

Our staff can work effectively whether they are in the office, working from home or at a remote location. Legal staff are all equipped with mobile phones and with ultrabook computers (small, lightweight computers). All legal staff have soft phones, so they can stay connected to our office telephone system (through their laptops) even when away from the office.

We have a mobile internet account that can be used by anyone working away from the office where there is no internet connection. It can also be used as a mobile hotspot so that several staff can use the same connection (we do that for Tenant Duty Counsel in Orangeville).

Our website started in April 2018 (thanks to CLEO for making this happen!). We now have a regularly updated source of legal information, news about the clinic and details of our services. CLEO's Steps to Justice information is imbedded on our website. An intake form is available so prospective clients do not have to wait for our office to open to apply for service.

We make use of video technology in several ways. Most of our Social Benefits Tribunal hearings are by video, we have video interviews with clients in Orangeville, we provide video interviews for workers compensation clients of IAVGO (a legal clinic in Toronto specialising in WSIAT cases), and we use video technology to provide legal advice for clients at the Canadian Mental Health Association.

A major issue for our clinic over the past 20 years has been the huge expansion in the population that we serve. Currently we serve the third largest low income population of any general service clinic in the province and we are the second most poorly funded on a per capita basis: see Part 2.2 of this report.



We are fortunate to have fantastic staff who work hard and creatively. On all fronts – direct client service, outreach, public legal education, law reform and administration – our staff have worked hard to meet the challenges that face us and always with the goal of exemplary client service held first and foremost.

1.2 Board of Directors

Name	Start	Position	Position Start
Mayo Hawco	Mar. 26, 2013	President	June 26, 2018
Bob Sibeon	Apr. 26, 2011	Vice-President	Feb. 25, 2014
Shaimaa Abousidou	May 27, 2014	Secretary	June 26, 2018
Curtis Deenah	Sept. 26, 2017		
Eugene Feltham	Oct. 25, 2011		
Desmond Khanoo	May 22, 2012		
Sukhbir Kaur	Sept. 26, 2017		
Vikaas Bansal	Sept. 26, 2017		
Kayla Stephenson	June 26, 2018		
Vacancy			

1.3 Staff

Jack Fleming	Executive Director	Housing law
Norma English	Assistant E.D. & Lawyer	Housing & OW, ODSP, CPP
David Craig	Lawyer, ODSP Team Leader	ODSP
Fintan Lee	Lawyer	Housing
Jennifer Goodfellow	Lawyer	Immigration
Parush Mann	Lawyer	Immigration
Simarroop Dhillon	Lawyer	Employment & Immigration
Mandeep Gill	Lawyer	Housing
Daniel Gordon	Lawyer	Employment & OW, ODSP, CPP
Akina Tamang	Lawyer	Housing
Madelene Reed	Paralegal & C.L.W.	OW, ODSP, CPP
Jesse Gerva	Paralegal	ODSP
Christa Merlin	ODSP Case Manager	ODSP
Alison Blackman	Office Manager	
Gail Buckley	Client Service Representative	
Ryan Blair	Client Service Representative	

In addition, we have social service worker student placements from Sheridan, Seneca and Humber colleges.

2. The Communities We Serve

2.1 Statistical Overview

2016 Census Data	Brampton	Caledon	Dufferin	NPD-CLS
Population				
Total Population 2016	593,638	66,502	61,735	721,875
Population 2011	523,906	59,460	56,881	640,247
% Change 2011 – 2016	13.3	11.8	8.5	12.7
Population 2006	433,806	57,050	54,436	545,292
% Change 2006 – 2016	36.8	16.6	13.4	32.4
Population 2001	325,428	50,605	51,003	427,036
% Change 2001 – 2016	82.4	31.4	21.0	69.0
Land Area (sq. km.)	266	688	1,486	2440
Low Income Population				
Low Income Pop. ¹	126,900	6,270	6,530	139,700
Low Inc. % of population	20.8%	9.1%	10.6%	18.9%
Household Data				
Single Parent Households	28,565	2,290	2,705	33,560
Average Household Size	3.5	3.1	2.8	-
Age 65+	66,270	8,765	9,060	84,095
% 65+	11.2	13.2	14.7	11.6
Tenants as % of all Households	20	9	17.4	-
rent 30% or more of income	43.5	42.3	44.2	44
% in subsidized housing	12.6	9	17.1	15

The population growth in the area that we serve has been explosive, with a 69% increase from 2001 to 2016 – and even more growth since then.

¹ This is the “Low Income Measure – Before Tax” (LIM-BT) measure from tax filer data. There are several different low income measures. This is the measure used in recent years by LAO when distributing the increased FEG funding. There is also a similar measure after tax (LIM-AT) and there is LIM-BT and LIM-AT from census data rather than tax filer data (the census data is less inclusive and renders lower numbers).

Citizenship & Immigration²	Brampton	Caledon	Dufferin	NPD-CLS
Citizens as % of low inc. pop.	54%	93%	95%	79%
Citizens as % of entire pop.	86%	96%	96%	87%
Immigrants as % of low inc. pop.	54%	30%	16%	50%
Immigrants as % of entire pop.	52%	25%	14%	46%

Language Knowledge for Low Income Pop.	Brampton	Caledon	Dufferin	NPD-CLS
Neither English nor French	5.6%	2.7%	0.8%	5.2%
French Only	0.1%	0.2%	0.0%	0.1%
English Only	89.9%	90.5%	93.9%	90.2%
Both English and French	4.3%	6.5%	5.3%	4.5%
Mother Tongue not English	40.5%	65.7%	83.8%	44.7%

A larger percentage of the general population are citizens, as opposed to the low income population. A larger percentage of the low income population are immigrants as opposed to the general population.

Although 45% of the low income population that we serve has a mother tongue other than English, only 5% do not understand either English or French.

² The low income population data shown here, for citizenship, immigration, language and ethno-racial data, is from census data so the numbers are not directly comparable to the low income population figures from tax filer data.

Ethno-Racial Data

This table has 2016 Census visible minority data, for the entire population (labeled “Census” in the table) and 2016 Census data for the low income population (labeled “LIM Pop.”). The data labeled “Clinic” is our new clients for the first 7.5 mos. of 2019-20 (new clients, not total clients for the time period, and not the number of cases).³

Data is shown in % of population (% of clinic clients; % of clinic clients in Brampton; % of LIM pop.; % of total pop.; etc.).

	CATCHMENT AREA			BRAMPTON			CALEDON			DUFFERIN		
	Clinic	Census LIM Pop.	Census Pop.	Clients	LIM	Census	Clinic Clients	LIM	Census	Clinic Clients	LIM	Census
Vis. Min. Pop.	67.5	73.4	62.8	74.3	80.9	73.3	42.9	23.5	18.7	8.1	11.8	8.1
Black	28.6	13.9	11.9	31.4	18.8	11.4	9.5	18	0.3	1.4	26.5	0.2
South Asian	19.7	46.5	37.5	21.2	64	36.4	14.3	47.8	0.9	0	29.5	0.2
Indigenous	0.9	0.9	0.9	0.9	0.8	0.7	0	1.3	0.9	1.4	2.2	1.9
White	32.5	26.6	37.2	25.7	19.1	26.7	57.1	76.5	81.3	91.9	88.2	91.9
Other Asian	3.7	3.2	5.7	3.9	4.9	5.4	0	8.3	0.2	1.4	16.9	0.1
Middle Eastern	3.8	3.4	1.7	3.9	4.6	1.6	0	8.8	0.1	1.4	4.2	0
Latin American	2.7	2.5	2	2.9	3.2	2	0	11	1	0	8.4	1
Other	10	4.6	2.3	10.1	4.5	2.2	19	6.1	0.1	2.7	14.5	0

73% of the low income population that we serve identify as visible minorities (63% of the population as a whole). The visible minority population is a far smaller percentage in Caledon and in Dufferin County. 67.5% of our recent new clients identify as visible minorities.

Persons of South Asian descent make up 46.5% of the low income population but only 20% of our recent clients – a fact which will warrant further investigation. Those identifying as Black are 14% of the low income population and 29% of our recent clients. The low income population is 27% white, and 33% of our recent clients identify as white.

2.2 Low Income Population & Funding

The Ontario government uses the “Low Income Measure” (LIM) as its measure of low income.⁴ There are two LIM measurements: LIM-BT (before tax) and LIM-AT (after tax). Both of those measures are available from tax filer data and from census data (making a total of four different LIM measures).

³ Client data has stripped out "unknown", "no data" and those outside our catchment area. 18% of our clients were "unknown", which includes "declined to answer"; 6% were "no data", meaning we failed to collect the data. The percentages shown here are for clients for which we had data. We collect detailed ethno-racial data but it is conflated here into a few categories.

⁴ There are other low income measures; LICO (low income cut-off) was previously the most common measure).

After a few years of LAO distributing FEG funding, we received \$13.02 per LIM individual.⁵ We remain the second most under-funded legal clinic in Ontario. The following table is taken from LAO data and does not include funding received by some legal clinics for positions shared with other legal clinics.⁶

Legal Clinic	LIM-BT Pop.	Per Capita \$
Ontario	2,408,990	\$21.77
York Region	191,340	\$12.90
NPD-CLS	137,630	\$13.02
Mississauga	150,080	\$13.82
Durham	84,010	\$14.52
Willowdale	53,890	\$15.79
Scarborough	108,950	\$15.80
Halton	58,000	\$17.09
West Scarborough	70,740	\$17.62

The eight most under-resourced clinics are shown in the table above. These legal clinics represent 35% of Ontario’s low income population. They receive 22% of the funding for general service legal clinics. Our legal clinic serves the third largest low income population of any general service clinic in Ontario. By way of comparison, the Ottawa clinic serves a similarly sized population (about 3,000 less) but its funding is more than \$1M in excess of our clinic’s funding. The Hamilton clinic serves a low income population roughly two-thirds the size of the population our clinic serves, with funding of about \$800,000 more than our legal clinic. On a per capita basis, many legal clinics in southern Ontario are funded at two, three or four times the level that we are.

2.3 Location⁷

Location	Clients %	Low Income Pop. % (tax filer data)	Low Income Pop. % (census data)
Brampton	86.3%	90.8%	88.3%
Caledon	3.3%	4.4%	4.9%
Dufferin	10.4%	4.7%	6.8%

The low income population numbers differ according to the source. Our client figures are slightly below the low income data for Caledon and significantly above for Dufferin County.

⁵ The low income data used in this section is 2015 LIM-BT tax filer data, meaning that it represents 2014 incomes. LIM-BT data has been used in the past by LAO in distributing FEG (financial eligibility guidelines) funding to under-resourced legal clinics.

⁶ This represents funding for 2018-19. The provincial government significantly cut funding for LAO in 2019-20 and that led to cuts for legal clinics, so these figures will no longer be exactly accurate, but they still represent the general issue.

⁷ This data excludes out of area clients. This is based on new clients (not new cases) for the first 7.5 months of 2019-20.

3. Our Services

3.1 Statistical Overview

This report shows the number of referrals and the number of new cases.

Referrals are the many people contacting us who are either out of our catchment area or have problems that we do not assist with (such as criminal law or family law). We have staff who are trained in providing useful referrals and in providing warm referrals where needed.

The referral statistics have dropped in recent years. At one time, the number of referrals was roughly equal to the number of people receiving legal services. The initial drop in this statistic is attributed to the introduction of a modern telephone system with a sophisticated answering system. The majority of the referrals were for criminal law and family law problems; people could now get the necessary information from our telephone system without speaking to a staff person, so we suspect that the number of referrals remained the same, while not being entered into our client service database. The numbers dropped in half again with the introduction of our website. We have highly detailed referral information there, so clients no longer need to call us to find out what we do, and what we do not do, and where they can get help.

The statistics on new cases represent new legal matters dealt with by our lawyers and paralegals. The amount of assistance provided varies considerably. Most of these cases will just receive some advice; some will receive limited services, such as completion of legal forms or a phone call to a landlord or OW worker; and some will receive full representation at a tribunal or court.

Not shown in these numbers are legal matters which were previously closed (perhaps after some advice or limited services) and which were later re-opened when the client contacted us again due to further developments. This is a regular occurrence.

The total number of new cases is a measure of the number of people contacting the legal clinic for assistance with new problems; it is not a measure of the amount of service delivered.

These statistics can show changes in the services provided by a legal clinic over time but are not useful for comparing clinic to clinic. Legal clinics vary considerably in how they record these statistics. To take one example, when someone calls back about the same problem (no matter how much later) we re-open the original case. That makes for better client service, as all of the notes with respect to that matter are in one place.

However, some legal clinics open a new case each time the client calls back for advice.⁸

It is important to note that these statistics show requests for legal services but that is different from the real need for legal services. If a service is not offered by an agency then people stop requesting it. Service statistics should not be confused with a needs assessment.

New Cases	2017-	2018-	Projected	% Change	%Change
	2018	2019	2019-	2017-18	2018-19
	2018	2019	2020	2019-20	2019-20
Referrals	564	298	285	-50%	-4%
New Cases	1,712	1,908	2,411	41%	26%
Housing	1,001	1,042	1,283	28%	23%
ODSP Disability	256	243	344	34%	42%
Other ODSP	105	67	83	-21%	24%
OW	92	166	182	98%	10%
CPP/OAS	49	25	54	11%	118%
Social Assistance Total	246	258	320	30%	24%
Immigration	206	250	320	55%	28%
Employment	0	110	136	n/a	24%
Other	3	5	8	167%	60%
TOTAL	1,712	1,908	2,411	41%	26%

In July 2018, we added two new lawyers and a new Client Service Representative, so for one quarter of 2018-19, our resourcing was less than in 2019-20. We might expect an increase of around 6-7% in 2019-20 over 2018-19 as a result of the change in staffing. Our new cases have increased (based on year to date data) by 26%. This is during the same time period when staff have also devoted time to fighting the budget cuts.

Particularly notable is the increase in ODSP Disability cases, which have increased 42%, reversing a decline in those cases (the case openings are 34% over 2017-18). This is attributable to our partnership with the Dufferin Area Family Health Team.

Each of our area of law teams has seen an increase in cases this year: 23% for the Housing Team; 24% for the Social Assistance Team; 28% for the Immigration Team; and 24% for the Employment Team. These are very significant increases.

⁸ Legal clinics also vary greatly with respect to opening one case or several cases when the same client has multiple legal issues.

3.2 Social Work

In recent years, some community legal clinics have added social workers to their staff. This is an excellent idea and was seriously considered by our legal clinic when developing a plan for our 2018-19 FEG funding. However, with the large and rapidly growing population that we serve, the pressure to maintain basic poverty law services is too great for us to allocate a staff position for social work.

Social work is inevitably part of what we do. Our legal staff need to be skilled at working with clients with mental health issues and clients in desperate circumstances. They need to be able to de-escalate situations and build rapport with clients. They also need to be able to link clients with needed services. There is often a lot of non-legal work to be done before a client is in a place where they can work with us on the legal work. Without a dedicated social worker position, we have looked for other ways to meet this need.

A key element is our Client Service Representatives (CSRs). This position involves reception, intake and support for legal staff; it also involves provision of social work support for clients. This can include linking clients to various services, providing tools for hunting for housing or de-escalating a mental health situation in the waiting room. It is a job requirement for CSRs that they have a Social Service Worker degree. We have two CSRs; both CSRs and our Office Manager have SSW degrees (one of the CSRs also has a BSW). Their social work skills are engaged from the moment of initial intake through ongoing assistance for our clients, helping to free up the time of legal staff for legal work.

We have also developed a collaborative relationship with the Canadian Mental Health Association (Peel-Dufferin). We provide a legal clinic for CMHA clients at their site on a bi-weekly basis and CMHA places a social worker in our office bi-weekly. CMHA operates the Peel Street Outreach Team and having a worker from that team on-site has proven to be very helpful in getting assistance for our most difficult to serve clients.

In addition, we have provided mental health training for all staff. Some staff have attended the Mental Health First Aid training provided by LAO. CMHA has delivered training at our office on Compassion Fatigue and Mental Health 101.

CMHA also provided us with Safe Talk training, which is on how to recognize and address potential suicidal thoughts. In some serious situations, the skills necessary to deal with the situation go beyond what is taught in the Safe Talk training. Two staff have received the full two day suicide prevention training.

3.3 Vulnerable Communities

We provide multiple avenues for clients to contact us: by telephone, walk-ins, email, the contact form on our website, an online intake form, and intake forms used by our community partners. Our approach is based on multiple points of entry and a “no wrong door” policy. In addition, we craft particular points of entry for particular communities.

Whatever the method of initial contact, the standard process after that is the same. For a new client, a client service representative (CSR) takes down the client's information and creates a client contact. This includes asking questions about ethno-racial background, sexual orientation and more, as we are building a demographic profile of the people we serve. It also includes questions about finances, so as to assess financial eligibility, but we provide summary advice whether or not the client is financially eligible. If the client has been served by us before, there will just be a quick update of the client record to see if there have been changes to address, telephone, email or finances.

The CSR gets a short description of the problem and then advises the client that legal staff will call the client back within two days (usually the same day). The new case is then assigned to the appropriate legal staff.

That is the standard process, but sometimes a different approach is needed. If a client has a true emergency, or does not have a telephone for us to call back, or some other circumstances dictate urgency, the CSR will find someone in the office to speak with the client right away.

We also have a different process in place for clients with severe mental illness who are not comfortable coming to the legal clinic. We go to the Brampton CMHA office on a bi-weekly basis to meet clients who are more comfortable being at the CMHA office, with their social worker. We send a CSR to the CMHA office with a laptop and legal staff are on standby at our office. We provide immediate legal advice via video conferencing.

For clients in Dufferin County, we meet them there rather than expecting them to travel to Brampton. We have a partnership with CMHA in Orangeville and we can meet clients at their office, in person or by video.

We do not practice workers' compensation law. However, we collaborate with IAVGO (a specialty clinic focused on workers' compensation law) to save injured workers the difficulties of travelling to Toronto. Injured workers can come to our legal clinic and, through our video conferencing rooms, we connect them to staff at IAVGO for video interviews.

We are always open to exploring different service methodologies for different types of clients.

3.4 Referrals

Many people contact us for issues that we cannot assist them with, such as family law problems. We provide a valuable service for these people: our Client Service Representatives (CSRs) direct them to where they can get assistance. For some clients in particularly difficult circumstances, we will provide a “warm referral”, connecting them directly to another service.



Referrals by our CSRs, without any legal advice being provided, are referred to as “straight referrals”. The number of straight referrals dropped roughly in half when we got a new phone system a few years ago. Many of the most common referrals (e.g. referrals to LAO for criminal and family law issues) are available on our automated answering system, so many callers do not bother to “press zero” to speak to reception staff and the referrals are not entered into our database. We presume that just as many people are receiving this assistance although it does not show in our statistics.

The number of straight referrals dropped in half again when our website, which provides a wealth of referral information, went live in April 2018. Another factor in the drop in referrals is the addition of employment law to our areas of practice; previously many of our referrals were for employment law.

The reduction in referral calls (now about 25% of the number a few years ago) gives our CSRs more time for warm referrals and for providing social work supports for our clients.

3.5 Housing Law

Housing law has consistently been the area of highest demand. In recent years, there have been modest increases in housing cases (around 5% each year) and so far this year the demand is up 23% over last year.

One lawyer is dedicated to providing initial housing law advice and limited assistance such as drafting LTB applications. Cases requiring more assistance are escalated to two other housing law lawyers. In addition, another lawyer spends half of her time on tenancy cases, mostly specializing in rent subsidy cases. The other half of her work is social assistance cases and often there is overlap between the two, as both OW and Peel Housing will be taking action on the same set of facts.

We provide tenant duty counsel services for LTB hearings in Orangeville. Unlike many tenant duty counsel services, we provide a “full service” model, in which we go beyond just advice and provide the maximum level of representation possible in the circumstances, including full hearings in some cases. Since 2007, together with the Mississauga clinic, we also assist ACTO (the Advocacy Centre for Tenants – Ontario, which runs the tenant duty counsel program) with tenant duty counsel at the LTB regional office in Mississauga once per month.



We have had Divisional Court appeals and judicial review applications in our housing files, including some precedent setting cases. There was a Court of Appeal case heard in 2016-17.

Most housing clients just receive summary advice. The demand is far too high to provide full representation to everyone. As well, there is great variance in the importance of the cases. Many clients do get full representation. We particularly focus on evictions and rent subsidies.

We have been successful in getting rent subsidies reinstated in a number of cases even though the limitation period for appealing had expired long ago.

Many of our housing clients have severe mental health issues and in the most difficult cases, they believe that they have no mental health problems.

We represented a single mother dealing with addictions and mental health issues who was facing eviction from her subsidized unit. The case dragged on for almost a year. Not only was eviction prevented but the order also chastised Peel Living for their treatment of the client and recommended steps that should be taken to assist her. She received validation in addition to saving her home.

Apart from representation of individual clients, our housing team had meetings with staff at the Region of Peel to work out systemic issues, including Service Manager appeals and eviction practices. There has been a lot of change at the Region in recent years, both with respect to who does what and with respect to how they deal with clients. We collaborate with Mississauga Community Legal Services in this work.

3.6 ODSP Disability Denials

Persons denied ODSP benefits as they allegedly do not meet the disability definition continue to be a major area of law for us. We have worked hard over the years to develop efficient systems to handle the high volume of ODSP cases. We have a team of a lawyer, a paralegal and an ODSP Case Manager who work exclusively on these cases. When these denials are appealed to the Social Benefits Tribunal, we do most of the hearings by video, which is less stressful for clients and saves time for our staff. Several years ago, we also started assisting clients with ODSP applications, rather than waiting for applications to be denied and then appealing the denials.

We take on every ODSP disability denial case and provide full representation, unless the case turns out to have no merit at all. For decades, these cases have represented the greatest number of cases with full representation for legal clinics across the province. However, there was a decline in recent years, as the decision making on ODSP applications improved. That decline in the number of cases has been reversed for our legal clinic as more clients are discovering our services through our outreach, particularly our health justice partnership with the Dufferin Area Family Health Team.



3.7 Social Assistance Cases



We have two FTE (full time equivalent) positions dealing with OW, ODSP, CPP and OAS cases: one community legal worker/ paralegal and half of the time of two lawyers. As with housing cases, there had been modest increases in recent years (around 5% per year) and an increase so far this year of 24%.

A client suffered from schizophrenia with hallucinations and paranoia and multiple personality disorder. He was homeless and residing in Mississauga (out of our area). One of our staff developed enough rapport with him to have him agree to meet with her. She went to Mississauga, spent a day with him going to ODSP, getting an OHIP card and otherwise helping to put his life back together. He had been without any income for about two years. She managed to get his ODSP benefits reinstated. There were no further legal options after that but she felt that he had been treated unfairly when cut off benefits two years earlier. She advocated with ODSP and convinced them to pay him \$22,000 in retro benefits. This case is an example of how far our dedicated staff will go to get results for clients.



Apart from helping many individual clients, our Social Assistance Team works on systemic issues. One of our staff has been a member of the Provincial Steering Committee on Social

Assistance for about ten years. On behalf of all legal clinics, this Committee lobbies the provincial government for changes to OW and ODSP legislation, through meetings with Ministry staff and SBT staff. Locally, our team has been meeting with Region of Peel staff to sort out difficult systemic issues, including obtaining information from client files. We work in collaboration with Mississauga CLS in doing this.

3.8 Immigration

Since we started doing immigration law a few years ago, this area has grown quickly. The number of cases opened so far this year is up 55% over 2017-18 (a 28% increase over last year). We have two lawyers fully dedicated to immigration law plus half of the time of another lawyer.



The Immigration Team is starting to develop law reform initiatives and has been pursuing outreach to the local caregiver community.

We have had successful appeals at the Immigration Appeal Division and successful judicial reviews at the Federal Court.

Applications made by our immigration lawyers for humanitarian and compassionate grounds landing, work permits, restorations, extensions, spousal sponsorships and conditional permanent resident exemptions have had a 100% success rate.

3.9 Employment Law

We started doing employment law in September 2018. We have two lawyers spending half of their time doing employment law (1 FTE). We opened around 40 cases within two months of starting and opened 110 cases in total that year. We are projected to open 136 cases this year. We have obtained many significant settlements for clients in wrongful dismissal cases.



3.10 Other Areas of Law

As an extremely under-resourced legal clinic, the areas of law selected by our board of directors over the years have excluded those covered by other service providers. There may still be unmet needs in some such areas of law but the availability of assistance elsewhere makes this less of a priority for us relative to other legal issues.

For example, our legal clinic does not do workers' compensation cases, as there are specialty clinics which focus on that area, plus the Office of the Workers' Advisors, plus private lawyers who take WSIB cases with a contingency fee. That area of law would not be the most effective use of our limited resources, even though those who practice in that field point out that the available resources are not sufficient to meet the demand. Similarly, our legal clinic does not do refugee law as that is covered by LAO.

The Human Rights Legal Support Centre (HRLSC) is similar to the Office of the Workers' Advisors as it is government funded and provides free services in a specific area of law. As that service is available, our legal clinic does not take on human rights cases, although we deal with human rights law regularly in the context of the areas of law that we provide service in (particularly housing law) and we have co-counseled with the HRLSC.

The most consistent demand for increased services is in the area of family law. As LAO provides family law services we (like most legal clinics) do not do so (the *Legal Aid Services Act* states that the primary provider of family and criminal law services will be LAO and the primary provider of poverty law services will be legal clinics). There is undoubtedly a need for more family law services but (as with WSIB and refugee law) the field is occupied by other providers and our clinic's position has been that it would not be the most effective use of our limited resources to augment the existing services.

Based on our needs assessments, when increased funding was available, we started providing immigration law services; following that we started providing employment law services.

If we receive any future increase in funding, future areas for expansion would include child tax benefit cases, child care subsidies and seniors' law, with an emphasis on health law. However, with our rapidly increasing population, we need to ensure that we are providing sufficient service in our existing areas of law before embarking on any expansion.

3.11 Public Legal Education & Outreach

We continue to provide many public legal education sessions every year. Many of these are directed at our client group directly. For example, our regular talks to newcomers at ESL classes and presentations at shelters. We do a presentation monthly at the Wilkinson Road Shelter.

However, we also target a lot of PLE work at other agencies. When our potential clients have a problem they will turn to a community agency. We make sure that we keep strong formal and informal links with various community agencies. Our presentations to staff of other agencies are aimed at training them to recognize potential legal issues. The goal is to have staff at our community partners act as trusted intermediaries. It is not necessary for them to learn the law so much as to recognize that a problem may have a legal solution and connect the client to the legal clinic.