



North Peel & Dufferin  
Community Legal Services Inc.

# Annual Report 2020-21

September 2021



# Contents

	<b>Page</b>
1. Introduction .....	1
1.1 Executive Director’s Overview .....	1
1.2 Vision, Mission & Values Statements.....	3
1.3 Staff .....	3
1.4 Board of Directors .....	4
2. The Communities We Serve .....	5
2.1 Statistical Overview.....	5
2.2 Low Income Population & Funding .....	8
2.3 Location .....	9
3. Our Services .....	10
3.1 Statistical Overview.....	10
3.2 Social Work.....	11
3.3 Vulnerable Communities.....	12
3.4 Referrals .....	13
3.5 Housing Law .....	13
3.6 ODSP Disability Denials .....	14
3.7 Social Assistance Cases.....	15
3.8 Immigration .....	15
3.9 Employment Law .....	16
3.10 Other Areas of Law .....	16
3.11 Public Legal Education & Outreach .....	17



# 1. Introduction

## 1.1 Executive Director's Overview

We started 2020-21 with the COVID-19 pandemic in full swing. Like everyone else, we had to quickly change our plans for the year and shift to new methods of service delivery.

We were well positioned to move to virtual service delivery. We had already developed a mobile workforce and paperless files. We already had in place small lightweight laptop computers, cell phones, soft phones (connecting us to our office telephone system via our cellphones and computers), remote faxing from our laptops, remote access to all of our files and programs, web based texting, experience video-conferencing with clients, regular communication with clients by email, and office procedures for managing digital files. Most staff already sometimes worked from home pre-pandemic.

We needed to put other supports in place, including: learning how to teach clients to scan documents using their cell phones; obtaining secure cloud based storage to overcome the problems with emailing documents (something that was needed even without a pandemic); obtaining personal protective equipment; putting in place barriers and signage within the office to manage distancing; installing a video doorbell and remote door opening capability.

Most importantly, like every other organization, we put into place a Pandemic Policy to establish our practices during the pandemic. We shifted to having staff work almost entirely from home. Only two Client Service Representatives (CSRs) have been regularly in the office, with everyone else working from home unless it is absolutely necessary to come to the office. The CSRs work with masks on, and with more than two metres separation.

Clients are only seen in the office if absolutely necessary and only by appointment. Naturally, we make exceptions for clients lacking the technology to phone us and those where mental health issues mean that we should not send them away from our door asking that they contact us by phone. Whether one of those exceptions, or a scheduled appointment, clients are ushered directly into an interview room with a computer and we speak with them virtually even though they are physically in the office.

We are very fortunate to be located in an area where high speed internet connections are available for our use and where most of our clients have some sort of connection to the internet and others we can communicate with by telephone. Many other community legal clinics in Ontario are working within a completely different infrastructure which would not permit the solutions that we were able to put in place.

As a result of the changes that we made, we have been able to continue to offer the same level of high quality legal services to our clients while working virtually. The office is very quiet! Both staff and clients are rarely in the office. The range of services and quality of services have not been diminished. This is definitely a more difficult and time consuming way to work but we have been able to do it. There has been a drop in the number of new cases (as with other legal clinics and LAO) but that is a drop in demand, not in our ability to provide services.

This was a difficult year, with the need to immediately change the way that we did our work, but we were fortunate in that we were already well down the path of working virtually so we could adapt quickly. Since we had many of the basics already set, we were able to focus on how to minimize the impact of new processes on our clients.

Some projects we had intended to work on this year were revised or postponed as we focused to adjusting our services but we continued to provide high quality services for our clients.



something that has not changed during the pandemic.

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. That primary goal is

Jack Fleming, Executive Director

## 1.2 Vision, Mission & Values Statements

As always, our work is guided by our Vision, Mission and Values statements.

**Vision:** Equitable access to justice for everyone in North Peel & Dufferin

**Mission:** Improve the quality of life for persons with low income through outstanding legal services that advocate, educate, and empower

**Values:**

- ✓ **Client-centered** – The client is our first priority, and the focus of our efforts. We respect our clients’ dignity as we work in non-judgmental, holistic ways to provide high quality customer service.
- ✓ **Excellence** – We go the extra mile to provide exceptional legal services.
- ✓ **Innovation** – We embrace change and are willing to try new technology and methods. We actively look for better ways to serve our clients’ needs, knowing that diversity of experience, expertise, culture, and perspective is a strength that sparks our creativity.
- ✓ **Collaboration** – We believe more is possible when we work together, and intentionally foster meaningful connections with clients, partner organizations, the community, our peers, and one another.

## 1.3 Staff

Jack Fleming	Executive Director	
Norma English	Assistant E.D. & Lawyer	Housing & Social Assistance
David Craig	Lawyer	ODSP Disability
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 & Social Assistance
Akina Tamang	Lawyer	Housing
Teri Muszak	Lawyer	Social Assistance
*Madelene Reed	Paralegal & C.L.W.	Social Assistance
Jesse Gerva	Paralegal	ODSP Disability
Christa Merlin	ODSP Case Manager	ODSP Disability
Alison Blackman	Office Manager	
Gail Buckley	Client Service Representative	
*Ryan Blair	Client Service Representative	
*Akanksha Tripathi	Client Service Representative	
Abira Vaithilingam	Communications Coordinator	

\* Madelene Reed, Simarroop Dhillon and Ryan Blair were all part of our team in 2020-21 but have since left us. Teri Muszak takes Madelene Reed’s position effective October 2021. Akanksha Tripathi replaced Ryan Blair as CSR.

Our legal staff are specialized, as we find that this provides the highest quality, and most efficient, service. They are organized in teams (as shown in the above chart):

- Housing
- ODSP Disability (applications and appeals from disability denial of ODSP)
- Social Assistance: ODSP (other than disability denials), OW, CPP and OAS/GAINS
- Immigration
- Employment Law (including EI and CERB)

### 1.4 Board of Directors

Name	Start	Position	Position Start
Kayla Stephenson	June 26, 2018	President	June 26, 2018
Nayan Thaker	Dec. 10, 2019	Treasurer	January 28, 2020
Shaimaa Abousidou	May 27, 2014	Secretary	June 26, 2018
Desmond Khanoo	May 22, 2012		
Sukhbir Kaur	Sept. 26, 2017		
Vikaas Bansal	Sept. 26, 2017		
Nana Amponsah	October 27, 2020		
Marjorie Rasquina	Sept. 22, 2020		
Shaneil Stewart	Sept. 22, 2020		
Monty Laskin	Sept. 22, 2020		

We have a dynamic and effective board of directors drawn from our community. The board is very much a policy board, with operational issues being the responsibility of the Executive Director. The board of directors has fiduciary responsibility for our non-profit corporation, they set the strategic directions, they ensure compliance with our funding agreement and they established the vision, mission and values statements that guide us. The board sets the policy objectives and the Executive Director is responsible for the policies and procedures to achieve those objectives.

Over the past number of years, the board has become increasingly well organized, with an overhaul of our bylaw, clear roles for the Executive and a Board Recruitment Committee with a targeted recruitment and interview process. The board has been very active in major issues such as the GTA Transformation Project, the legal aid funding crisis and the LAO Modernization Project.

## 2. The Communities We Serve

### 2.1 Statistical Overview

We serve the populations of Brampton, Caledon and Dufferin County. 19% of that total population is low income (21% in Brampton). We serve a low income population of more than 140,000, spread over almost 2,500 square kilometres.<sup>1</sup> Of that low income population, 50% are immigrants, 45% have a first language other than English or French, but only 5% do not understand English or French. 74% are racialized.

2016 Census Data	Brampton	Caledon	Dufferin	TOTAL
<b>Population</b>				
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%	69%
Land Area (sq. km.)	266	688	1,486	2440
<b>Low Income Population</b>				
Low Income Pop. <sup>2</sup>	126,900	6,270	6,530	139,700
Low Inc. % of population	20.8%	9.1%	10.6%	18.9%
<b>Household Data</b>				
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%

<sup>1</sup> The low income population is likely closer to 158,000 now, as five years have elapsed since the last census data (based on the estimated percentage increase in the total population).

<sup>2</sup> This is the “Low Income Measure – Before Tax” (LIM-BT) statistics from tax filer data. There are several different low income measures. There is 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).

The population growth in the area that we serve has been explosive. Over 15 years (2001-2016) the population in the area that we serve increased 69% (82% in Brampton). There has not been a corresponding increase in our funding. The estimated 2021 population in the area that we serve is 813,800: 13% higher than in 2016; a 91% population increase in our catchment area over 20 years (2001-2021). Brampton’s population has increased 106% in those 20 years.

**Families Assisted**

The number of clients associated with cases created or re-opened in 2020-21 was 1,420 but the total number of family members was 3,535. The average household size was 2.5 people.

**Citizenship, Immigration & Language**

<b>Citizenship &amp; Immigration<sup>3</sup></b>	<b>Brampton</b>	<b>Caledon</b>	<b>Dufferin</b>	<b>TOTAL</b>
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%

<b>Language Knowledge for Low Income Pop.</b>	<b>Brampton</b>	<b>Caledon</b>	<b>Dufferin</b>	<b>TOTAL</b>
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 compared 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.

---

<sup>3</sup> The low income population data shown here, for citizenship, immigration, and language 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 chart compares Statistics Canada 2016 census data<sup>4</sup> for the low income population in the area that we serve to our data on clients served by our community legal clinic.<sup>5</sup>

	STATCAN	NPD-CLS
Racialized Individuals	74.0%	67.6%
Indigenous	0.9%	0.7%
South Asian	46.5%	23.5%
Black	13.9%	27.2%
Latin American	2.5%	2.6%
Arab	1.7%	2.8%
West Asian	1.7%	0.7%
Chinese	1.1%	0.8%
Filipino	1.0%	0.8%
Japanese		
Other Southeast Asian	1.6%	1.9%
Other or Mixed	3.4%	5.4%
White	26.0%	32.4%

Persons of South Asian descent make up 46.5% of the low income population but only 23.5% of our clients in 2020-21. A possible explanation, or partial explanation, is that some of the South Asian population will have received services from the South Asian Legal Clinic of Ontario (SALCO).

Those identifying as Black are 14% of the low income population and 27% of our clients in 2020-21. A possible explanation is that the Black community is disproportionately impacted with respect to poverty law issues, so more in need of our services.

---

<sup>4</sup> Some adjustments were needed to line up our data with StatCan data. StatCan lists SouthEast Asian, Korean and Japanese; these categories are collapsed into “Other Southeast Asian” in this chart to line up with categories in our case management database. StatCan lists Indigenous data separately from its “visible minority” data. Our database has 9 different categories for “African Ancestry”, which are collapsed into “Black” here to match the StatCan data.

<sup>5</sup> Ethno-racial data is for clients in cases created or re-opened in 2020-21. In 15.7% of total cases, clients chose “Unknown” or “Choose Not to Identify”. As well, in 4.5% of total cases, we failed to collect ethno-racial data. The percentages shown above exclude both of those categories. Each case is counted only once but a client having more than one case will be counted more than once.

## Gender & Sexuality<sup>6</sup>

Gender Identity		Sexual Orientation	
Female	61.3%	Hetero-Sexual	96.9%
Male	38.5%	Gay/Lesbian	1.6%
Agender	0.1%	Bi-Sexual	0.9%
Two-Spirited	0.03%	Queer	0.1%
Transgender Female	0%	Two-Spirited	0%
Transgender Male	0%	Questioning/Unknown	0.2%
Other	0.1%	Other	0.3%

One difficulty with data on gender and sexual orientation is the lack of base data to compare our clients to (as contrasted with ethno-racial data, which we compare to StatCan data).

It seems unlikely that 97% of the population that we serve is heterosexual. Our sexual identity data is also somewhat unreliable because we failed to collect this data from 12% of clients and 11% selected “choose not to respond”. Our Client Service Representatives work hard to get this information from our clients but it appears that we need to develop more ways to build trust with our clients when asking these questions.

## 2.2 Low Income Population & Funding

Our legal clinic serves the third largest low income population of any general service clinic in Ontario but we are not funded accordingly. We remain the second most under-funded legal clinic in Ontario (based on per capita funding for the low income population served).

There are large legal clinics in Ontario which receive substantially more funding than we do (about one-third more) yet serve smaller populations. On a per capita basis, many other legal clinics in southern Ontario are funded at two, three or four times the level that we are. These legal clinics are doing excellent work and putting the funding to good use! But the funding system is not equitable.

When it comes to access to clinic law services, the residents of Brampton, Caledon and Dufferin are second class citizens. They are not provided with the same opportunities as many other Ontarians. The same is true of residents in York Region and Mississauga. The geographic disparity in per capita funding is striking.

As part of its Modernization Project, Legal Aid Ontario has stated that it will be developing a funding formula for community legal clinics (none exists currently). We look forward to a funding formula which includes consideration of the low income population served by a legal clinic.

---

<sup>6</sup> This data excludes clients where we failed to collect the data or the client selected “Prefer Not to Respond”. For sexual identity, we failed to collect information from 12.1% of all clients; 3.1% for gender identity. For sexual identity, 10.8% chose not to respond; 0.1% for gender identity.

## 2.3 Location<sup>7</sup>

Location	2020-21 Clients %	Low Income Pop. % (tax filer data)	Low Income Pop. % (census data)
Brampton	88.2%	90.8%	88.3%
Caledon	4.2%	4.4%	4.9%
Dufferin	7.7%	4.7%	6.8%

Previously, we had identified that our percentage of Caledon clients was below the StatCan percentage of the low income population. Through outreach in Caledon we have raised that percentage (a big thanks to Caledon Community Services for their part in raising our profile in Caledon!). Overall the split of clients between these three areas aligns fairly well with StatCan data, particularly considering that the low income count varies depending on which StatCan data is used. The strong showing for clients from Dufferin County is no doubt due to our partnership with the Dufferin Area Family Health Team.

---

<sup>7</sup> This data excludes out of area clients. This is based on clients in both new cases and re-opened cases during 2020-21.

## 3. Our Services

### 3.1 Statistical Overview

These statistics represent new (or previously closed and now re-opened) 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.

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.

The total number of cases is a measure of the number of people contacting the legal clinic for assistance; it is not a measure of the amount of service delivered. These statistics show requests for legal services but that is different from the full need for legal services. If a service is not offered by an agency then people stop requesting it. As well, a legal clinic may open a case for a type of service offered (for example, a housing law case) but the amount of service provided may be limited by the clinic's resources (for example, advice provided but not representation). Service statistics should not be confused with a needs assessment.

New & Re-Opened Cases			% Change	% Change	
	2018-2019	2019-2020	2018-19 2020-21	2019-20 2020-21	
Housing	1,060	1,156	859	-19%	-26%
ODSP Disability	246	335	249	1%	-26%
Other ODSP	67	75	104	55%	39%
OW	167	168	61	-63%	-64%
CPP/OAS	27	50	38	41%	-24%
Social Assistance Total	261	293	203	-22%	-31%
Immigration	264	314	186	-30%	-41%
Employment	110	144	130	18%	-10%
Other	23	7	3	-87%	-57%
<b>TOTAL CASES</b>	<b>1,964</b>	<b>2,249</b>	<b>1,630</b>	<b>-17%</b>	<b>-28%</b>

The number of cases went up 14.5% in 2019-20 compared to 2018-19 which was consistent with years of continual increases in services delivered. This trend halted with the 28% decline in 2020-21 from 2019-21. The decline in demand was fairly consistent across the areas of law.

This decline in the demand for our services is consistent with what has been experienced by other service providers during the pandemic, including LAO and other community legal clinics.

## 3.2 Social Work

Social work is inevitably part of what we do. Our staff need to be skilled at working with clients with mental health issues and clients in desperate circumstances.<sup>8</sup> 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.

Our approach has been to have Client Service Representatives (CSRs) with Social Service Worker degrees and to have job requirements for our legal staff which include working with all of our clients with empathy and respect, de-escalating difficult situations and building rapport with clients.

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 diploma. Their social work skills are engaged from the moment of initial intake through ongoing assistance for our clients.

We have also developed a collaborative relationship with the Canadian Mental Health Association (Peel-Dufferin). Although on hiatus during the pandemic, we normally provided a legal clinic for CMHA clients at their site on a bi-weekly basis (we have continued service for CMHA clients virtually) and CMHA placed 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. 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.

---

<sup>8</sup> This is true of people working in other sectors as well, such health and education.

### 3.3 Vulnerable Communities

We provide many ways 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 (or takes information from our online form or provided by a community partner) and creates a client contact in our database. 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 (and we check to see if someone who selected “choose not to respond” for identity data wishes to change that answer now).

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 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 CMHA 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. These visits to the CMHA office have been on hold during the pandemic.

For clients in Dufferin County, pre-pandemic we met them there rather than expecting them to travel to Brampton and we had begun doing some meetings by video. We have a partnership with CMHA in Orangeville and we could meet clients at their office, in person or by video. Naturally, during the pandemic, we are meeting virtually with all clients.

We collaborate with IAVGO (a specialty clinic focused on workers’ compensation law) to save injured workers the difficulties of travelling to Toronto. Injured workers come to our legal clinic and 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 set up a new phone system about six 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 was the addition of employment law to our areas of practice as previously many of our referrals were for employment law.

### 3.5 Housing Law

Housing law has consistently been the area of highest demand (as is the case for most community legal clinics apart from the far North). In recent years, the number of housing cases had been increasing each year, until the pandemic hit. The temporary moratorium on evictions, and the slow-down in Landlord and Tenant Board (LTB) hearings naturally led to a slowdown in our housing law work in 2020-21. However, the LTB has ramped up its hearings and is focusing on eliminating its backlog in 2021-22. We had steady growth of our housing cases year over year, brought to an abrupt halt by the pandemic.

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 (TDC) 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. However, providing duty counsel services has become very difficult in 2021 (for all legal clinics). The way in which the LTB is managing the virtual hearings means that TDC now consumes an inordinate amount of time.



We have had some 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.

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.

Apart from representation of individual clients, our housing team has meetings with staff at the Region of Peel to work out systemic issues, including Service Manager appeals and eviction practices. This work has the potential to assist many more tenants.

### 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 (SBT), pre-pandemic we did most of the hearings by video, which is less stressful for clients and saves time for our staff. Now all SBT hearings are by video. 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.



### 3.7 Social Assistance Cases



We have two FTE (full time equivalent) positions dealing with OW, ODSP (apart from disability denial cases), CPP and OAS cases: one community legal worker/ paralegal and half of the time of two lawyers. As with housing cases, these were increasing each year until the pandemic.

*A husband and wife, receiving ODSP and with a rent subsidy, were facing eviction as their disabilities made it difficult for them to keep their rental unit clean. Unfortunately they only came to us after there had been LTB proceedings and they were in breach of an agreement to maintain cleanliness. Our initial request to the ODSP office to cover the cost of cleaning was denied. Our Housing Law Team got our Social Assistance Law Team involved and we were prepared to commence legal proceedings over the ODSP decision. ODSP then reversed its decision, weekly cleaning was set up and the tenancy was saved.*



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 over 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 meets with Region of Peel staff to sort out difficult systemic issues.

### 3.8 Immigration

Since we started doing immigration law this area has grown quickly. There was large and consistent growth in the case load until the pandemic.



We have two lawyers fully dedicated to immigration law plus half of the time of another lawyer.

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

*We have reached out to caregivers and had a number of clients from that community. One of our clients was unable to meet all of the language benchmarks for a caregiver's application for permanent residency (reading, listening, speaking, writing) on a single test. She did cumulatively meet all of the benchmarks over the course of 5 tests. We managed to obtain permanent resident status for her with an exemption from the language requirement. She was finally reunited with her husband and child as they obtained permanent resident visas through her application. They had been separated for many years as she had been working as a nanny for nearly the entire life of her child.*

*We have successfully re-opened some deportation appeals which previously had been unsuccessful and saved the clients from deportation. These cases included a homeless client with mental health issues (his appeal had been deemed abandoned when he disappeared) and a case where the Immigration Appeal Division found that alcohol addiction can interfere with the right to be heard (a useful precedent for future cases).*

### 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). This area of practice has grown steadily. We have obtained many significant settlements for clients in wrongful dismissal cases. Throughout 2020-21, we have provided a lot of advice on the CERB and other pandemic related employment law questions.



### 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 fairly 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 and employment 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 the private bar through legal aid certificates 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 likely include child tax benefit cases, child care subsidies and seniors' law with an emphasis on health law. These are all important legal issues that we do not currently provide assistance for. 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 in areas of service.

### **3.11 Public Legal Education & Outreach**

We continue to provide many public legal education sessions every year. Many of these are aimed at our client group directly. For example, our regular talks to newcomers at ESL classes and presentations at shelters.

However, we also target a lot of outreach/education work at other community 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 therefore connect the client to the legal clinic.

Our outreach continued during 2020-21 but was done virtually. This also opened up new avenues for public legal education. In addition to going to other agencies to provide presentations (which we continue to do by video) we can set up and advertise our own webinars, accessible to anyone.

During 2020-21, we also expanded our social media presence, thanks to our Communications Coordinator, Abira Vaithilingam. We also began producing YouTube videos on legal issues and anticipate continuing with those.