



CONTINUOUS IMPROVEMENT REPORT

REPORT DATE	PROJECT NAME	PREPARED BY
December 31, 2023	Everyone Legal Clinic	Erin Monahan & Christine Arnold

OVERVIEW OF CLINIC SEMESTERS

The Everyone Legal Clinic (the “Clinic”) is divided into two discrete semesters for the Clinic’s articling students (referred to as clinicians). The clinicians’ articling year begins with a 6-month learning semester, where they complete the bar course and additional training provided by the Clinic’s supervising lawyers and other legal practitioners. The learning semester is followed by a 6-month service semester where clinicians provide unbundled legal services directly to clients. Work is supervised by the Clinic’s roster of supervising lawyers, as well as a small management team.

The Clinic’s 1st cohort of clinicians was engaged with the Clinic from May 2022 to May 2023, and the 2nd cohort was engaged from September 2022 to September 2023. The Clinic began serving the public on November 2, 2022.

At the time of this report, the 3rd cohort has recently started their 6-month service semester, and the 4th cohort is halfway through their 6-month learning semester.

Information discussed in this report includes feedback from the 1st and 2nd cohorts (May 2022 to September 2023).

INTERNAL EVALUATION

Management launched the Clinic with a focus on continuous improvement. We solicited regular feedback from the Clinic’s three main stakeholder groups: clinicians, clients and supervising lawyers.

We received feedback in several ways:

Surveys

- We provided surveys to clinicians after each week of their learning semester, as well as during their service semester. The surveys were anonymous.
- We provided surveys with individual survey links to clients after closing their legal matters.
- We asked supervising lawyers to complete surveys on clinician progress halfway through each clinician’s service semester. We then provided the completed surveys to clinicians as part of their midterm reviews (along with feedback from management).

Interviews

- We invited clinicians to one-on-one interviews with management at the end of their articling year. This was to provide feedback on their overall experience. Three clinicians in the 1st cohort and two clinicians in the 2nd cohort accepted the offer for an interview.
- Management interviewed supervising lawyers when they raised concerns about a clinician’s progress.

Informal feedback

- Management provides bi-weekly “Zoom open houses” for clinicians and supervising lawyers. The open houses provide opportunities for clinicians to ask general questions, or to simply connect with each other and management on a casual level. While the intention of these open houses was more social in nature, management takes note of recurring themes which arise in the discussions.
- Clinicians and supervising lawyers provide informal feedback via email, Slack and conversations with management.

Observation & Statistics

- We track and analyze Clinic statistics on a monthly basis. These include statistics on client referrals, conversion rates, and clinician income.
- Finally, management observed processes with a critical eye throughout the first pilot year, and continues to do so in the second pilot year. We have identified many areas for improvement by identifying roadblocks and common sticking points that impede clinicians’ professional development and Clinic progress overall.

EXTERNAL EVALUATION

The Clinic contracted with Tim Roberts & Associates to conduct an independent and external evaluation of the Clinic’s first pilot year, with project funding from the Law Foundation of BC. Mr. Roberts interviewed three stakeholder groups for his evaluation:

- **Clinicians** from the 1st and 2nd cohorts (who were engaged with the clinic between May 2022 and September 2023)
 - Questions solicited feedback on training, clinic processes, legal experience received, and income expectations.
- **Lay-clients** of clinicians in the 1st and 2nd cohorts (served between November 2022 and September 2023)
 - Questions solicited feedback on quality and cost value of legal services, and whether legal services helped the client to resolve (in whole or in part) their legal matter.
- **Lawyers** who seconded clinicians in the 1st and 2nd cohorts (between November 2022 and September 2023)
 - Questions solicited feedback on clinician legal skills and knowledge, quality of work, value for legal services, and whether a clinician had progressed sufficiently to serve clients as a called lawyer.

Overall, stakeholder feedback was positive. Mr. Roberts’ report concluded with his recommendations based on the feedback he received.

RECOMMENDATIONS IN TIM ROBERTS’ EVALUATION

Many of the recommendations laid out in Mr. Roberts’ (“TR”) report were previously expressed to management through the Clinic’s regular self-evaluation processes. As such, many changes had already been implemented to address issues at the root of his recommendations.

The following pages outline each of Mr. Roberts’ recommendations, and steps the Clinic had previously taken to resolve the identified issue(s).

TR RECOMMENDATIONS (#1-4)	IMPLEMENTED CHANGES
<p>#1 - Shorten the learning semester to give more time for practical opportunities in the service semester.</p>	<p>Clinic management identified many of these issues via surveys of the first and second cohorts.</p> <p>The 2nd cohort had 4 additional weeks for Clinic training, as their bar course (PLTC) was one month shorter in length than the 1st cohort's bar course (CPLED). The 2nd cohort had more days off and "down time" between sessions due to the additional weeks they had to cover training material.</p>
<p>#2 - Reduce the orientation to non-stop lectures.</p>	<p>Starting with the 3rd cohort in May 2023, Clinic training was reduced to half days, with many weeks also including a full day off.</p> <p>Management drastically reduced training sessions to <i>only</i> topics that clinicians would encounter while serving in the Clinic. We cut material that was intended for "after call date" or was beyond the potential scope of Clinic client matters.</p>
<p>#3 - Give more time for clinicians to do assignments and problem-based learning.</p>	<p>Management increased the prevalence of interactive learning, role playing exercises, fact patterns and court observation days.</p> <p>Additionally, management introduced a gradual transition to client service during the learning semester. For the last two months of their learning semester, clinicians were permitted to meet with one or two clients per week whose legal needs engaged areas of law for which they had been trained. As each week progressed, we added a new area of law to a clinician's booking profile.</p> <p>The gradual transition to client service allowed clinicians to use practical skills soon after they learned them, and gave them an opportunity to gain confidence with client interviewing prior to their service semester.</p> <p>3rd cohort clinicians started their service semesters with more experience than clinicians from the first two cohorts. We observed a significant increase in signed retainers in the first few weeks of the 3rd cohort's service semester, as compared to the 1st and 2nd cohorts.</p>
<p>#4 - Provide more information in the form of templates and guides for civil litigation processes.</p>	<p>Management, supervising lawyers and graduating clinicians have been steadily adding information and resources to the Clinic's online library of precedents, templates and forms.</p>

TR RECOMMENDATIONS (#5-7)	IMPLEMENTED CHANGES
<p>#5 - Standardize the role expected of the lawyers to encourage faster responses to the clinicians.</p>	<p>Management became aware (and remains aware) of delays in how long it took (and takes) some supervising lawyers to meet with clinicians. Clinicians are encouraged to ask management for assistance in scheduling meetings with a supervising lawyer if they do not receive a timely response.</p> <p>Management is still concerned that some clinicians may not seek management’s assistance due to the power imbalances inherent to clinician, supervising lawyer and management roles.</p> <p>Management repeatedly reminds supervising lawyers of the appropriate turnaround time for meeting with clinicians (no more than one week from receiving a meeting request and ideally much sooner).</p> <p>Management has conveyed timeliness expectations generally and specifically to supervising lawyers via messages on Slack, emails and phone calls.</p> <p>Management has not renewed the contracts of supervising lawyers with mediocre to poor records for timely response.</p> <p>Management has also reminded clinicians of their obligation to report response delays to management. Supervising lawyer response time is an integral aspect of the Clinic’s asynchronous supervision and service model, and management must be aware of issues to resolve them.</p> <p>This is an area where management recognizes perpetual need for monitoring, and room for improvement.</p>
<p>#6 - In the first meeting with the clinician, the supervising lawyer should give the clinician recommendations on research resources.</p>	<p>Management is working to standardize the supervision resources and methods as much as possible (and helpful) between different supervising lawyers.</p>
<p>#7 - APB could vet three or four files that are ready to proceed, so clinicians have greater assurance that they will earn money.</p>	<p>The Clinic added the role of Clinic Referral Coordinator to vet online bookings, as well as to increase the vetting level of clients who book by phone. This has increased the quality of client referrals, and the conversion of rate of initial meetings to retainers has risen steadily with each new cohort.</p> <p>However, neither Clinic intake staff nor management can guarantee a referral is “ready to proceed” at first contact, as a key aspect of the initial meeting between client and clinician is to gather information to determine whether a client issue is properly defined and within scope of Clinic service.</p> <p>With the Clinic guaranteeing a baseline income of \$40,000 for 5th cohort clinicians and beyond, the quality of client referrals will be less of determinative of clinicians’ income security (see <i>Recommendation #8</i> below).</p>

TR RECOMMENDATIONS (#8-10)	IMPLEMENTED CHANGES
<p>#8 - Consider a higher standard bursary amount for each clinician.</p>	<p>Clinicians' income security for clinicians has been top of mind for management since the Clinic launched. We quickly recognized that the knowledge, skills and confidence required to convert initial client meetings into paying retainers (and thus earn steady income) took longer for many clinicians to develop than anticipated. We also quickly recognized that some Clinic policies and procedures were not serving clinicians well, and/or impeded their ability to earn income through file work.</p> <p>Consequently, management made the following policy and procedure adjustments:</p> <ul style="list-style-type: none"> • In December 2022, we increased the standard quote/scope fee from \$20 to \$40; • In June 2023, we changed the standard fee split for files referred by the Clinic from 50/50 to 60/40 (60% going to the clinician; 40% going to support bursaries for future clinicians); • In June 2023, we increased the standard quote/scope fee from \$40 to a sliding scale between \$40-\$80 (at the clinician's discretion); • We advertised and solicited more opportunities for clinicians to second with practicing lawyers and law firms; • Where appropriate, we increased the price of Clinic services, and we revised the list of Clinic services to provide more certainty regarding file scope and cost; • We increased clinicians' knowledge, skills and confidence in client service by easing pro bono and paying client work into their learning semester; and • Beginning with the Clinic's 5th cohort, we offer a \$40,000 baseline income (via bursary and casual admin and service work) to each clinician, with the opportunity to earn significantly more income by way of tariff work through the Clinic and "after-hours" employment.
<p>#9 - Charge clients a small fee for consultations.</p>	<p>The Clinic does not charge for client consultations (termed "initial meetings") since clinicians cannot give unsupervised advice at those meetings. The purpose of an initial meeting is for the clinician to gather sufficient information to issue a quote for supervised service to the client.</p>
<p>#10 - Clinic could undertake more vetting of cases in advance to identify ones in which the client would likely be paying the clinicians.</p>	<p>As stated above, we modified the role of Clinic Referral Coordinator to vet online bookings, as well as to increase the vetting level of clients who book by phone. This has increased the quality of client referrals, and the conversion of rate of initial meetings to retainers has risen steadily with each new cohort.</p>

ADDITIONAL IMPROVEMENTS

In addition to changes related to recommendations found in Mr. Roberts' report, we have applied the below improvements:

CATEGORY	IMPLEMENTED CHANGES
Clinician Income Security	<p>To increase income-earning opportunities for clinicians, Clinic management made the following additional changes:</p> <ul style="list-style-type: none">• Shifted the service semester focus to engage clinicians in more contract work for lawyers and law firms, as an equal or greater element to individual client work;• Offered half-time paid work for clinicians to serve in administrative roles for Access Pro Bono;• Revised Clinic marketing and recruitment materials to better set and manage expectations regarding the income earning aspects of the Clinic experience, and the relationship of clinicians to the Clinic.
Process/Administrative Work	<p>Management streamlined many technological and structural processes for virtual client service and legal supervision, including by:</p> <ul style="list-style-type: none">• Removing redundant and/or low performing tools;• creating reader-friendly user guides for common tools and processes; and• Adding more practical training on Clinic tools and technologies.