

**ACCESS PRO BONO
EVERYONE LEGAL CLINIC:**

Analysis of Clinician, Client and Lawyer Feedback

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Submitted by:

**TIM
ROBERTS & ASSOCIATES CONSULTING**

Duncan, British Columbia

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And of course, thanks to the 18 clinicians, 44 clients and 13 lawyers who took time out of their schedules to respond to the questionnaires shown in the appendices.

EXECUTIVE SUMMARY

The Everyone Legal Clinic (ELC) was established in May 2022 as a virtual public interest law teaching clinic and legal practice incubator. This study briefly describes the ELC and its aims, and then reports on interviews with three groups of respondents involved in the clinic's first year of operations: 18 of the 22 clinicians (82%), 44 of the 136 clients (33%) and 13 of the 15 client lawyers (87%).

CLINICIAN FEEDBACK

As per the questions in Appendix 1, clinicians were asked about both the learning semester, which was delivered virtually/remotely, and their service semester, in which they served clients in person or remotely from their communities in numerous B.C. locations. Each semester was six months long.

Clinicians had extensive experience working with vulnerable individuals prior to their involvement with ELC, and the majority were from a racialized group.

The learning semester components that they found most useful were on setting up a legal practice to deal with clients (e.g., the technology and systems, accounting, up-to-date templates, interviewing techniques). Components that were considered less useful varied considerably from clinician to clinician; they are listed in section 2.2. Recommendations for changes in the delivery structure again varied, but most focussed on the difficulty of absorbing information in the present structure of non-stop lectures. The clinicians wanted more time to do assignments, problem-based learning, and have more information on useful templates and guides re civil litigation steps.

A majority of the clinicians in both groups were able to establish less than 10 paid client relationships in their service semester. In all, only five felt that the number of paid relationships that they managed met their expectations. Of the 18 clinician respondents, 11 felt they received adequate support from the supervising lawyer, 4 said "yes and no", and three said "no". The main critical comment was the frequent lengthy turnaround time when seeking assistance from the lawyer.

When asked for suggestions on restructuring the service semester to help them gain experience, three of the main responses were:

- Standardization of the role expected of the lawyers, such that they provide a quicker response to the clinicians.
- In the first meeting with the clinician, the supervising lawyer could give specific and directed recommendations on research resources.
- APB could vet 3 or 4 files that are ready to proceed, so that clinicians had greater assurance that they will earn money.

They were also asked for suggestions to help clinicians achieve financial security. Responses included changing the 60/40 split to a \$30,000 or \$40,000 bursary for the year, charging a small fee for consultations with prospective clients, and more advanced vetting by APB of cases to identify those in which the client would actually pay for services. A large majority of the clinicians either now or in the future will provide service virtually, and approximately half will offer fixed fees.

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Of the 17 clinicians who identified where they are currently located or intending to practice, nine are in the Lower Mainland, four on Vancouver Island, and four are in other areas around the province. A third are currently with a firm, a third have their own practice, and a third are not currently practising law.

On a five-point scale (1 = not successful at all, 5 = very successful) the average ratings for ELC's conveying of knowledge and skills required for clinicians to thrive in "highly adaptive forms of public-minded legal practice" were 3.8 for practice management, 3.6 for cultural empathy and 4.2 for human relationship skills. Qualitative comments were essentially positive for the first and third of these skill sets.

The most frequent response from clinicians when asked for feedback about what could have better prepared them for establishing a practice was that the learning semester should be shortened in order to have more scope for practical opportunities in the service semester.

CLIENT FEEDBACK

Thirty-eight of the 44 clients identified their community. 42% were from Vancouver, 29% from the surrounding communities or Fraser Valley, 13% from Vancouver Island, and 16% from the Okanagan or further afield. Twenty-eight per cent identified as BIPOC, 7% as LGBTQIA2, 74% had English or French as a first language, and 7% were newcomers to Canada.

The two largest case type categories were civil disputes (23%) and employment and benefits matters (21%).

When asked if at the time of the evaluation interview they had received enough help from the clinician to resolve their legal problem, 48% said their matter was fully resolved, 14% said it was not resolved, and 39% of matters were partly resolved because they were still in progress.

Clients rated the clarity of clinician answers to their questions very highly, with an average response at 4.2 on a 5-point scale.

Of 23 cases for which there was sufficient basis to assess case outcomes (even if not officially concluded) 16 clients (70 %) were either satisfied or quite satisfied with the outcome of their case.

Of 43 clients who responded, 26 (60%) were either satisfied or quite satisfied with the help received from the clinician. These numbers include cases that have not yet reached a conclusion. It is possible that clients may feel that this pace is unnecessarily slow and is attributable to the clinician, where it may in fact often be beyond his/her control.

The three primary closing comments by clients were 1) general praise and appreciation for the work done by ELC (14 comments, 32%), 2) the need for clinicians to provide more clarity on steps to be taken and likely outcomes (11 comments, 25%), and 3) the need for more timely responses to move cases along more quickly (9 comments, 20%).

LAWYER CLIENT FEEDBACK

The lawyers who were interviewed were from the following communities: Vancouver (6), Surrey (2), Vancouver Island (Victoria and Nanaimo) (2), Haida Gwaii (1) and virtual locations (2).

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In 9 of the 12 cases where lawyers were asked how they engaged the clinician to work in their firm, the lawyer knew of the ELC and/or Jamie Maclaren's work, or were supervising lawyers themselves. They either looked at student profiles online or contacted the organization for recommendations. Two clinicians approached the law firm directly.

Clinicians were engaged from a few hours in total to 7 or 8 months, but most commonly for one to three months. Almost all undertook legal research for the firm, four drafted court documents and three mentioned representation activities.

Eight of the 13 lawyer clients (62%) felt that clinicians' activities in general were very helpful in terms of the lawyer's overall workload, and another three felt they were helpful, but involved extra work on the lawyer's part. Eleven of the 13 (85%) said they received value for money. One lawyer client had two clinicians and another had four, so when questions were about assessment of specific clinicians, the 13 lawyer clients had 17 clinicians. When all 17 were assessed, 13 lawyers (76%) gave ratings of being "quite" or "very satisfied" with the clinician's work. Of the 12 lawyer clients who had had previous articling students, two said the ELC clinicians were better, six said they were at approximately the same level, and two at a lower level than previous articling students.

When asked if they felt that the clinicians had been adequately prepared by the ELC to commence practice, two client lawyers responded negatively, four positively, but the majority gave thoughtful responses that were nuanced and stressed different aspects of knowledge acquisition that characterize the notion of "preparation for practise." Of the six lawyer clients who made concluding statements, five offered significant appreciation of the ELC program.

CONCLUSIONS

Taken as a whole, the feedback from clinicians, clients and lawyer clients about the ELC has been substantially positive. In the course of one year, clinicians received considerable online training and direct experience with law firms and clients, law firms were able to use clinicians for a range of tasks in their settings, and clients received legal advice and guidance concerning cases in which they were involved. The clients rated the clarity of clinician answers to their questions very highly.

A small number of recommendations for improving the program are listed in the final section of this report.

1. INTRODUCTION

This introduction describes:

- the aims of the Everyone Legal Clinic and how its services are used. The description is drawn directly from Access Pro Bono's website.¹
- the components of this study, and their objectives

1.1 ELC Aims

Access Pro Bono established the Everyone Legal Clinic (ELC) in May 2022 as a virtual public interest law teaching clinic and legal practice incubator, and as one of the first projects approved by the Law Society of BC's Innovation Sandbox. Its stated aims are:

- to increase access to justice for all British Columbians, regardless of their identity, income or location, while also increasing the diversity of BC's legal profession.
- Increase access to affordable and high-quality legal services in communities throughout BC.
- Provide affordable legal services to local small businesses and non-profit organizations.
- Increase professional capacity for public interest legal service, particularly in underserved BC communities.
- Promote new virtual, fixed fee and modular forms of legal practice.
- Provide a new generation of BC legal service providers with the substantive knowledge and practical skills (including practice management, cultural competency and human relationship skills) required to thrive in highly adaptive forms of public-minded legal practice.
- Improve equity, diversity, working conditions and quality of education in BC's lawyer and notary training systems, and reduce unmet need for articling positions in BC.

1.2 Training and Service Delivery Structure

The overall training process is divided into two semesters of six months each: a learning semester and a service semester. All training through the clinic is conducted virtually and remotely. Service delivery is mainly virtual and remote from the clinician's own community.

ELC offers legal help remotely or in person, and all its legal services are provided on a set scope and fixed fee basis. Its articling clinicians are trained to serve "everyday legal needs" across many different areas of law.² They work with ELC's Supervising Lawyers to identify cost-effective ways to address legal problems, and then provide their clients with the knowledge and cost certainty needed to make their decisions. Its prices on the website are on a "starting from" basis (not including taxes and disbursements), for the purpose of setting baselines for the articling clinician's customized fee quote for service.³ If a clinician quotes the client a fee after meeting with him/her, that amount is firm unless the client changes the scope of the work significantly. If the clients decide they require further advice and/or

¹ See <https://everyonelegal.ca>

² Including business organizations, civil disputes, consumer transactions, criminal defence, employment and benefits, family, residential tenancy or strata, wills and estates

³ <https://accessprobono.ca/sites/default/files/2022-10/Everyone%20Legal%20Clinic%20Service%20Price%20List%20as%20of%20Oct%2027%202022.pdf>

representation, they can book an initial telephone or video meeting (typically 30 minutes) with one of ELC's community lawyers, and possibly enter into a customized retainer agreement for the required services.

1.3 Components of this Study

Between April and June 2023, two instruments were designed for client and clinician interviews, covering the two semesters of the year 2022-23. A third component - interviews with client lawyers - was added in November of 2023. (See appendices 1 – 3). These three components consisted of:

- 19 clinician interviews (13 from Semester 1 and 6 from Semester 2), primarily conducted in September and October.
- 43 client interviews (24 from Semester 1 and 19 from Semester 2). These were primarily undertaken in July and August, but some were as late as November.
- 13 interviews with lawyer clients (total involving both semesters), conducted in November.

Most clients were interviewed by telephone, although as the study progressed, some were given the option of completing and submitting their questionnaire themselves. This was an effort to increase client response. Although clinicians and lawyer clients were also given the option of telephone interviews, most chose to submit self-completed questionnaires.

1.4 Study Objectives

The key issues explored in this study using the above three methodologies were:

- For clinicians: their background, the utility of each of the training components, the number and types of paid client relationships and how they were derived, suggestions re how the service semester could have been better designed to help them gain experience and achieve financial stability, the nature and location of their practice since graduating, and how well the program conveyed knowledge and skills in practice management, cultural competency and human relationship competency.
- For clients: their community, area of law of their issue, what they wanted to have happen, steps taken to resolve the problem, how clearly the clinician answered their questions, how they followed up, satisfaction with outcome and with clinician, suggestions for improvement.
- For lawyer clients and supervising lawyers: location, how and for how long they engaged the clinician in paid work, the clinician's tasks, how/whether this helped the lawyer, satisfaction with clinician, adequacy of ELC's preparedness of clinician, suggestions for improvement.

1.5 Representativeness of Clinician, Client and Lawyer Samples

There were 13 clinicians in semester #1 and six in semester #2. Tables 1 and 2 show the number in each semester that were interviewed, the number of clients they served, and the number of those clients interviewed in the evaluation. Combining both groups, 82% (18/22) of clinicians were interviewed, and 32% (43/136) of their clients were interviewed. On average, the clinicians had 6.2 clients (22/136) each, but the number of clients per clinician varied considerably, i.e., from zero to 20 in the first semester, and from zero to 14 in the second semester. Fifteen lawyer clients who assist the ELC were contacted for this study. Thirteen (87%) of these were interviewed or submitted completed questionnaires.

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Table 1: Clinicians and Clients Interviewed in Sample: First Semester

CLINICIAN #	CLINICIAN INTERVIEWED?	# AND % OF CLIENTS SERVED BY CLINICIAN IN SAMPLE	# OF THOSE CLIENTS INTERVIEWED IN EVALUATION; % OF CLINICIAN TOTAL
1	Y	6 (8%)	2 (33%)
2	Y	1 (1%)	1 (100%)
3	N	2 (3%)	1 (50%)
4	Y	20 (27%)	12 (60%)
5	Y	3 (4%)	0 (0%)
6	Y	13 (18%)	4 (31%)
7	Y	2 (3%)	2 (100%)
8	Y	7 (10%)	0 (0%)
9	Y	11 (15%)	2 (18%)
10	Y	0 (0%)	0 (0%)
11	Y	6 (8%)	0 (0%)
12	Y	2 (3%)	1 (50%)
13	Y	0 (0%)	0 (0%)
TOTAL	12/13 (92%)	73	25 (average 34%)

Table 2: Clinicians and Clients Interviewed in Sample: Second Semester

CLINICIAN #	CLINICIAN INTERVIEWED?	# AND % OF CLIENTS SERVED BY CLINICIAN IN SAMPLE	# OF THOSE CLIENTS INTERVIEWED IN EVALUATION; % OF CLINICIAN'S TOTAL
1	N	14 (22%)	2 (14%)
2	Y	8 (13%)	3 (38%)
3	Y	3 (5%)	1 (33%)
4	Y	8 (13%)	1 (13%)
5	N	0 (0%)	0 (0%)
6	Y	8 (13%)	3 (38%)
7	Y	11 (17%)	6 (55%)
8	Y	1 (2%)	0 (0%)
9	N	10 (13%)	3 (30%)
TOTAL	6/9 (67 %)	63	19 (average 30 %)

2. CLINICIAN FEEDBACK

This section addresses the themes summarized in section 1.4 and that are contained in the questionnaire in Appendix 1.

2.1 Background of Clinicians

All but one of the clinicians stated that they had had experience engaging with vulnerable people in one or more service or volunteer settings. Eight of the 18 respondents had worked with individuals with significant financial challenges, including homelessness, usually in urban settings. Other characterizations included work with persons with disabilities (5, including visual, physical, mental health, fetal alcohol), Indigenous clients (4), inmates (2), and sex trade workers (1). Frequently these clientele groups overlapped.

Thirteen of the 18 clinicians (72%) identified as being from a racialized group themselves. Eight were of overseas origin (Asia, Middle East, South America), and others stated that they were Indigenous, or self-identified as coloured, bi-racial or disabled.

In summary, the clinicians accepted for the ELC program have rich and diverse backgrounds that would facilitate their understanding and empathy for clients with challenges.

2.2 Clinician Feedback About the Learning Semester

Feedback on the learning semester was for the most part quite diverse, and in several cases simply depended on the area of law in which the clinician was intending to set up practice.

- most useful components

These responses varied considerably, but the most frequently mentioned was information on setting up a legal practice and dealing with clients. Specific issues under this rubric included client management, general advocacy, legal writing presentations, technology and systems (e.g. CLIO, QASE and how to integrate email with programs), accounting for the solo practitioner, having up-to-date templates, conducting client intakes, case research, best interviewing techniques, (e.g. intake interviews for family law, “dealing with client from A to Z, interview to closing”), billing, drafting court forms, and running a virtual law firm.

Another connected component that was considered useful was what one clinician described as “impassioned practicalities”. Examples of this were “... like the lawyer who works with elderly clients who insists that we must have chairs with arm rests for clients or the lawyer who instructed us on emergency family orders & what was most important in getting them. The most useful things were essentially not academic but practical, maybe because the assumption is that we can now go and find the law and what we should now start to focus on is client realities.”

Three clinicians said there were no elements that they considered particularly useful, and a fourth was not working at present, so felt it difficult to respond to the question.

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- components considered less useful or not useful

The comments were extraordinarily diverse, shifting between general and particular critiques, and for the most part, without repetition. For example:

- substantive law was in lecture format, no chance to work with software, no time for breaks
 - training on self-sufficiency was considered “useless, unnecessary, and patronizing”
 - stand-alone presentations on particular areas of law needed more info and time if in line with the type of clients who are calling the clinic
 - weeks spent on Zoom to review – some sessions were considered redundant or were not used by the clinician
 - overall was too long. Should have more time with client. Lengthen service semester or implement rotation (e.g. 1 week of criminal instruction then 1 week of shadowing criminal trials; then do contracts)
 - since they had just completed their PLTC, the repetition of PLTC was redundant
 - women are absent from the list of “vulnerable” groups, but are 11 times more likely to be murdered than men
 - “tips and tricks” on using Word not helpful
 - cultural awareness and indigenous sessions not useful, because the original selection of the clinicians meant that they were generally culturally aware (see section 2.1)
 - the length of time contacting supervising lawyers, then getting back, and reviewing the case several times was very time-consuming
 - lecture from lawyer without slides
 - in the learning semester there is a need for organization of legal areas around real-world work or projects – e.g. wills, separation agreements, opinion letters, etc.
- changes recommended in the delivery structure of the learning semester

Most of the suggestions focussed on practicality and the difficulty of absorbing information in the present structure:

- format of instruction shifted with each instructor, as there was no instructors in common between areas of law
- do more exercises and role-playing rather than just lectures
- teach procedures on e.g. family law intake, then give students bursaries and direct experience with clients. We had no teaching on practical matters.
- either have more breaks between sessions, or more days off, or extend total time of semester so student can absorb information. Was very content heavy.
- CPLED underestimates time to do assignments
- learning semester should have more time to do assignments rather than lectures

- prepare a quote in advance to be reviewed by the supervising lawyer, then don't have to wait for a separate meeting
- focus on how to draft an effective demand letter and assist with solicitor-based work
- have a lecture, followed by a commonly-encountered client matter could reinforce the learning; more problem-based learning
- more focus on templates, guides or other maps of how civil litigation steps and paperwork go. It is necessary to guide clients on how to file for themselves, as sole practitioners often do not have an entire firm's worth of staff to file things.

2.3 Clinician Feedback About the Service Semester

This section describes the number and type of paid client relationships the clinicians were able to establish, the support they received from the supervising lawyers, and ways in which the service semester might be restructured to help the clinicians.

2.3.1 Number and Source of Paid Client Relationships

Clinicians were asked how many paid client relationships they were able to establish during the service semester, and whether this number met their expectations. Table 3 shows that a majority in both groups had 10 or fewer paid relationships. Only one of those – who had approximately 9 paid relationships - felt this number met his/her expectations. Four who had 20 or more paid relationships stated that this number met their expectations.

Table 3: Number of Paid Client Relationships Clinicians Were Able to Establish During the Service Semester

NUMBER OF PAID CLIENT RELATIONSHIPS	GROUP 1	MEET YOUR EXPECTATIONS?	GROUP 2	MEET YOUR EXPECTATIONS?
1-2	1	1 no		
3-4	3	3 no	2	2 no
5-6	1	1 no		
7-10	3	3 no	2	1 no 1 yes
11-19	0	-	0	-
20+	2	2 yes	2	2 yes

Table 4 on the next page provides estimates of numbers of cases in each area of law. As per the note to the table, it should be emphasized that these numbers are estimates by the writer of this report.

The vast majority of these cases were referred by Access Pro Bono. In total, approximately 6 or 7 of the cases were sourced by the clinician him/herself.

Table 4: Areas of Law Addressed in Clinician Cases

AREA OF LAW OF PAID CASES	ESTIMATES OF NUMBERS OF CASES*	
	GROUP 1	GROUP 2
FAMILY	30	23
EMPLOYMENT	23	4
CIVIL/COMMERCIAL	22	4
RESIDENTIAL TENANCY	9	8
WILLS AND ESTATES	6	10
CRIMINAL	3	6
SMALL CLAIMS	3	-
STRATA	3	4
IMMIGRATION	1	-
MORTGAGE	1	-
MENTAL HEALTH	-	3

*Note: These numbers are estimates by the writer of this report, rather than exact counts. The respondents provided estimates of the total number of cases and listed the various case types, but they did not break the totals into numbers of each case type. Rather, they used expressions such as “mostly”, “some” and “many”.

2.3.2 Clinician Perceptions of Support Provided by Supervising Lawyers

Clinicians were asked if they received adequate support from the supervising lawyers when working with clients. Of the 11 clinicians in the first semester who responded, six said “yes”, three said “yes and no” or “somewhat”, and three said “no.” In the second semester, five said “yes” and one said “yes and no.” However, in neither semester was there a uniformly positive or negative assessment by any clinician of all the lawyers with whom they worked: some were helpful and responsive, others less so.

The main critical comment was the frequent lengthy turnaround time required when seeking assistance from supervising lawyers. Sample comments on this issue included “I expected 1-2 weeks, but did not get a response from the lawyer for over a month;” “some supportive, others very busy;” “was a virtual clinic, availability 1-3p.m., so made it more difficult;” “need more transparency in advance of their time availability;” “one supervising lawyer I booked missed a few meetings with me, and another was not very timely with their responses;” “they were way too busy and took forever to respond;” “some were consistently late in responding, despite numerous email requests;” “(late responses) often imperilled the chances to retain a client;” “lawyers with full time practices or academic lawyers are not really suitable because of the time commitment involved.”

Despite this frequent observation about lack of accessibility, clinicians also identified lawyers who responded promptly and were very supportive. One clinician suggested “Just as each instructor in law school receives an evaluation, I would welcome evaluations for ELC supervising lawyers, with a clear understanding that it is strictly in the spirit of constructive feedback.”

2.3.3 Clinician Suggestions for Restructuring of Service Semester

Clinicians were asked if there were elements of the service semester that ELC could restructure to better help them gain experience, skills and confidence. The following suggestions were made:

- Standardization of the role expected of the lawyers, such that they provide a quicker response to the clinicians. This could involve access to supervisors at the beginning of files, not just once the client has agreed to pay.
- In the first meeting with the clinician, the supervising lawyer could give specific and directed recommendations on research resources.
- APB could vet 3 or 4 files that are ready to proceed, so that clinicians had greater assurance that they will earn money. One clinician said that he/she talked to 50 possible clients who booked an interview, but few went on to become paid clients.
- Expand the types of experience available to clinicians. At present it consists primarily of client intake, some research, writing demand letters, and developing applications. It would be useful to have some exposure to mediation, shadowing a lawyer in court, and/or drafting submissions.
- ELC could develop a template of questions for clinicians to ask at intake, requiring less back and forth by clinicians concerning issues that are initially missed.
- Rather than a mixture of case types, pursue case types on a rotating basis (e.g. 1 month civil, one criminal, or two-week rotations).
- Develop templates of relevant issues for different legal areas.

Clinicians were also asked if there are elements of the service semester that ELC could restructure that would better help them achieve financial security. Responses included:

- Change the 60/40 split to a \$30,000 or \$40,000 bursary for the year
- Charge a small fee for the consultations with prospective clients so their preparation for the client meeting and for post-meeting client management is covered
- More advanced vetting by APB of cases to identify those in which the client would actually pay for services
- Approach the Law Society to provide funds to supplement clinician incomes

2.4 Establishing a Practice

Of the 17 clinicians who identified where they either have currently established a practice or intend to, or who are working in related fields:

- nine are in the Lower Mainland (seven in Vancouver, two in Surrey, one in Squamish)

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- four are on Vancouver Island (two in Victoria, 1 in Nanaimo and northern Island communities, and 1 in Uclulet)
- four are in other B.C. communities (one each in Bella Coola, Prince George, Penticton, Golden)

All but two said that this community was the one they originally hoped to serve and all but two – Victoria and Golden - described their location as underserved compared to most B.C. communities, or to other communities in their region.

Clinicians were asked if they were with a law firm or had established their own firm. Of the 18 who responded, 6 (33%) were with a law firm, 6 (33%) had established their own firm, and 6 (33%) were not currently practising law. Of this latter group, three were employed or self-employed in different professions, two were in non-profit societies, and one was still living off savings.

Clinicians supplemented their income in order to make ends meet by one or more of the following ways: by working part- or full-time (9), living off their savings or loans (4), receiving support from their parents or spouse (5), and from a financial award (1).

One of ELC's objectives is to promote new virtual, fixed fee and modular forms of legal practice. Clinicians were asked about the degree to which they had adopted one or more of these delivery forms in their own practice. Given that several of the clinicians are not currently practising law, the following breakdown combines current practice and future preferences:

- virtual – 13/18 (72%)
- fixed fee – 8/18 (44%)
- modular – 5/18 (28%)

Naturally, if the lawyer's future intention is to work for a law firm, the lawyer's preferred mode of delivery may be impacted by the firm's service orientation.

2.5 Clinicians' Assessments of ELC's Success in Providing Knowledge and Skills

Clinicians were asked to rate ELC's success in providing "...substantive knowledge and practical skills ... required to thrive in highly adaptive forms of public-minded legal practice." As shown in Table 5, on average ELC was perceived as being quite successful in the three skill areas, particularly in relation to human relationships skills. Although not shown in the table, the average ratings in the second clinician group were generally higher than those in the first group.

Qualitative comments in each area were quite varied. Sample comments as shown on the next page included:

Table 5: Assessment of ELC’s Success in Conveying Knowledge and Skills in Key Areas

ASPECT OF PRACTICE	FREQUENCY OF RATINGS ON SCALE OF 1-5, WHERE 1 = VERY UNSUCCESSFUL, VERY INAPPROPRIATE EMPHASIS 5 = VERY SUCCESSFUL, HIGHLY APPROPRIATE EMPHASIS					AVERAGE RATING
	1	2	3	4	5	
PRACTICE MANAGEMENT (N = 18)	0	1	5	8	4	3.8
CULTURAL EMPATHY (N = 17, 1 NOT ANSWERED)	2	2	4	2	7	3.6
HUMAN RELATIONSHIP SKILLS (N = 15, 3 NOT ANSWERED)	0	2	0	6	7	4.2

practice management:

- “while I gained valuable experience talking to more than 100 prospective clients about their matters, opening new contacts and files for them on client management software (Clio), conducting conflict checks, preparing retainer agreement, providing client with legal services + closing files, I did not have any opportunity to learn trust accounting which has been my main concern since I decided to start my own business.”

- “that aspect was useful. Were given a lot”

- “gave me a starting point in this position. You are doing everything on your own. Cloud-based, planning schedule, supervisor's time, how to manage time”

- “learned full scope from intake to documentation, engaging with client, closing files. CLIO system is good”

- “I understand that we learned the reality of the finances of taking on clients and that being the only source of income, but we needed to be learning from people whose practise is actually what we are going to be doing. Supervising lawyers mostly came through firms or other structured environments before they went out on their own. So it kind of showed me that we should be doing that instead of going out on our own immediately.”

cultural competency:

“Gave lots of training, but not in an effective way. Most of files have family violence in them; training did not really deal with that; have to be sympathetic, but practical.”

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“Wasn’t enough. Criminal law section wasn't done properly. Would help to incorporate people from Indigenous community to come and tell us about their experiences and BIPOC”

“Didn’t really do this. (“Tech-Bro progressive”) Technical innovation was seen as progress. Ignored how really do we develop relationships with marginalized communities. Rhetoric was to get funding. Techno-Bro does not equal cultural competency. Most of clients from Van and had \$\$ - e.g. engineers. Only had two women.”

“Already had it coming in, as did the other clinicians, so the education didn’t really need to focus on this, but it was definitely conveyed often.”

“I think that we received a lot of knowledge on this during the learning semester, but the nature of virtual practice as it is currently designed (e.g. no financial criteria) may limit the application of cultural competency (i.e. the cohort of clients may not be diverse enough to challenge our knowledge and to practice cultural competency.”

Human relationship skills:

“ELC has excellent human relationship skills, and they know how to build strong relationships with clinicians. They taught us to uphold the same high standard when dealing with clients. They focus on essential qualities like empathy, active listening, and effective communication. We had sessions for trauma-informed practices.”

“Had to manage own clients. Because you had full semester of files, and to learn what to say and do. The model exposes you to clients, helps establish experience.”

“I was appreciative of the guidance provided by SLs when dealing with “challenging” or “difficult” clients.”

“Did perhaps up to 100 consultations. Learned a lot about relationships. Worked with other SLs, and this was helpful too.

“Can't remember too much in course, but in dealing with clients and also professional relationships with supervising lawyers. Knowing people in legal community; can reach out for support or mentorship.”

2.6 Final Clinician Comments

The closing question asked clinicians for feedback on other aspects of APB’s course that could have better prepared them for establishing a practice. Comments again were fairly diverse, but the most frequent focus was to shorten the learning semester in order to have more scope for practical opportunities in the service semester:

“APB should not suggest they will make \$20,000. Reduce expectations. Maybe give students some pre-vetted cases to do (e.g., senior patients) that will set us up enough to keep us afloat.”

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“Maybe should reduce # of clinicians and pay more and do fully pro bono clinic. Difficulty in getting clients is hamstringing the program. Lessened my confidence.”

“I believe it would be more practical for each articulated student to specialize in 1 or 2 fields of practice. Becoming a general practitioner immediately after being called to the bar may not be practicable for everyone.”

“Need to get more legal experience, (e.g., file applications) and allow for specialization in about three areas, but not in all areas. Don't think anybody leaves with substantial experience in any area of law.”

“Took a while to ramp up receiving clients. Quality of learning depends on type of clients. Thought I would do a lot more social welfare and tenancy. Is a great program. Doing a great job.”

“Less on cultural awareness/sensitivity and more on running a business and the practical knowledge required to actually make money.”

“Shorter learning semester. We repeated stuff learned in Law School. Longer service semester.”

“Courses in learning semester need to be more practical – engaging the exact things students will do in the CS. SLs need to treat clinicians time more appropriately & professionally. If remote work is to try to mimic an office, then waiting multiple days to reply is unacceptable. Last part is a bit extra funding, even if it means reducing the number of students who take part. Overall, did a great job. Format works best for self-motivated students. Legal work with admin & practice management is a lot, not for everyone.

3. CLIENT FEEDBACK

This section addresses the themes that are contained in the questionnaire in Appendix 2 and summarized in section 1.4. As was shown in Tables 1 and 2, 34% of the clients from the first semester were interviewed (25 of 73), and 30% of clients from the second semester (19 of 63).

3.1 Community in which Clients Live, and Client Background

Thirty-eight of the 44 respondents identified the community in which they were living. Of these:

- 16 (42%) were from Vancouver
- 7 (18%) were from communities adjacent to Vancouver (Burnaby, Richmond, Coquitlam, Maple Ridge, Port Moody)
- 4 (11%) were from the Fraser Valley (Surrey, Aldergrove, Abbotsford)
- 5 (13%) were from the Okanagan (Kelowna, Vernon, Clearwater)
- 5 (13%) were from Vancouver Island (Victoria, Nanaimo, Nanoose Bay, Cumberland)
- 1 (3%) was from out-of-province (Edmonton)

Northern and South-Eastern B.C. – to the extent there were clients from that area – were not represented in the sample that was interviewed.

The clients described their backgrounds as follows:

- 12 (27%) identified as a member of a BIPOC (black, indigenous, person of colour) community
- 3 (7%) identified as a member of the LGBTQIA2 community
- 32 (73%) spoke English or French as a first language
- 6 (14%) were newcomers to Canada (i.e., had arrived in the past five years)

3.2 Area of Law of Client's Case

The breakdown of client case types is shown in Table 6. In three instances there were two issues brought by the client. The two main categories – 44% of cases combined – were civil disputes and matters concerning employment and benefits.

The substance of the most frequent case type – civil disputes – varied considerably, including car scams and repair issues, co-ownership dispute over a horse, warning letter against harassment, suing a lawyer for malpractice, a fence built over a property line, a poor job by a concrete contractor, compensation for a dog bite, questions about evidence required, and writing a demand letter.

Employment and benefits issues frequently involved determination of options in relation to the employer, assistance with demand letters, and responding to complaints.

Table 6: Client Case Types in Interviewed Sample

CASE TYPE	FREQUENCY	%
Business organizations	2	4%
Civil disputes	11	23%
Consumer transactions	2	4%
Criminal defence	1	2%
Employment and benefits	10	21%
Family	7	15%
Residential tenancy or strata	5	11%
Wills and estates	6	13%
Other legal issue (human rights, malpractice suit, fraud)	3	6%
TOTAL	47	100%

Family issues involved either assistance with agreements (cohabitation, separation and pre-nup) or divorce, and general rights and responsibilities.

Three residential tenancy issues (out of 5) were identified – permission to smoke in a strata, fixing of a noise in a strata, and charging a car in the garage of a rental unit.

The three categories of will matters were grants of administration, the development of a will, and the individual’s status as an executor.

Including the other issues identified in Table 6, it can safely be said that the clients brought a significant variety of case matters to be addressed by the clinicians.

3.3 Degree of Resolution of Cases Brought to Clinicians

Clients were asked whether they received enough help to resolve their legal problem (where “resolution” meant brought the matter to a conclusion, not necessarily to have won or lost). Of the 43 cases that were interviewed for this study:

- 21 (48%) were fully resolved at the time of the evaluation interview
- 6 (14%) were not resolved
- 17 (39%) were partly resolved by the time of the evaluation interview.

Of the 17 cases that were only partly resolved at the time of the evaluation:

- three clients had received adequate information, but had decided not to pursue their case further
- eleven still had matters pending and were awaiting outcomes, but made positive comments about the process

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- three still had matters pending and were awaiting outcomes, but had critical comments about the process (primarily that it took much longer than they felt was reasonable).

Of the 6 cases that were not resolved:

- two contacted an agency, neither of which resolved the issue, but one of the respondents is reasonably satisfied
- two have given up
- one is waiting for a response from a private lawyer
- one has filed in small claims court but the case has not been heard

3.4 Client Interaction with Clinician

As shown in Table 7, 83% of clients gave very high ratings concerning the clarity with which the clinicians answered their questions and provided the information to take any necessary next steps. Less than 10% gave low ratings on this issue. The average rating was 4.2 on the 5-point scale.

Table 7: Client Ratings of the Clarity of Clinician Answers to Their Questions

CLARITY OF RESPONSE TO QUESTIONS	FREQUENCY	PERCENTAGE
5 VERY CLEARLY	22	51%
4	14	33%
3	3	7%
2	3	7%
1 NOT CLEARLY AT ALL	1	2%
TOTAL (no response = 1)	43	100%
AVERAGE RATING	4.2	

In six cases the clinicians gave follow-up suggestions that the clients had not pursued at the time of the evaluation interview. Two had not done so for family emergency/health reasons, one lacked confidence to follow up on his/her own with the process suggested by the lawyer, one was awaiting a response to his contingency letter, one could not afford the process suggested, and one was waiting for further review by the lawyer.

3.5 Conclusion of Case

As shown in Table 8, only 32% of the 44 cases had reached a conclusion at the time of the client interview, and a further 12% were unlikely to achieve further resolution or the problem no longer needed resolution.

Table 8: Whether Case has Reached a Conclusion

WHETHER CASE HAS REACHED A CONCLUSION	FREQUENCY	PERCENTAGE
NOT AT ALL	2	5%
PARTLY, BUT NO FURTHER RESOLUTION LIKELY	2	5%
ORIGINAL PROBLEM NO LONGER NEEDS RESOLUTION	3	7%
DON'T KNOW; MATTER STILL PENDING	23	52%
YES, COMPLETELY	14	32%
TOTAL	44	100%

Thirteen of the 14 clients who said their case had completely reached a conclusion reported on whether they got what they hoped to achieve. Of these 13 respondents, 7 (58%), said “yes, completely”, 4 (33%) said “partially”, and one (8%) did not get at all what he/she hoped to achieve. In two cases that were only partly finished, but no further resolution was likely, their response was that they partially got what they hoped to achieve. In the 14 cases that were completely finished, 10 clients reported that they understood the legal reasons for the decisions in their case “very well”, one said “quite well,” and no assessment was made in the other three cases.

Table 9 shows that in the 23 cases (NR=1) for which there was a sufficient basis on which to assess case outcomes at the time of the evaluation interview (i.e., there were no outstanding issues to be resolved, even if the case was not formally concluded), 16 clients (70%) were either quite satisfied or very satisfied with the outcome of their case.

Table 9: Client Satisfaction with Outcome of Concluded Cases

SATISFACTION WITH OUTCOME	FREQUENCY	PERCENTAGE
VERY DISSATISFIED	4	17%
QUITE DISSATISFIED	2	9%
NEITHER SATISFIED NOR DISSATISFIED	1	4%
QUITE SATISFIED	9	39%
VERY SATISFIED	7	30%
TOTAL (no response =1)	23	100%

Table 10 shows that 60% of clients were either “quite satisfied” or “very satisfied” with the help received from their clinician. Unlike the previous table, Table 10 includes cases that have not yet reached a conclusion. It is possible that clients may feel that this pace is unnecessarily slow and is attributable to the clinician, where it may in fact often be beyond his/her control.

Table 10: Client Satisfaction with Help Received from Clinician

SATISFACTION WITH HELP RECEIVED FROM CLINICIAN	FREQUENCY	PERCENTAGE
VERY DISSATISFIED	5	12%
QUITE DISSATISFIED	6	14%
NEITHER SATISFIED NOR DISSATISFIED	6	14%
QUITE SATISFIED	10	23%
VERY SATISFIED	16	37%
TOTAL (no response =1)	43	100%

3.6 Client Recommendations

Almost all clients made comments related to the service they received, and recommendations for improvements. The primary groupings of comments from the 44 clients were as follows:

- general praise and appreciation for the work done by ELC (14 comments, 32%)
- clinician should give clients more clarity on steps to be taken and likely outcomes (11 comments, 25%)
- provide responses in a timelier fashion, move cases along more quickly (9 comments, 20%)
- difficulty dealing with a second clinician if the first one graduates in the middle of the case (3 comments, 7%)

In addition, there were numerous individual comments:

- clinicians should check for typing errors; if not resolved by clinician, should be able to go to a higher level; ability to sign a contingency agreement if unable to pay the requested amount; need a clearer engagement letter; advertise services, especially with new immigrants (e.g. with Immigration, Refugees and Citizenship Canada and Work B.C.); be more forthright about their areas of expertise; do trials; act as a buffer against the actions of the other side in a dispute (e.g. by directing emails to ELC rather than the client); start process by asking for pronouns and any honorifics clients would like to use; have clinicians who can speak Chinese.

4. LAWYER CLIENT FEEDBACK

This section discusses the themes that are contained in the questionnaire in Appendix 3, and which are summarized in section 1.4.

4.1 Background Information

Thirteen of the 15 lawyer clients who have been engaged with ELC in the first year responded to the questions in Appendix 3. The respondents included the four ELC supervising lawyers. Collectively, the lawyers who were interviewed had worked with 12 of the 18 clinicians. The lawyers were from the following communities: Vancouver (6), Surrey (2), Vancouver Island (Victoria and Nanaimo) (2), Haida Gwaii (1) and virtual locations (2).

4.2 Initial Engagement of Clinician

The lawyers were asked how they engaged the clinician. In 9 of the 12 cases where this question was answered, the lawyer knew of the ELC and/or Jamie Maclaren's work or were supervising lawyers themselves. They either looked at student profiles online or contacted the organization for recommendations. The responses also suggest the importance of the networking undertaken by ELC and Jamie Maclaren. Four examples are:

- "I approached ELC in search of a clinician to do extra work. At the time my colleague ... was a supervising lawyer at ELC, and she recommended a specific clinician who she thought would be a good fit for the work we needed done."
- "We looked at ELC student profiles online and contacted some. The ones we initially contacted connected us with the student we worked with."
- "(name) previously worked for us as a tenant legal advocate and we desperately needed support due to staff taking leave of absence. We knew she was articling with ELC so we reached out to both her and ELC (Jamie) to see if there was a way we could do a secondment or work term with her to help us out."
- "We knew (name) from before his time at ELC – we had interviewed him for a position, but it ended up that our workflow was not sufficient to hire him at the time (though we wanted to). Subsequently, we called him to ask if he wanted to join the firm, but he was already engaged with ELC. We then reached out to Jamie and the idea of a secondment was discussed."
-

Two approached the law firm directly. The first of these cases suggest a perceived limitation of the ELC program:

- "The clinicians approached me when they were unsatisfied with the type of work they were getting through the ELC. At the ELC they were not getting any experience in court. They were mostly providing summary advice to low-income individuals. The advice was summary because the individual was not able to pay the clinic for more than one or two appointments."

- “She approached us. We had posted a position for a full year. She knew she could not do a full year, but agreed to a secondment.”

4.3 Scope of the Clinician Engagement

The overall length of time the clinician was engaged ranged from “a few” hours to six months of relatively full-time engagement. In seven cases the client lawyer stated an overall period of engagement that ranged between one and three months, but the intensity within that time ranged from one day per week to full time.

There was a significant range of tasks undertaken by the clinician. Almost all the lawyers said the substance of the clinician’s work included legal research and the preparation of summaries of that research. Four mentioned the drafting of court documents (pleadings and/or affidavits) and three mentioned representation activities by the clinician in court or before a tribunal (Residential Tenancy Branch). Other activities mentioned in relation to individual clinicians included drafting letters to clients, reviewing and summarizing contracts, sitting in on initial examinations for discovery, preparing corporate incorporations, and assisting with a 2-day seminar for unionized workers on the duty to accommodate people with disabilities.

4.4 Assessment of the Clinician’s Contribution

Eight of the 13 lawyer clients (62%) felt that the clinician’s activities were very helpful in terms of the lawyer’s overall workload. Several added comments about benefits of the engagement:

- “(The two clinicians) were excellent students and are now excellent lawyers that work for me. Through the legal aid model they were able to earn some money and also earn money for my practice. I feel like I was compensated for the additional work involved. They were able to assist me on cases and also make headway on the cases they were working on (under my supervision).
I think a model where the ELC has more involvement with legal aid and legal aid lawyers would be a very good idea. There is a lot of legal aid work, and it is a great way for young lawyers to learn family and criminal law.”
- “Definitely helped with our workload. She did need quite a bit of supervision, and it was more difficult than with a usual articling student since she was not in Vancouver. However, the case is a very difficult one, and she really helped us with it.”
- “Yes. Previously our lawyers were doing this when they had time which was not consistent. It helped having someone else take care of the work.”
- “Absolutely it helped, and as anticipated, she was able to hold a number of files and represent clients so that we could concentrate on longer term hiring and ensure we didn’t close our services during the gap in staffing. She was a critical addition for us this year.”

Three of the lawyer clients felt the clinician’s activities were helpful, but required extra work on the lawyer’s part. Nonetheless, their overall response was positive:

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- “We went into this knowing that his work product would not be polished (just as any other articling student or junior lawyer we hire), so the purpose of this relationship was to invest our time to develop his skills in order to eventually join us as an associate. So, it was more work, but we knew this and were happy to teach him.”
- “Did help, but I do want to recognize that it also required a fair amount of supervision. It was more or less to my expectations (not huge, but not a disappointment).”
- “Having the clinicians engaged as contractors was a bit of work with preparing the contractor agreement, delegating to them, working with the work they did for us and coordinating payment and billing. We are happy to support the training opportunities as we know where articling students are at in terms of career development. With that in mind, the work provided was within the range of what we had expected and were we not trying to grow our internal capacity (we’ve hired our own articled student) we would continue to work with ELC’s clinicians in this capacity. In sum, though it is a bit more work, we were happy to do it and did benefit materially from the work. The price was more than fair for the benefits provided and work involved.”

Two lawyer clients were more fundamentally dissatisfied, both because of the time taken to produce the requested product, and its quality. One did not pursue the matter further because of health issues the clinician was suffering. The other stated that ELC was not supportive when he mentioned his concerns about the quality of the product.

Table 11 summarizes the lawyer clients’ satisfaction with the service of each of the clinicians (see note to the table in regard to the numbers). Seventy-six per cent (13/17) were either quite or very satisfied with the service, and only one was dissatisfied overall.

Table 11: Client Lawyer Satisfaction with Service Provided by Clinician*

SATISFACTION WITH SERVICE PROVIDED BY CLINICIAN	FREQUENCY	TAGE
VERY DISSATISFIED	-	0 %
QUITE DISSATISFIED	1	6 %
NEITHER SATISFIED NOR DISSATISFIED	3	18 %
QUITE SATISFIED	8	47 %
VERY SATISFIED	5	29 %
TOTAL	17	100%

* One respondent had two clinicians, and another four, so although there were 13 lawyers who gave assessments, the total number of assessments is 17.

Lawyer client comments added useful qualitative context to three of the ratings that relate to the clinicians’ character assets or challenges:

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- “Overall, I would rate (clinician) as a 4. He demonstrated many of the attributes of becoming a good lawyer. I think he is unique from other clinicians because of his background experiences and the amount of adversity he experienced in his life; this created a level of determination and ‘grit’ that we were looking for at the firm, and which I find is lacking even in some of the lawyers we have hired in the past.”
- “2, but I attribute that in large part to ELC’s model and not to the student’s work specifically. It did not feel like she had support or structure to her work more broadly – how much work overall, when it was occurring, etc. -- and it appeared that some of her health issues were caused by the structure of or other work completed via ELC. It appeared that the student I worked with and others we interacted with were experiencing quite significant stress and distress due to lack of income during their time with ELC.”
- “4” – She has always been a bit shy with some aspects of advocacy and had a few files where she was a bit slow to act due to overthinking or wanting to ensure the best course of action through a supervisor but overall, we knew she is a great advocate and has a natural ability to connect with and represent clients.”

When asked if they felt they received value for money by engaging the clinicians, 10 of the 13 lawyer clients who dealt with 14 clinicians said “yes”. One said “yes, got value for money, but don’t want to overstate this”, and two said “no”.

Another way of assessing the clinicians’ performance was by comparison with other articling students the lawyer client had engaged. Again, in total there were 17 clinicians being assessed. Five lawyer clients could or did not make a comparison. Of the remaining 12 clinicians, two were assessed as being better than previous articling students, six were assessed as being of the same level, and four as worse than previous articling students. Two of the lawyer client respondents who assessed the clinician as being of a lower level added explanations to temper that judgement:

- “It’s hard to compare directly. I would say that she needed a lot more supervision than an articling student at that point in the articles (it was only about a month before she got called by the end). But I don’t think that was really the clinician’s fault. She had not just been doing family law in her work with ELC (obviously), and it was definitely more difficult working with her remotely. Again, though, this wasn’t her fault.”
- “Not a fair comparison, as only other articulated student I worked with was a gold medalist from UBC. To provide an answer, however, the performance was not up to my previous experiences.”

4.5 Overview Assessments of ELC’s Preparation of the Clinicians

Lawyer clients were asked if they felt that the clinicians had been adequately prepared by the ELC to commence practice. The responses were mixed and nuanced and highly qualitative.

Two simply said “no” without clarification.

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Four were predominantly positive, three of whom offered additional qualitative comments:

- “Yes, I think they are well prepared. In my experience, you only become a good lawyer after making many mistakes and you have the ability to learn from those mistakes. So, determination and a willingness to fight through the adversity of this job is a key indicator of long-term success. You don’t have to be the smartest, you just need to know what your value is, how to maximize it, and keep pushing forward when the odds are stacked against you.”
- “I had no concerns. Didn’t expose her to all clients, but I had no concerns re her preparation for practice.”
- “This question is a bit unique to us as we had trained her previously to do the specific job she had, but I did find that the ELC training was also helpful to her and when she started with us again, she had acquired some new skills and understanding in that training. I think it also had an impact on her overall level of confidence.”

Seven client lawyers gave thoughtful responses that were nuanced and stressed different aspects of knowledge acquisition that characterize the notion of “preparation for practice”:

- “I think that the majority of what (the clinicians) learned about practising law came from their experience with me. However, they did have a good understanding of some basic principles including ethics. I am not sure if they learned this through the ELC or elsewhere.”
- “Sort of. I think it is difficult because they get a certain level of knowledge of a lot of different areas of the law, but they really don’t get the sort of knowledge of any one area that a normal articling student does. I also think that the remote model, while necessary, makes it a lot more difficult for clinicians to pick up all the little useful skills that you absorb just by observing and shadowing counsel. I also think that they do lack some practical knowledge of how to actually go to court because of the emphasis on memos.”
- “The contract that the clinician worked on was to conduct legal research and summarize the findings, so the skills involved were something that law students would have received preparation for in law school. It’s challenging to isolate whether and how the ELC prepared the clinician to do that work. “
- “Not as sole practitioners, maybe as an associate.”
- “Yes and no. Yes, in that I believe the training supervising lawyers receive, and the experience they receive, are well suited to entering solo and small private practice. In fact, I believe it is the best available education an articling student could receive, even in preference to full time articles with a solo or small firm. No, in that I am concerned that clinicians have a difficult time understanding how incredible this opportunity is. The APB staff, supervising lawyers and guest lecturers are all either volunteering or getting underpaid to provide this framework, and sometimes the support provided is not always taken advantage of, or is criticized by clinicians in a way that I personally feel is unfair given the other options available and how well organized and run the ELC program is, in particular with reference to its small budgets. I think more can be done to train the mindsets of clinicians around being the driving force of their experience within ELC (positive, growth, abundance mindsets). This is not a comment specific to any of the clinicians noted above, though some of these clinicians did display this conduct at times

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(displaying frustration or expressing complaints with the program while simultaneously not taking advantage of opportunities, advice or support provided).”

- “I don’t think questions aimed at individual clinicians address my experience and the feedback I think I can provide with respect to ELC. The didn’t seem prepared to take on external research support work (it was unclear how it would fit within their fee structure. It took several conversations to understand how the work would be approved within ELC and different students seemed to be told different things, they seemed confused about how this kind of work would be billed or what structure it would take, etc.). They also seemed unprepared for the stress and financial hardship that appeared to come with articling via ELC, which seemed to go much beyond a typical articling experience. “

- “I didn't work with (the clinician) long enough to comment on this specifically. Overall, the clinicians would benefit from shadowing lawyers in their practice, in addition to working with them as supervisors, prior to commencing practice.”

Lawyer clients were asked if there were areas where they would have expected greater proficiency on the part of the clinicians, and on which the ELC should place greater emphasis in future. Seven respondents did not have suggestions, and two felt it was difficult to separate out if the difficulties they experienced with their clinicians were simply ones of personality, proficiency, or the ELC model itself.

Of the remaining lawyer clients,

- Two felt it would be advantageous if the clinicians could be given more opportunity to go to court.
- One suggested “priming clinicians on what available options are (not getting called, or programs like Ontario where clinicians pay out of pocket for the program), what solo and small firm practice is like (takes self-direction, effort, is challenging and mindset is important) could potentially make clinicians more capable and resilient during and after the program.”
- Another emphasized “for the non-profit legal sector there can’t be enough instruction about boundary setting and how to properly outline the roles and responsibilities of both the clinician and the client.

4.6 Concluding Comments by Lawyer Clients

Six lawyer clients offered concluding comments. The first concerned the level of payment available to clinicians:

- “It seemed that the structure of ELC was hard on the student clinicians in terms of finding and balancing work contracts in order to secure sufficient financial security and grow a variety of skills necessary to become prepared to practice law. We spoke to another clinician (before hiring the current one) who turned down the contract because the ELC established compensation rate was too low for her to afford to work at. Perhaps as part of the growing

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pains of a new program, my interactions with clinicians gave the impression that the students were often unsure about the parameters and expectations they were working with.”

The other five comments offered significant appreciation for the program:

- “I think this could be a great joint venture with legal aid to fill the gaps in the shortage of legal aid lawyers.
- “We are thankful for the program and the opportunity to work with (the clinician).. Thanks also to Jamie for being flexible and willing to work with us. “
- “It was a generally positive experience. At the time she joined us, we had an articling student who had to leave us. ELC meant we were able to get somebody to help out on short notice. We appreciated this flexibility, couldn’t get this help elsewhere for the same cost.”
- “It’s an incredible program, operated by a group of unpaid or underpaid persons that care about the clinicians, British Columbians and making the work more equitable. I’m honoured to be a part of it and believe we need more programs like this, and that this program needs more funding and support to grow its impact. Thanks for the opportunity to participate in this survey.”
- “Thank you again for being willing to work with us and for continuing to think outside the box with how we train and advance those in the ELC system. I continue to hope for all the best with ELC and that the model stabilizes and grows. If it seems appropriate, in the future we would certainly be interested in exploring a similar arrangement with future clinicians.”

5. CONCLUSIONS AND RECOMMENDATIONS

Taken as a whole, the feedback from clinicians, clients and lawyer clients about the ELC has been positive. In the course of one year, clinicians received considerable on-line training and direct experience with law firms and clients, law firms were able to use clinicians for a range of tasks in their settings, and clients received legal advice and guidance concerning cases in which they were involved. The clients rated the clarity of clinician answers to their questions very highly.

Key recommendations for further improving the ELC include:

- In the learning semester:
 - shorten the semester to give more time for practical opportunities in the service semester
 - reduce the orientation to non-stop lectures
 - give more time for clinicians to do assignments and problem-based learning
 - provide more information in the form of templates and guides for civil litigation processes
- In the service semester:
 - standardize the role expected of the lawyers to encourage faster responses to the clinicians
 - in the first meeting with the clinician, the supervising lawyer should give the clinician recommendations on research resources
 - APB could vet three or four files that are ready to proceed, so clinicians have greater assurance that they will earn money
- Re financial security for clinicians:
 - consider a higher standard bursary amount for each clinician, and/or
 - charge clients a small fee for consultations, and/or
 - ELC could undertake more vetting of cases in advance to identify ones in which the client would likely be paying the clinicians

APPENDICES: INTERVIEW GUIDES

1. Clinician Questionnaire

Name of respondent: _____

Group 1 or 2? _____

Completed learning semester questionnaire? 1. Yes 2. No

Completed service semester interview? 1. Yes 2. No

Introduction: Summarize whether the respondent completed either of the above interviews, then add:

This interview will primarily concentrate on your experience in the service semester and in establishing a practice, but I will start by asking a couple of questions about your own background, and your observations about the learning semester.

Personal Background:

1. Prior to the learning semester, had you had experience either living with or engaging with vulnerable people in a service or volunteer setting? 1. No 2. Yes (please describe, including any Indigenous involvement).

2. Are you from a cultural minority group yourself? 1. No 2. Yes (describe)

Learning semester:

3. Looking back at the learning semester course, and considering your experience to date in establishing a practice,

a) what components of the learning semester have proved most useful to you in your current practice (and therefore should be emphasized in future courses)?

b) which components have not been useful – or have been less useful – in your practice, and should receive less emphasis or be changed in some way in the learning semester?

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4. Apart from these content issues, would you recommend any changes in the structure of delivery of the learning semester?

Service semester:

5. How many paid client relationships were you able to establish during the service semester? Did this meet your expectations? _____

6. What areas of law have these cases involved?

7. Of these,

a) how many were referred by APB? _____

b) How many did you source yourself? _____

8. Did you get adequate support from the supervising lawyer(s) in this process? 1. Yes 2. No

If not, how might support have been improved?

9. Are there elements of the service semester that ELC could restructure that would have better helped you:

a) gain experience, skills and confidence

b) achieve financial security

Establishing a practice:

10. Where in the province have you begun to establish your legal practice? (Region, base community, outlying communities)

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10b) Was this the region and were these the communities you were originally hoping to serve?

1. Yes 2. No (explain)

10c) Would you describe them as underserved compared to most B.C. communities, or to other communities in your region?

1. Yes 2. No (explain)

11. Are you with a law firm, or have you established your own firm?

1. With a law firm 2. Own firm

12. In general terms, how have you supplemented your ELC income to make ends meet in these initial stages of establishing your practice?

13. One of ELC's objectives is to promote new virtual, fixed fee and modular forms of legal practice. To what degree have you adopted one or more of these delivery forms in your own practice? Please specify.

14. Another objective of ELC is to provide "...substantive knowledge and practical skills (including practice management, cultural competency and human relationship skills) required to thrive in highly adaptive forms of public-minded legal practice."

On a scale of 1 to 5, how would you assess the program's success in conveying knowledge and skills in each of these areas? (1 = very unsuccessful, or very inappropriate emphasis 5 = very successful, or highly appropriate amount of emphasis):

14a) practice management (rating: _____) Reason: _____

14b) cultural competency (rating: _____) Reason: _____

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14c) human relationship skills (rating: _____) Reason:

15. Do you have feedback about any other aspect of APB’s courses or support that could have better prepared you for establishing your practice?

2. Client Questionnaire

A. Case Background

1. Client Name _____ 2. Community in which you live: _____

3. Area(s) of law of your legal issue or issues (select all if more than one)

- a. Business organizations
- b. Civil disputes
- c. Consumer transactions
- d. Criminal defence
- e. Employment and benefits
- f. Family
- h. Residential tenancy or strata
- g. Wills and estates
- h. Other legal issue (describe) _____

B. Questions

1. What did you want to have happen in terms of your legal problem?

2. Did you get enough help to resolve the problem? (resolve = bring issue to conclusion, not win or lose)

1. Yes 2. No 3. Partly (explain _____)

3. If answered “no” in Q. 2, what steps did you take to get more legal help?

1. Contacted an agency to which I was referred. 1. Yes 2. No

1a) If “yes”, did this step resolve your problem? 1. Yes 2. No

2. Looked on my own for a lawyer or paralegal to help me 1. Yes 2. No

2a) If “yes”, did this step resolve your problem? 1. Yes 2. No

3. Another step 1. Yes 2. No (if Yes, explain: _____)

3a) If “yes” did this step resolve your problem? 1. Yes 2. No

4. Nothing, I gave up.

4. How clearly did the clinician answer your questions and provide the information you required to take any next steps (if applicable)?

- a. Not clearly at all
- b. Not very clearly

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- c. Neither clearly nor unclearly
- d. Quite clearly
- e. Very clearly

5. Did the clinician provide you with suggestions for how to follow up with respect to your problem?

- a. No
- b. Yes

6. (If yes to #5) Did you follow up on these suggestions?

- a. No
- b. Yes

6A. (If no) Why not?

7. For better or for worse, would you say that the problem you saw the Everyone Legal Clinic about has finished or reached a conclusion?

- a. No, not at all (and nothing is pending)
- b. Only partly, and no further resolution likely
- c. Original problem no longer needs resolution because situation changed (I dropped the matter or changed my mind without coercion)
- d. Don't know, too soon to tell, matter is still pending
- e. Yes, completely

8. (If answered "b" or "e" to #7) Did you get what you wanted or hoped to achieve?

- a. No, not at all
- b. Only partially (e.g. got what I want on some issues, but not others, or got less than the full amount I wanted)
- c. Yes, completely

9. (If answered "e" to #7) Regardless of whether you agreed with the decision, did you understand the legal reasons for the decision in your case? (If no legal decision made, i.e. the issue was resolved in another way, circle NA below)

- a. Didn't understand at all
- b. Didn't understand very well
- c. Understood neither poorly nor well
- d. Understood quite well
- e. Understood very well
- f. NA (not applicable)

10. (if answered "a", "b", "c" or "e" to #7) Overall, how satisfied were you with the outcome of your case?

- a. Very dissatisfied

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- b. Quite dissatisfied
- c. Neither satisfied nor dissatisfied
- d. Quite satisfied
- e. Very satisfied

11. How satisfied were you with the help you received from your clinician concerning your legal matter?

- a. Very dissatisfied
- b. Quite dissatisfied
- c. Neither satisfied nor dissatisfied
- d. Quite satisfied
- e. Very satisfied

12. Is there any recommendation you would like to make about how the Everyone Legal Clinic or the clinician could improve their service?

13. Do you identify as a member of a BIPOC (Black, Indigenous, person of colour) community?

1. Yes 2. No

14. Do you identify as a member of the LGBTQIA2+ community?

1. Yes 2. No

15. Do you speak either English or French as a first language?

1. Yes 2. No

16. Are you a newcomer to Canada (arrived within the last 5 years)?

1. Yes 2. No

Payment for Interview

We are offering an honorarium of \$20 for the time you have taken to answer these questions.

Would you like to receive this honorarium? 1. Yes 2. No

If yes, our usual method is to do an e-transfer. If this works for you, can you give me your email?

e-mail: _____

If you prefer a cheque, please give me your address:

Please send this questionnaire by email to: tim@timjroberts.ca

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or by mail to: Tim Roberts and Associates Consulting,

1165 Kathleen Drive,

Duncan, B.C. V9L 5S4

THANK-YOU!

3. Lawyer Questionnaire

Name of respondent:

Supervising lawyer for ELC? 1. Yes 2. No

ELC Clinician(s) with whom lawyer has worked:

Introduction: This questionnaire explores how clinicians in the Everyone Legal Clinic program have worked for lawyers during the training period. Your responses are confidential. They will be grouped with responses from other lawyers to explore the overall patterns of engagement with the clinicians.

ELC records show that you hired (name of clinician/clinicians above).

1. In what community is your principal office located? _____

Description of engagement with clinician(s):

1. How did you come to engage (name of clinician)? (e.g. did you contact ELC in search of a clinician to do extra work? Did you engage the clinician to do more work after assisting them with their ELC case? Did the clinician approach you to do extra work for your firm?)

2. For how long (no. of hours, days, weeks or months) did you engage (name of clinician/s)?

3. What tasks did he/she perform for you? (e.g. research, memo-writing, other engagement with clients). If more than one clinician involved, please specify tasks related to each clinician)

4. In general, did the clinician's work help with your workload, or was it more work for you to have them involved? (explain if the latter)

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5. On a scale of 1 to 5. Please rate your overall level of satisfaction with the service the clinician provided with these tasks. (1 = very unsatisfied, 2= quite unsatisfied 3 = Neither satisfied nor satisfied 4 = quite satisfied, 5 = very satisfied). If more than one clinician involved, please specify to whom the rating applies. If the clinician’s performance varied depending on the tasks they undertook, please give ratings for each task.

6. Overall, do you feel you received value for money by engaging the clinician(s)?

7. If you have worked with other articling students in the past, how would you compare the clinician’s performance with those of previous articling students you have engaged? (1 = ELC student performance not as good as previous students. 2 = ELC student performance about the same as previous students. 3 = ELC student performance superior to that of previous students). If more than one clinician involved, please specify to whom the rating applies.

8. Do you think the clinician(s) have been adequately prepared by the Everyone Legal Clinic to commence practice? If not, explain in what way. If more than one clinician involved, please specify to whom your assessment applies.

9. Based on your experience with the clinician(s), are there any areas in which you would have expected greater proficiency at this stage, and on which the Everyone Legal Clinic should place greater emphasis in future?

10. Do you have any other comments you would like to make about the clinician(s) or the program?
