

**MULTIDISCIPLINARY PATHS TO FAMILY JUSTICE:
PROFESSIONAL CHALLENGES AND PROMISING PRACTICES**

Final Report

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Professor Brenda Jacobs
School of Early Childhood Education
Seneca College
Toronto, Canada
Email: brenda.jacobs@senecac.on.ca

Professor Lesley Jacobs
Director, York Centre for Public Policy & Law
York University
Toronto, Ontario
Email: jacobs@yorku.ca

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CHAPTER ONE

INTRODUCTION

The Project

The Law Commission of Ontario (LCO) initiated, in 2008, a major project in family law titled *Best Practices at Family Justice System Entry Points: Needs of Users and Responses of Workers in the Justice System*. This research paper is designed to make a contribution to that project. The LCO through this project seeks to improve the process of addressing family law disputes in Ontario by identifying and recommending best practices at entry points to the family law system. The focus, in other words, is on the beginning stages of the family justice process. The principal objective is to develop a means to address family justice issues proactively before they have escalated into full blown legal disputes demanding address through resource-intensive formal legal channels.

What are at issue in the beginning stages of the family justice process are family challenges and family problems. Family challenges are issues with legal dimensions that individuals or families need to overcome in order to achieve some sort of desired constructive outcome. Some concrete examples of family challenges have been provided by the Law Commission of Ontario in its September 2009 consultation paper:

Family challenges include planning an intimate relationship according to Ontario law; learning about Ontario family property law prior to marriage and discussing possible arrangements without hurting the relationship; or planning a relationship when spouses do not live in the same country, for example.¹

Family problems, on the other hand, are issues with legal dimensions that arise when families become dysfunctional. The Law Commission has also provided concrete examples of family problems.

Family problems include separating from an intimate partner; managing caregiving responsibilities towards children post-separation; having a child removed from one's care; facing violence from a family member; and trying to break financial and emotional dependency patterns from a spouse.²

Where people turn for help in Ontario when they initially face family challenges and family problems is what is meant by the entry points or access points into the family justice process. The LCO project is ultimately designed to improve those entry points in Ontario by learning from promising practices in Ontario and elsewhere.

In its consultation process, the Law Commission of Ontario has identified four inter-related commitments or principles for improving access to justice for persons in Ontario facing family challenges or family problems. The first commitment is to a focus on access at the early stages of a person's engagement with the family justice processes that address these challenges or problems. Underlying this commitment is the belief that greater attention to the early stages of engagement is an effective way to reduce the likelihood of challenges or problems escalating in their seriousness. The second commitment is to the idea that reforms should utilize a holistic multidisciplinary approach to the family justice system where the seamless delivery of services involves a continuum of provision ranging from traditional legal services to crime prevention to marital counselling to parenting advice.³ Underlying this commitment in part is the view that more traditional disciplinary service delivery misrepresents the fluidity of family challenges and problems for many people in Ontario. The third commitment is to

multiple points of entry for persons turning to the family justice system with family challenges or family problems. Multiple points of entry are an acknowledgement of the diversity of the persons in Ontario who utilize the family justice system. The fourth commitment is to family justice reforms that benefit persons across the entire province, reaching both those in large urban centres and those living in rural or more isolated communities.

Objectives of the Present Research Paper

The present research paper focuses on the vision of a family justice process in Ontario that provides for a multidisciplinary seamless delivery of family services when people turn to it for help with family challenges or family problems. It has two main objectives.

The first objective is to situate the vision of a multidisciplinary family justice services approach within the broader context of the policy trend in Ontario towards multidisciplinary family services in general. Ontario has in some areas of social services delivery – community health centres, family counselling services, early childhood education centres – embraced an approach that allows for multidisciplinary teams of professionals to provide services holistically on co-located sites. From this perspective, the Law Commission of Ontario’s family justice project is just a logical extension of this sort of approach. It is shown that the idea of a multidisciplinary family justice model fits especially well with the emphasis on community primary health care delivery and the early learning policy initiatives developed over the past decade by the Government of Ontario.

The second objective is to identify some of the tensions and challenges that exist in the vision of different professionals – lawyers, police officers, family mediators and dispute resolution specialists, psychologists, nurses, physicians, early childhood educators, social workers, teachers, social service workers – working collaboratively together to deliver services to persons in Ontario needing help with family challenges or family problems and illustrate how promising practices can provide guidance for easing those tensions.

Families and the Fluidity of Their Needs

It is important to explain from the outset more precisely what is meant by the term “family” in this research project. For our purposes, family is an inclusive term meant to apply to a range of what are sometimes called familial relationships: intimate relationships between partners; relationships between parents or guardians and young children; relationships between children and the partners of their parents; relationships between siblings; relationships between adults and their elderly parents; relationships between grandparents and grandchildren; and relationships between children and extended family members. The point is to avoid stereotyping who uses family oriented services and essentializing the needs of families. Given the diversity of familial relationships, there is a corresponding diversity in their needs and the services required to meet those needs.

It is also very important to emphasize not only the diversity of those needs but also the fluidity of those needs. Sometimes, among professionals, there is an inclination to classify and categorize the needs of families in ways that correspond to

the professionalization of service providers. Some needs might be classified as educational, others health, others still income security or housing, yet others legal. And even among legal professionals, there is a tendency to further classify the legal needs into categories such as immigration, family, employment, civil, and criminal. Whilst these classification schemes may make sense for providers, they rarely map on to how families themselves perceive or experience their needs. Family difficulties tend to be fraught with emotion because they touch on who we are and how we understand our personal identity. The vision of multidisciplinary paths to family justice sketched out below involves making linkages between legal and non-legal services in a manner that reflects how families perceive or experience their needs.

The Nature of Family Justice Services

This study is focused on facilitating early and multiple access points to family justice services. There is a continuum of legal services that individuals and their families may access. At the lower end of the continuum are what can be described as low-level legal services, at the other end, intensive legal services. The stages of this continuum of legal services can be broken down in the following way:⁴

- Legal information: basic information about the law on a given topic provided by a lawyer or some other knowledgeable professional.
- Legal Consultation: expert opinion on broadly defined topics as on specific cases and situations provided by a lawyer.

- Informal Dispute Resolution: community mediation and other flexible informal forms of dispute resolution provided by a community leader, mediator or dispute resolution specialist.
- Legal Representation: retention of a lawyer or paralegal to provide representation in the legal process.
- Alternative Dispute Resolution: mediation, negotiation, arbitration and other forms of dispute resolution operating in the shadow of the law.
- The Courts: the formal court system in Ontario.

The first three constitute low-level legal services. Since the emphasis in this study is on early entry points into the family justice system, the legal services at issue are primarily low-level ones, that is to say, ones involving legal information, legal consultation, and informal community mediation and some other forms of dispute resolution.

The Vision of Multidisciplinary Paths to Family Justice

Before explaining the methodology and chapter breakdowns for this paper, it is helpful to have a clearer sense of the vision for the family justice delivery model that underpins the discussion to follow. This is a vision of what we call multidisciplinary paths to family justice. Charles Pascal in his influential 2009 report to the Premier of Ontario, *With Our Best Futures in Mind: Implementing Early Learning in Ontario*, writes:

Imagine...The mother of a 4-year old girl and a new baby boy is welcomed at the school door by the principal, who asks how she and her family are doing...The mother is on parental leave while the father works. He plans to go on leave when she returns to her job. The older child runs off to the Early Learning Program while her mother has her own morning planned at the Best Start Child and Family Centre, where she has a postnatal consultation with a public health nurse. Last year, when her older child attended the centre, educators identified a

difficulty with the child's communication skills. With some extra help the little girl is now doing well in the Early Learning Program...She had no trouble adjusting. The Early Learning Program is just down the hall from the centre and she already knew the staff. Hours after the last bell has rung the school is still buzzing. Parents come and go, picking up children who have participated in extended programming...and a concurrent parenting program is running.⁵

Now, imagine layering on to this vision the provision of family legal services when family challenges or problems arise.

Suppose that when the mother is about to return to work, she discovers that her employer is proposing to change her position from full-time to part-time. Or that her husband's application for landed immigrant status has been denied. Or that their landlord has threatened to evict them if they do not begin paying hundreds of dollars more rent immediately. Or facing marital difficulties, the mother wants information about post-separation custody and child support. Imagine that co-located with other family services is a program that could provide this family with legal services – legal information, legal consultation, dispute resolution -- that meet their needs. What is important here is not the nature of the particular site for the co-location of the family services – Ontario Early Years Centre, Public School, Community Health Centre, Public Library, Family Counselling Service, Community Centre – but the idea of bundling in legal services into the essential package of family services that are important to meet the needs of Ontario's families but reflect the particular resources that are available in a given community. These sites should be designed to provide entry points that offer quality services in the best locations in a manner that reaches out to the particular user groups such as Aboriginal families and helps them to address the particular clusters of problems they face.⁶ Moreover, in order to avoid cost constituting a barrier to entry for any potential user, it is fundamental that at the point of entry, these

quality services be free or very affordable. For the persons who can least afford to pay fees for family justice services are often the ones most in need of the services in Ontario.

Recently, in socio-legal scholarship, there has been a growing emphasis on the idea that there are multiple paths to justice in a society with a well developed justice system.⁷ The vision of multidisciplinary paths to family justice applies this idea to the conjunction of multidisciplinary family services involving a diverse profile of professionals with the provision of low-level family legal services oriented towards legal information, legal consultation, and informal community mediation and other forms of dispute resolution. Imagine how different the family services landscape might be for families facing problems or struggling with challenges in Ontario.

Chapter Breakdown and Methodology

The discussion below is designed to improve our understanding of what is required to realize the vision of multidisciplinary paths to family justice in Ontario. It is broken down into five chapters. Chapter Two provides a brief overview of the development of multidisciplinary holistic family services in Ontario. This development is illustrated by examining the emergence of Community Health Centres beginning in the 1970s and the early learning initiatives over the past decade. Chapter Three explores how legal services have fit into these multi-disciplinary family services models in Ontario. This includes a description of five different kinds of centres in Ontario that presently provide this sort of service as well as a filling out of the vision of multidisciplinary paths to family justice introduced above. Chapter Four catalogues

some of the challenges that are present when professionals collaborate together to forge multidisciplinary paths to family justice. Chapter five identifies some promising practices that can meet the professional challenges for multidisciplinary paths to family justice.

It should be acknowledged here the limitations on the methodology employed in this paper. The research reported in this paper is based on a review of academic literature and government documents, visits to a selective set of centres offering multidisciplinary family services in Ontario, a selective review of centres in other jurisdictions in Canada and elsewhere, interviews with a number of professionals providing family services, and the practical and professional experiences of the authors.

CHAPTER TWO

A BRIEF OVERVIEW OF MULTIDISCIPLINARY FAMILY SERVICES IN ONTARIO

Introduction

This chapter provides a very brief and highly selective picture of some of the landscape of multidisciplinary family services in Ontario with a view to providing a context for the vision of layering on low-level legal services to a multidisciplinary family services delivery model. The discussion is divided into three main sections. The first section identifies some basic features of multidisciplinary family service delivery models and provides some general reasons for why they should be utilized. The second section reviews the history of Community Health Centres in Ontario, which pioneered in the province multidisciplinary family service delivery. The third section reviews the very recent innovations in early learning and early childhood education (ECE) in Ontario. The two types of sites for multidisciplinary family services described in this chapter – health-oriented and ECE-oriented – are promising illustrations of the potential for realizing the vision of multidisciplinary paths to family justice in Ontario.

Reasons for Multidisciplinary Family Services Teams

In a multidisciplinary service delivery team, different professionals with distinct skill sets provide services holistically whilst respecting professional boundaries and roles. This sort of multidisciplinary team operates through a division of labour that corresponds to professional expertise. It allows professionals from different fields –

physicians, nurses, teachers, social workers, lawyers, early childhood educators, family mediators – to work collaboratively in teams focused on the multi-dimensional needs of families without transgressing their own professional boundaries. Individuals who join these multidisciplinary teams retain their own identity as an expert in a given profession and bring that perspective to bear on the challenges that are facing the team.

A multidisciplinary service model should be distinguished from service delivery models where each member of the team performs tasks that blend into the tasks of others without rigorous role differentiation. There are some examples of the latter type of delivery model in Ontario, for instance, some of the shelters for victims of domestic violence operate in this way as do some of the shelters for the homeless. These teams are effective and well suited for some areas of social service delivery. The focus throughout this paper, however, is on multidisciplinary family services delivery models.

The principal rationale for the establishment of multidisciplinary family services teams are the needs of the clients or families being serviced by these teams, as opposed to the needs of the professionals providing these services.⁸ Often, the challenges and problems facing Ontario's families are neither simple nor one-dimensional. Employment issues may bleed into problems paying the rent or create health problems. Marital problems at home may affect educational achievements at school. Domestic violence might affect relationships with otherwise supportive extended family. As others have noted, when families are in crisis, they experience clusters of problems, problems that are different in nature but interrelated.⁹ Multidisciplinary teams of professionals create a problem-solving space that allows for the collaboration of individuals with diverse skill sets and multiple perspectives to

address these clusters of problems. The single most compelling reason for multidisciplinary family services teams is precisely that they reflect the complexity of the family problems they are designed to address.

These teams also have the capacity to respond to the cause and effect dynamics of family needs in ways that are proactive. In this way, by addressing problems earlier or indeed preventing new problems from emerging, these teams can result in considerable cost savings. Moreover, because the family is not dealing with a series of individual professionals but rather a team working together, it is less likely that the remedies and solutions will overlap and be redundant.

Another reason for multidisciplinary family services teams is that they make it easier for families to access services. Instead of telling their stories again and again and shuttling from one place to another, these sorts of teams offer families in Ontario a one-stop facility that they can rely on to identify their needs and address them.

In practice, effective multidisciplinary family services teams are characterized by two common features. One feature is some sort of co-location of the different team members. The sharing of physical space or some sort of central space combined with satellite spaces enable collaboration among professionals in ways that are rarer when geographical boundaries exist. Numerous individuals reported to us the value of informal interactions in the lunch room or over coffee. Others emphasized the ease of following up referrals to other professionals when it simply involved walking a client down a corridor to someone else's office.

The second feature is the manner in which the services provided by the multidisciplinary team are expanded. Teams predominantly layer on more services by adding on programs, which are lead by professionals with the appropriate expertise. In this respect, multidisciplinary delivery models involve a series of programs. Effective teams are ones that integrate these programs into a mosaic rather than a mere patchwork.

Community Health Centres in Ontario

Community Health Centres in Ontario date back to the 1970s. At present, there are 74 Community Health Centres in the province.¹⁰ These centres utilize the broad definition of health offered by the World Health Organization (WHO):

Health is the extent to which an individual or group is able, on one hand, to realize aspirations and satisfy needs; and, on the other hand, to change or cope with the environment. Health is therefore seen as a resource for everyday life, not the objective of living; it is a positive concept emphasizing social and personal resources, as well as physical capacity.¹¹

The basic mandate of the Community Health Centres is to provide primary health care. However, because of their commitment to the WHO's definition of health, the understanding of what constitutes primary health care and how it should be delivered makes Community Health Centres distinctive within Ontario's health care delivery system.

The Association of Ontario Health Centres identifies the following as basic principles that inform its approach to primary health care:

- “Effective primary health care must address the determinants of health, including shelter, education, food, income, a stable eco-system, sustainable resources, social justice, equity and peace. It therefore encompasses primary care, illness prevention, health promotion, health education, community development, social action, building healthy public policy, and creating supportive environments.”
- Community governance ensures that the health of a community is enhanced by providing leadership through effective partnerships of individuals and community and the staff of health centres. Community governance allows the skills, expertise, knowledge, and life experience of all partners to be shared to contribute to the health of their community.
- [Multidisciplinary] teams of health professionals are the most effective and efficient means for providing quality services in an appropriate manner. These multidisciplinary teams include physicians, nurse practitioners, nurses, dieticians, health promoters, counsellors and other staff and volunteers who contribute to the health of the community.¹²

Community Health Centres receive their basic funding from the Ministry of Health and do not bill OHIP on a fee-for-service basis.

Although Community Health Centres began in the mid-1970s, they remained experimental until the early 1980s. They remained controversial among medical professionals until a decade ago for three principal reasons.¹³ One reason is that the idea of delivery of primary health care through a multidisciplinary team ran counter to the dominant ethos of the family doctor as a sole practitioner. There were concerns about the sharing of information, patient confidentiality, and the patient-physician relationship.

The second reason is that Community Health Centres introduced the practice of paying salaries to physicians to provide primary health care services as opposed to fee-for-service payment. However, because so few physicians were employed in the centres in the early years, this form of payment had very little impact on the broader provision of primary health care in the province, which relied on individual practitioners

providing fee-for-service delivery. It is however difficult to develop an accurate billing scheme for multidisciplinary primary health care services.

The third reason is that the governance structure of Community Health Centres threatens the professional autonomy of individual physicians. The administrators who run the centres are perceived to have ultimate decision making powers that can override the judgements and decisions that physicians might make about their patient's care.

In response to these concerns, the Community Health Centres developed standards for the professionals working on their multidisciplinary teams that for the most part exceed the standards set by the regulatory bodies for the professions. The result is that these teams are characterized by corresponding role differentiation among professionals working on these teams. In other words, this sort of professional role differentiation developed in Community Health Centres because of the resistance to the centres within the medical profession and in particular the Ontario Medical Association.

Although the Ministry of Health funds directly the primary health care services provided by Community Health Services, these centres typically receive significant funding from other sources in order to provide other programs. For example, virtually all of the centres in Ontario offer the Healthy Babies Healthy Children program and the Pre-Natal Nutrition program funded by the Federal Government through its Community Action Program for Children (CAPC).

Within Ontario's health care system, the especially distinctive function Community Health Centres fulfill is the provision of primary health care for marginal or

vulnerable groups. A clear illustration of this pertains to the provision of primary health care for individuals and families who lack legal residency status. For these individuals and families, the Ontario Health Insurance Plan (OHIP) does not provide coverage. Fee-for-service delivery requires all individuals to present an OHIP number for billing. Community Health Centres do not bill OHIP on a fee-for-service basis and thus do not require OHIP numbers from their patients. In the case of one Community Health Centre in the Greater Toronto Area, it was reported to us that more than fifty percent of its patients lack legal residency status.

The Early Years Learning Initiative in Ontario

Over the past decade, the Government of Ontario has sought to become a leader internationally in the development of a multidisciplinary family services model that focuses on early years learning. The focal point for this initiative is the establishment of a new continuum of services for children from the early years to the end of elementary school. As Charles Pascal – the principal architect of the early years learning initiative in Ontario – describes it, the goal is, “for a seamless and integrated system to support children from 0 to 12 years old and their families.”¹⁴ Much of the policy development has concentrated on children to the age of 8 and their families.

This initiative challenges what Pascal calls, “the historic divide between education and childcare.”¹⁵ This divide is a reflection of legislation, funding, and delivery structures. Traditionally, for example, kindergarten in Ontario is part of the public school system, regulated by the Education Act, and funded by the Ministry of Education through property taxes. Kindergarten is taught by university-educated

teachers certified by the Ontario College of Teachers. Day care and preschool, in contrast, is overwhelmingly delivered through private providers, paid for by parents with some public subsidies, and regulated by the Day Nurseries Act. Traditionally, workers in daycares and preschools have had a patchwork of qualifications. In 2008, the Ontario College of Early Childhood Educators was established, which began to require that daycare and preschool workers be certified as early childhood educators.

The model for the delivery of the early years learning initiative is a multidisciplinary professional team. As we saw in the previous chapter, Pascal imagines different professionals working together on a co-located site delivering services that families need. In this model, rather than having kindergarten teachers siloed in public schools and early childhood educators in daycares it is envisioned that certified teachers and registered early childhood educators will collaborate to provide a learning environment that reflects their knowledge of early childhood development and an effective parent engagement strategy. Layered on to this model will be community nurses, public health physicians, social workers, nutritionists, psychologists, and speech therapists, all bringing to the team their own particular set of professional skills.

Three distinct stages of the early learning initiative in Ontario can be distinguished. The first stage was the introduction of the Ontario Early Years Centres (OEYC) in 2002.¹⁶ In these universally accessible drop-in centres, children up to the age of six and their parents/caregivers, can take part in a variety of programs and activities. They are staffed with people who have a range of expertise in child development. This includes early years professionals and volunteers.

Parents/caregivers can talk to the staff and get answers to their questions, and find out

information about programs and services they can access in their community. The centres offer several programs that include: early learning and literacy; early childhood development; pregnancy and parenting; links to other early years and outreach activities. There are 107 Early Years Centres in Ontario, one in each riding of the provincial legislature, that service all families including those living in rural or northern areas. Many of the centres also have satellite sites and mobile programs to better serve people in their own communities. The centres are open different hours and are designed to meet the needs of all children. They are also linked to child and family health and social services to help serve the needs of families better. Staff can refer parents to these other services as needed. These centres are designed to give children the best start in life. The early years are crucial to a child's development and they set the stage for learning, behaviour and health. The OEYC receive their funding from the Government of Ontario and provide their services free of charge to families.

The second stage of the early learning initiative, which begins in September 2010, is the opening of all day kindergartens at 580 public schools across the province.¹⁷ These schools were chosen based on several criteria including local need, space availability and the impact on existing child care. This initiative is part of Ontario's plan to build a well-educated workforce and a stronger school system. Full-day learning for four and five year olds will be phased in until full implementation in 2015-16. It will improve children's skills and better prepare them for the transition to Grade 1. The main idea is that for children in kindergarten, they will have a seamless day where daycare and school are not a separate experience. Teachers and Early Childhood Educators will work together during the school day. Extended day programs, before and after

school, will be run by Early Childhood Educators. Other professionals will provide services that meet the needs of individual children.

The third stage, which is still in development, is for the province to establish a network of Best Start Child and Family Centres. These centres are envisioned to each house a wide range of existing family services under one management: Ontario Early Years Centre, Parenting and Family Literacy Centre, Healthy Babies Healthy Children, Early Screening and Intervention, Preschool Speech and Language, Child Care Special Needs Resourcing, and the Prenatal Nutrition Program. Other programs, like Aboriginal Head Start, could also be housed in the Best Start Child and Family Centre. Pascal states that,

The Best Start Child and Family Centres will provide:

- prenatal and postnatal information and support;
- home visiting;
- child and family playgroups;
- family literacy, information, and supports;
- full-time, part-time, and occasional early learning/care for children up to 4 years old;
- food and nutrition counselling programs;
- early identification and intervention resources and links to specialized treatment services;
- links to community resources such as libraries, recreation and community centres, health services, family counselling, employment training, settlement services, and housing.¹⁸

These centres could provide a more family friendly environment for other services delivered by agencies and specialized professionals such as Behaviour Management Programs. The Best Start Child and Family Centres offer, in Pascal's view, "a strong foundation on which to build a comprehensive, integrated child and family service

system that will become a model for other jurisdictions.”¹⁹ From the perspective of this paper, given the comprehensive character of the Best Start Child and Family Centres that Pascal projects, it is notable that community legal services are not included. It is our suggestion that adding those legal services is an important piece of a comprehensive multidisciplinary family services model.

Conclusion

The general point of this chapter has been to provide a broader context for thinking about multidisciplinary family services in Ontario. The particular focus on community health centres and the early learning initiative has been strategic in the sense that they both provide sites where it is not difficult to imagine layering on early and multiple access points to legal services for families facing legal challenges or legal problems. And in this way suggests possibilities for realizing the vision of multidisciplinary paths to family justice.

CHAPTER THREE

LEGAL SERVICES AS A COMPONENT OF A MULTIDISCIPLINARY

FAMILY SERVICES MODEL

Introduction

In the previous chapter, multidisciplinary family services approaches were examined with a particular focus on community health centres and the early learning initiative in Ontario. This chapter shifts to the fuller vision of multidisciplinary paths to family justice, which is characterized by the integration of low-level legal services into multidisciplinary family services models that do not have legal services as their primary orientation. The focus, more specifically, is on the provision of low-level legal services revolving around legal information, legal consultation, and very informal community dispute resolution within a non-legal model for family services. These low-level legal services are ones that help to meet the needs of families where the family problems and family challenges are at a very early stage. Their provision in a multidisciplinary family services model are designed to be proactive and preventative. They constitute early and multiple entry points for families into the family justice system in Ontario. If, however, these legal services are effective, they will result in very limited further interaction with the family justice system – in particular the courts -- by many of the families who are provided with the services.

Why Integrate Legal Services into the Multidisciplinary Delivery Model

The principal reason for integrating some legal services into a multidisciplinary family services model is that many of the problems and challenges that families in Ontario face have some sort of legal dimension. This is obviously the case when marriages and other forms of intimate relationships breakdown. Legal issues such as property division and income support as well as child support, custody and access abound. Many of the other challenges and problems faced by Ontario families likewise have a legal dimension: immigration, housing, and employment. Therefore, if a multidisciplinary family services team of professionals genuinely wants to help families with their problems or challenges, it makes sense to acknowledge the important value a legal professional could add to the team.

This logic was widely accepted by other professionals working on multidisciplinary family services teams when we interviewed them. They virtually all reported working with families who would have or did benefit from having some measure of legal information, legal consultation, or informal dispute resolution. From their perspective, these families did have among their pressing needs legal needs. And given the commitment to meeting these needs in a holistic multidisciplinary way, collaborating with legal professionals is a reasonable extension of the delivery model.

Multidisciplinary collaborative teams result in much more predictability in the quality of the service provided. People working on the team are experts in their particular job. The way information is shared among the team allows the family to only have to tell their story once. This avoids inconsistencies and the risk that something

may be left out when the individuals are required to retell their story again and again. This sort of collaboration is also valuable as a preventive tool, especially in the case of domestic violence. The failure to put together a complete picture of what is going on is regularly cited as an explanation for domestic violence deaths; multidisciplinary collaborative teams are much more likely to put together all of the pieces of the puzzle and reduce the frequency of these deaths.²⁰ As well, because these teams handle many different kinds of problems, not just legal ones, there is a comforting anonymity for the family members to enter into a multidisciplinary family services site.

Indeed, there is a compelling perspective that the absence of this sort of multidisciplinary professional collaboration constitutes a type of barrier to justice. For without the collaboration the legal dimension of the issue may be invisible to both the person in need and the community at large. As Law Society of Upper Canada Treasurer W.A. Derry Millar observed in 2009, overcoming a barrier to justice can, “be as basic as identifying a problem as a legal problem.”²¹ A legal services component to the family services can help, in other words, to make the legal need visible. People who need family services do not always identify themselves as being at that point of crisis and would not think to seek out help from the police or a lawyer, or in the case of victims of domestic violence a women’s shelter. They are much more likely to turn for help to a more holistic multidisciplinary family service such as a community health centre, a family counselling centre, or an early learning centre. Once they have taken this step, in order to resolve the situation, there has to be a sense of closure in terms of a resolution and a belief that justice has been done.

Not only are legal needs often a component of the family challenges or family problems that multidisciplinary service delivery teams address, but also the legal needs cannot be separated from the other needs of the family. This means that in some instances it is deeply problematic to respond to the legal need without also addressing those other needs. John McCamus, Chair of Legal Aid Ontario, notes, “We recognize that we need to come up with ideas that will help both the legal and social service communities work more effectively together, with existing resources.”²²

FLICs and Community Legal Clinics

There exist at present in Ontario two very important publicly funded and accessible networks – community legal clinics and Family Law Information Centres -- that provide legal services for families in Ontario. There are 80 community legal clinics, including 17 specialty clinics, funded by Legal Aid Ontario. These clinics are designed to provide low-income individuals in Ontario with high quality legal aid services in a cost-effective and efficient manner. There are 68 Family Law Information Centres (FLICs) housed in courthouses across the province of Ontario. FLICs provide individuals, regardless of income, with pamphlets and publications on family law concerns in Ontario, legal services, the court process and paperwork, as well as linking them to resources in the community. Various required forms are also readily available in all FLICs. Some FLICs also have advice lawyers available for low income individuals to provide referral services for mediation and other forms of alternative dispute resolution as well as legal information.

Many of the professionals on multidisciplinary family services teams told us that they have recommended to families with identified legal needs that they go to local community legal clinics for help. The general view of these legal clinics by non-legal professionals was very positive. There are, however, several features about these referrals that should be noted:

- Because the community legal clinics are available only for individuals with low incomes, they are unable to service all families in Ontario.
- The community legal clinics are not part of the interdisciplinary family services teams, which means that in practice the team does not follow up the recommendations they make. Indeed, it is extremely doubtful that any community legal clinic would even reveal that a particular individual had made contact with them.
- Community legal clinics do not operate everywhere in Ontario.
- Perhaps most importantly, there is a clear sense that the kind of help that community legal clinics offer is unlikely to be especially proactive and effective at preventing conflict.

It is imagined that whatever legal services might be provided through a multidisciplinary family services delivery team, these services should be viewed as complimentary to the ones provided by community legal services.

A similar point can be made about the Family Law Information Centres. Very few family service professionals we spoke with steered their clients to the FLIC in their community for help. Several different reasons were given for this:

- The most common reason was a perception that clients would be uncomfortable with entering a courthouse, which is where FLICs are based. For many, this is because of their unease with having to pass through high levels of security as you walk in through the front doors of the courthouse. For others, this is because of apprehension about the justice system. Others living in smaller cities report unease about the public visibility of going into the courthouse. For others still, it is because they did not view their issue as significant enough to bring to a courthouse setting.²³
- Another reason given to us was that introducing a client to a FLIC entailed escalating the issue and “buying into” an adversarial approach. In other words, they questioned how proactive this measure is.
- Others questioned the usefulness of the services provided by the FLIC to meet the particular needs of their client.
- One individual, representing a women’s shelter in a smaller city, reported to us her staff had been physically assaulted twice by the abusive spouse of the woman they were accompanying in the parking lot of the FLIC. Since then, they have stopped recommending to clients that they should go to the FLIC.

Like with community legal clinics, the legal services that might be provided through a multidisciplinary family services delivery team can be viewed as complimentary to the ones provided by the FLIC in the community. FLICs are now being envisioned as the formal entry point for families into the family courts.²⁴ They are designed to meet the needs of families who anticipate becoming part of the court system. Many families with

legal needs are unlikely to require the courts to meet their needs and for this reason it makes sense to have different access points for other legal services.

Community legal clinics and FLICs are clearly a very valuable part of the family justice system in Ontario today. What distinguishes them from other family service providers, however, is that their primary orientation is in the provision of legal services. They are not, in other words, multidisciplinary family service providers. Other family service providers in Ontario are aware of the specialized legal services offered by community legal clinics and FLICs and refer their users to them, especially in situations where the needs of the user are for more than low-level legal services. From a resource perspective, community legal clinics and FLICs have a concentration of professionals able to provide low-level legal services. The concluding chapter considers the promising practice of using advanced information technology to make these legal professionals virtually accessible to users of other family service agencies located in physical spaces other than the offices of community legal clinics and FLICs.

Examples of Multidisciplinary Family Services with Integrated Legal Services

There already exist in Ontario a number of multidisciplinary family services teams that integrate to some degree legal services into their delivery model. Five of these are briefly described below. Unlike community legal clinics and FLICs, all provide a lot more in terms of family services than just legal services. By reflecting on the experiences of these teams as well as through a review of developments in other

jurisdictions, we gain some insight into promising practices for integrating legal professionals into multidisciplinary family services delivery models.

The Family Violence Project of Waterloo Region²⁵

The Family Violence Project of Waterloo Region is housed in the Mosaic Counselling and Family Services Centre, which is located in a stunning new building in an older neighbourhood in downtown Kitchener. The large red brick building is aesthetically pleasing and inviting. As you enter the building it has a very warm welcoming atmosphere. The main reception area helps visitors to the centre get directions to where they need to go depending on what type of service they are seeking. It provides multiple access points to services in an atmosphere of anonymity. There is a waiting room and quiet area that proudly displays a column with donor acknowledgments. The richness of this environment can be seen throughout the building.

The Family Violence Project of Waterloo Region was launched in March 2006. The project is dedicated to domestic violence intervention and prevention through the provision of a range of comprehensive services to individuals where domestic violence is the reason for the child welfare response. The project values a collaborative multidisciplinary service approach when working with families and other service agencies. At its core is a partnership between different agencies that work together to support and empower victims and their families by providing access to a number of services all located in one place.

Mosaic Counselling and Family Services is one of the partners involved in the Family Violence Project of Waterloo Region. Mosaic is a professional counselling agency that is committed to providing a seamless delivery of services to help children and families. It provides individual counselling, group programs, and community outreach to all individuals at a one-stop access point. Mosaic offers a wide range of counselling and support services to help people find solutions to deal with life's challenges and opportunities. The building houses a variety of services that include: Counselling Services; Pathways to Education; Community Outreach Programs; Credit Counselling; Immigrant Outreach; Family and Children's Services; Children's Group Room and Interview Area; Children's Play Therapy Room; Community Action Programme for Children (CAPC); Family Violence Project; Waterloo Region Sexual Assault/Domestic Violence Treatment Centre; Women's Crisis Services Outreach Centre; Waterloo Region Police Domestic Violence Investigation Unit; Domestic Violence Crown Attorney; Victim Services Unit; Victim/Witness Assistance Program; Elder Abuse Response Unit; Community Care Access Centre; and the Mosaic Workplace Program.

The team of professionals in the Family Violence Project of Waterloo Region includes intake workers, family service workers and counsellors who compose the domestic violence team. There is also a Crown Attorney with specialized domestic violence training. The team works together to ensure that the safety and needs of domestic assault victims and their children are given top priority. The Victim/Witness Assistance Program provides information and assistance throughout the court process to victims and witnesses of serious crimes in order to help them understand and

participate in the criminal justice system. Referrals for the program are received from the Crown, Police or the victims themselves. Clients can request interviews with multiple services on-site at the same time to prevent inconsistencies and make information sharing on the part of the client less stressful. The Crown Attorney in the Project also sometimes advises victims of domestic violence to explore alternatives to the courts.²⁶

An important partner in the Project is the Waterloo Regional Police Service's Domestic Violence Investigations Branch, which has a team of detectives who investigate incidences of domestic violence. The Sexual Assault/Domestic Violence Treatment Centre is a regional program that provides emotional support, counseling, medical examinations and a collection of forensic evidence to victims of assault. The Victims Services Unit is a police-based program that is staffed by civilians. They help people deal with victimization or tragic circumstances by providing emotional support and information regarding community resources, the Criminal Justice System and court processes. These are just some of the co-located partners of the Project. The programs and services provided by the Project continue to expand.

On April 21st, 2010, the Ontario Attorney General's Victim Services Awards of Distinction honoured the Waterloo Region Family Violence Project as an innovative model for hosting 14 agencies and services with 130 professionals seeking greater collaboration and coordination in victim services.²⁷

LAMP Community Health Centre²⁸

LAMP Community Health Centre (LAMP CHC) is a multi-service, community based, non-profit, charitable organization housed in Etobicoke in the west end of Toronto. Since 1976, the centre has been providing a wide range of programs and services that reflect the needs of their local communities. The centre offers a collaborative integrated approach to health and personal well-being. Health professionals work as a team to link clients to medical services and other programs that they need. Social, community and recreational programs are available for children and their families, especially those who face barriers when trying to access services. LAMP CHC partners with other agencies and charitable organizations in order to ensure all the needs of the community are met. Its mission statement says:

LAMP C.H.C. uses a multi-disciplinary approach to health and well being. A range of services are offered through an integrated approach to wellness which links clients to the programs they need to maintain good health. This could include counselling, access to food, help with housing issues, joining a social group, literacy or information on income support...We are committed to helping everyone in our community get access to the resources and supports they need.²⁹

Since 1976, LAMP CHC has strived to improve the quality of life of its clients so they can reach their full potential by addressing new and emerging community needs, providing health care services, community programs and advocacy initiatives. Inclusiveness is the core value at the LAMP CHC centre. They believe that people from diverse backgrounds and perspectives should be valued and respected, and that they have the right to live in a healthy community. Everyone also has a right to contribute to and be helped by their community, and have access to the resources they need. It's understood that some clients have greater needs and fewer choices so they require more support.

As part of the public health care system, LAMP CHC provides a range of services including: Medical Services: Diabetes Education, Support and Counseling; Dental Clinic; Naturopathic Clinic; Occupational Health; Healthy Sex Clinic; Foot Clinic; and Nutrition Counselling and Services. LAMP CHC also supports families with Early Years Services. On site there is an Ontario Early Years Centre. This centre provides programs, information, and resources for children up to six years old, their families and caregivers. This drop-in program is free and is a place where adults and children can play together and meet other families living in the community. The Ontario Early Years Centre is fully integrated into LAMP CHC. The professionals in different agencies with LAMP CHC go into the centre and provide outreach to the parents and caregivers. Scheduled activities for young parents include: pregnant teenagers; prenatal classes; nutrition support; parenting classes; parenting programs for dads; and specialized programs for infants, toddlers, and preschoolers including early learning, numeracy and literacy, are available. Other activities for young people include the Preschool Speech and Language Program, Equally Healthy Kids Program, Street Level Youth Centre, Youth Assembly and Rathburn Area Youth.

The ASK! Community Information Centre provides families and individuals with a range of support and services in a variety of languages.³⁰ These services include: Community Information, Referral and Support; Immigrant Settlement and Refugee Support for newcomers to Canada; Free Legal Information and Advice Clinic; Commissioner for Taking Affidavits; Government Form Filling and Income Tax Clinics for individuals and families on a low income; Community Computer and Internet Access Program; Ontario Works Advice Clinic; Social Work Program/ Counselling Services;

Infant Food Program; Lakeshore Adult Learning Program that helps adults improve their reading and writing; Among Friends assists people with mental health challenges; and Adult Drop-in and Out of the Cold Program for homeless people. A number of services are available by phone or on a drop in basis and others are only available by appointment. By providing these services LAMP CHC addresses their clients needs, improve their health and open up opportunities for a brighter future.

The Free Legal Information and Advice Clinic is run by a lawyer who volunteers his time one day a week. He provides information related to consumer matters, notarization/affidavits, minor criminal offences, family/matrimonial law, wills/estates, power of attorney, property matters, landlord/tenant agreements, court/litigation matters, commercial matters and general legal matters. He can also provide information or referrals to other legal services and clinics in the community. This service is offered in three languages by appointment only. The demand for this clinic is already so great that LAMP CHC does not advertise its operation beyond notices in their main entrance.

The Hincks-Dellcrest Centre³¹

The Hincks-Dellcrest Centre is a non-profit, multi-disciplinary mental health centre for children and their families in Toronto. It offers a comprehensive range of services to treat children with a variety of mental health problems. The Hincks-Dellcrest Centre was formed in 1998 when C.C. Hincks Treatment Centre and the Dellcrest Children's Centre amalgamated. Each year more than 8000 children and their families are helped through a variety of programs at the two Hincks-Dellcrest Centre locations. Treatment is tailored to each individual child's needs and can involve a number of

different professionals including psychiatrists, social workers, early childhood educators, child and youth workers and psychologists who are co-located at the centre. They also work directly in the local neighbourhoods offering prevention and early intervention programs. The Hincks-Dellcrest Centre also conducts primary research and provides education and training for more than 3000 clinicians and managers each year.

Services at the Hincks-Dellcrest Centre are influenced by the respect they have for the dignity of all people and the responsibility they feel to provide the maximum benefit to the clients they serve as the community as a whole. They value being responsive and accountable to the community; the need for their services to be personalized and holistic; that clients be involved in the service decisions; and respecting diversity within the community. The founding philosophy includes the following two values:

- Continuity of Care. The importance of receiving services that are well planned, coordinated, and integrated.
- No infant, child, or youth exists in isolation; therefore, to prevent or overcome mental health problems, services need to work and collaborate with relevant family, school, and community systems.³²

As you enter the Hincks-Dellcrest Centre at the Sheppard Site, you turn left and go into the reception office to let the staff know that you have arrived. The office is spacious and bright and it looks into a much larger waiting area. The waiting room has a tall ceiling, with lots of comfortable seating and small tables and chairs for children to sit at and draw, read a book and so on. The walls are filled with information about the centre, colourful pictures that talk about bullying and words to promote self-esteem. It is

here that visitors wait until a staff member comes to greet them and take them to the appropriate service provider.

The centre has three streams of service for children and their families:³³

- mental health prevention and early intervention programs;
- voluntary treatment programs;
- mandated programs.

The first stream of service focuses on prevention and early intervention programs for infants, preschoolers and school-age children. The services are designed to prevent problems occurring and from increasing in intensity and frequency. Some of these services are offered within the school system. These programs include: Family Support Network; Children's Caravan, Ontario Early Years Centre; Building Brighter Futures (CAPC) and the Prenatal Nutrition Project; Healthy Babies Healthy Children; Child-Focused Consultation and Training; Specialized Children's Groups; Peer Mediation Training; and Parent Education Presentations. Parents enrol in these programs without going through the formal intake process.

The Ontario Early Years Centre at Hincks-Dellcrest offers a variety of programs for young children including: Early Learning Activities and Literacy Programs; Parent/Caregiver Workshops and Resources; Programs for Families with Special Needs Children; and Pre/Postnatal Resource and Information. Some parents who are participating in the parenting workshops are fulfilling court mandated requirements. Staff reported to us that although some of the families who participate in their programs

clearly have legal needs, at present the Early Years Centre offers no programs that address these needs.

Prevention and Early Intervention Programs provide outreach to children and their families, through community-based services and home visits, which increase their knowledge, skills and sense of community. These programs benefit children, their families, and the community in a variety of ways including: improved cognitive, physical and social development in children; more success in school; more prosocial attitudes and skills in children and adolescence; less delinquency in adolescence; less stress within the family and community; improved parenting and less child abuse and neglect. These services are also cost-effective. For every dollar spent on these services, seven dollars are saved in future social and health care costs. They reduce short-term health care costs for children and long-term for children and their families.

The second stream of service focuses on Voluntary Treatment Programs. Parents must go through the formal intake process, through the Intake Coordinator, in order to access these programs. Once a parent makes contact with the Intake Coordinator, a decision is made to determine if the request is part of their mandate and the family lives in the catchment area. If it is not, the family is referred to another resource. The Community Treatment Program provides outpatient counselling and treatment services for children and youth up to age 17 who have mental health problems or have behavioural, social or emotional issues. Family, individual and group therapy as well as training in child management services are available. The waiting list is 1 to 10 months and sessions with the family average one session per week or twice

monthly. Approximately 850 families are seen by seven direct-service staff, on-site, each year for an average of six months.

The Day Treatment Program services children and youth who have a chronic emotional disturbance that affects their daily lives. These difficulties manifest themselves in the school setting and require more intensive treatment that cannot be delivered in an outpatient basis. A specialized school program, family, individual and group therapy are provided for children that need more intensive treatment than can be provided on an outpatient basis. The wait for placement is between 2 and 9 months. Program staff may begin to work with the family until the child is placed in the program. Six direct-service staff and four teachers from the Toronto District School Board work with 24 children in the program at a time. Staff work with the families after the treatment on average 18 months helping to support the child's transition back into their community school setting. This assistance also includes helping the family connect with community resources to help maintain or enhance gains the child has made. Residential Treatment Programs are provided off-site for seriously emotionally disturbed children and youth when family and community-based treatment has been tried and is not sufficient to meet their needs. It is a safe and therapeutic setting for children and youth who cannot manage at home, at school and in the community.

The third stream of service focuses on Mandated Treatment Programs for Youth. An Open Custody/Open Detention Residence is provided off-site for male youths convicted under the Youth Criminal Justice Act who may have significant mental health needs. Youths aged 12 to 17 years are sentenced to a defined period. They provide a day program, aftercare counselling and consultation services to other agencies.

Admission is not voluntary and is determined by the Ministry of Children and Youth Services. Each youth is required to go to school, have a job or be receiving job training while in the program. The length of stay is determined by the Youth Court. This residence along with the Day Program and Youth Assessment Program is serviced by 20 staff.

The Hincks-Dellcrest Centre provides very few legal services directly. When a pressing need arises, they mostly refer clients to community legal clinics. In practice, however, many of their clients with serious legal needs already have legal representation. What was evident is that although the staff could see that their clients (and indeed staff) would benefit from low-level legal services such as legal information, legal consultation, and informal community dispute resolution, there is a very genuine concern that layering on legal services is not a good fit to their multidisciplinary model because they see legal professionals as adversarial and likely to function in ways that are contrary to the best interests of the children they serve.

North Renfrew Family Services³⁴

North Renfrew Family Services (NRFS) is housed in the Deep River and District Hospital, which is located in the town of Deep River on the Ottawa River in scenic northern Ontario. Since 1968, this non-profit community-based agency has provided counselling to families and individuals in the North Renfrew area. North Renfrew is a large geographical area that extends from Chalk River to Deux Rivieres. NRFS responds to families and individuals who are in crises, treating them with respect and building on their strengths. The NRFS mission is:

- To provide a counselling and referral service for individuals and families of North Renfrew seeking to enhance their personal growth and strengthen their family life.
- To assist the community to respond to the changing social needs.³⁵

NRFS has a three person staff, which includes an executive director/counsellor, an intake manager, and a family counsellor.

NRFS responds to a wide range of family and individual needs and circumstances through counselling and group programs. The counselling provided includes crisis intervention, advocacy, education and referrals. Clients are given advice on issues such as anger management, depression, financial difficulties, parenting and divorce responsibilities. NRFS has a large selection of information and resource material that is available to all members of the community. Programs are provided at minimal cost or are free and no client is denied a service if they are not able to pay. They strive to provide services and programs that are innovative, accessible and affordable to all members of the community.

In 2009, the North Renfrew Family Health Team co-located with NRFS and they have begun to work collaboratively together. NRFS has developed over the past 5 years collaboration agreements with other outside organizations to address family and individual needs and issues. Their partners include: Women's Shelter and Support Services; Renfrew County Legal Clinic; Community Mental Health; Family and Children's Services of Renfrew County; Deep River Police Services; Renfrew County Legal Aid; Employee Assistance Service; Child Poverty Action Network; Living Without Violence Incorporated; and Probation and Parole Services. NRFS helps locate resources for families, individuals and other professionals in the community.

Many of the individuals and families who utilize NRFS have legal needs. It often functions as a bridge to its numerous partners who provide legal services, in particular, the Renfrew County Legal Clinic and Renfrew County Legal Aid. NRFS frequently refers its clients to both the legal clinic and legal aid; this includes scheduling appointments. In practice, the NRFS staff often support their clients by preparing them for appearances in criminal and family court. This preparation focuses on providing them with information in order to prevent their clients from being blind-sided by the legal process. For many of their other clients, the issues revolve around disputes over disability benefits and rental housing. The staff regularly provide information, advice and guidance in the completion of forms that are necessary to resolve these disputes. In some instances, staff will accompany clients to tribunal meetings for social benefits or housing. Although NRFS benefits from some local professionals who volunteer their time and services free of charge, no local lawyers in private practice are among these professionals.

As a provider of family services in northern Ontario, NRFS faces some challenges that are especially pervasive in that part of the province. Geography in particular presents itself as a major challenge for NRFS. The area it services is huge. The professionals who provide family services in Renfrew County are spread out. Often, NRFS clients are referred to partners 45 minutes drive away. Transportation between services is a significant barrier to access. Throughout northern Ontario, there has been a gradual disintegration of public transportation, in particular the railways but also bus service. Often, users of NRFS cannot afford to own or operate cars. The operating budget of NRFS does not have the flexibility to provide transportation grants

to individuals. At present, NRFS does not have the information technology resources to develop virtual connections between providers along the lines that are discussed in Chapter Five below.

Durham DRIVEN³⁶

Durham Regions's Intimate-Relationship Violence Empowerment Network (Durham DRIVEN) is a community-based initiative that provides victims of domestic violence with access to free co-located services. This one-stop service model makes it more efficient for the client. The agencies involved in the project have been working together since the fall of 2005. Durham DRIVEN is currently located in the Durham Children's Aid Society in Oshawa. It officially opened in the spring of 2009. The site is donated and they share their space with a health clinic. They are open every Monday, appointments can be made but walk-ins are welcome. The clinic has a very warm and welcoming atmosphere. There are large marine tanks filled with colourful fish throughout the building, and paintings of large fish and underwater life on several of the blue walls. The environment promotes a feeling of comfort and security for people who are vulnerable and need support. Durham DRIVEN's goal is to acquire their own building so that they can expand their services, further empower their clients, and hold abusers accountable for what they have done. Women feel empowered because other people believe them.

Durham DRIVEN is guided in its operations by three principles:

- *Collaboration*
No one agency can meet all the needs of a person dealing with intimate relationship violence. It takes a community to maximize the welfare and safety of each member.
- *Choices and Options*
A client's right to direct their service and choose which agencies will and will not be involved, will be respected.
- *Confidentiality*
Information will not be shared amongst colocated agencies without the specific consent of the individual client.³⁷

When entering Durham DRIVEN, a staff member meets with the client and asks her questions to determine what kind of help she needs. Men are referred to an appropriate community resource. The client is told what kind of services and supports are available on-site. It is the client's choice to meet with as many agencies as she would like to. Arrangements are made to meet with each of the agencies that day. The client also completes a consent-to-share-information form, indicating which agencies she would like her information to be shared with. Follow-up meetings with agency partners can also be arranged to continue the support that is being offered to the client. While the client is talking with the agencies, childcare is available for the children.

Agencies that are currently on-site include: Bethesda House Shelter and Outreach Support Services; Catholic Family Services; Domestic Violence/Sexual Assault Care Centre; Durham Children's Aid Society; Durham College Women's Centre; Durham Regional Police Services and Family Services Durham. Women come to the clinic if they need counselling, medical attention, access to a lawyer, police involvement, a safety plan, admission to a shelter, help managing financial difficulties, help finding a place to live, or advice from the Children's Aid Society. Durham DIRECT also has the

technological capacity to provide some services remotely via video-streaming, Skype, or some other internet linkage.

Legal information is provided at Durham DRIVEN by a local lawyer who is on-site every Monday and volunteers her time. The information she is asked for by clients is wide ranging but predominantly revolves around issues of family law. Typical questions are about child custody, the sale of the family home, how restraining orders work, and what will happen and next steps. Her services are requested by about 80% of the clinic's clients, making it one of the most requested services provided by Durham DRIVEN.

Imagining New Directions in Ontario

Five multidisciplinary family services delivery teams currently operating in Ontario have just been briefly described. All five of these teams integrate some form of low-level legal services for families as an add-on to the other services they provide families. They all offer insight into some promising practices for developing multidisciplinary delivery models that integrate legal services. These will be examined in subsequent chapters. Before turning there, however, consider how existing community health centres, family counselling centres, and the proposed Best Start Child and Family Centres in Ontario could be feasibly adapted to integrate low-level legal services. All offer promising ways to facilitate informal points of access to the resources of the family justice system in pursuit of the vision of multidisciplinary paths to family justice in Ontario. All also provide that at the point of entry, their services are free or very

affordable, which is important because the persons who can least afford to pay fees for family justice services are often the ones most in need of the services in Ontario.

In the previous chapter, we saw that community health centres have been pioneers in the establishment of multidisciplinary family services in Ontario. LAMP CHC in Toronto was among those pioneers and has already integrated a measure of legal services into their delivery model. But their existing legal services do not match the level of need in their community. With more resources and secure funding LAMP CHC could readily layer on more legal services. It is easy to imagine the 73 other community health centres across the province following the example of LAMP CHC, if they do not already. All share a broad definition of health and the corresponding range of needs including legal needs that should be met in order to fulfill their mission. Community health centres already have a co-located space where diverse professionals delivery family services through a multidisciplinary model. With a commitment of resources and dedicated funds to support low-level legal services, all of the community health centres could feasibly layer on these family services to the services and programs they already provide. Indeed, in our discussions with community health centre staff and management, it was clear that given constant changes in funding they are used to being flexible about adding and taking away programs, especially ones that while important are not at the very core of their delivery model – in this case, primary health care for low income individuals and their families.

Family counselling centres across the province can similarly integrate low level legal services into their multidisciplinary service models. This is well illustrated with the Mosaic Counselling and Family Services in Kitchener, which houses the Domestic

Violence Project of Waterloo Region, and Durham DRIVEN. Other family counselling services across the province also have domestic violence programs in place.

It is also very important to note that the model of family counselling centres in Ontario has been very effective at adapting to the needs of Aboriginal peoples. They are capable of providing a service model that is culture based and respects the values of Native people, their extended families, and the right to self-determination of its users. Centres such as the Native Child and Family Services of Toronto provides a range of programs including Aboriginal Head Start, Kilwednong Child Care, Children's Mental Health and Family Well Being, Youth Program, Transitional Housing, Outreach, and an Ontario Early Years Centre.

We have also seen how the Early Learning Initiative in Ontario is anticipating the establishment of Best Start Child and Family Centres across the province. These new centres would be developed by re-engineering existing childcare, family resource, and early intervention services like the Ontario Early Years Centres.³⁸ By merging the programs under one administration, these new centres will be able to offer a one-stop opportunity to support young children's development. Integrated services would not have to be located in the same place but they need to be part of an organization that responds to the needs of children and their families. In order to support children's transition into the Early Learning Program the Best Start Child and Family Centre should be located in schools. Other locations would be partnered with a school.

These Best Start Child and Family Centres are to be linked to community resources such as libraries, recreation and community centres, health services, family

counselling, employment training, settlement services, and housing. The suggestion is that community family legal services be added to this package. The same logic that applies to adding these other resources supports this extension. The question is how this might be implemented. In practice, like the community health centres, some of which already house Ontario Early Years Centres, the Best Start Child and Family Centres should approach the issue of implementation through a series of programs, adding a legal information component to some of existing programs such as parenting courses and innovating in other ways such as the way that the four programs described above have done.

One clear limitation with community health centres, family counselling centres, and future Best Start Child and Family Centres is that they are largely based in larger urban settings. What can be done for families living in more remote communities in Ontario? These types of centres all have the potential to address partially this difficulty. A feature of their delivery models is the use of satellite locations – although they have a primary location, they have the ready capacity to utilize satellite locations in more remote communities to deliver some services. It is also feasible to utilize web technology – web conferencing, Skype, etc. – to bridge the geographical gaps between the primary location of these centres and remote communities. (This is discussed in more detailed in Chapter Five.) These centres, because of their multidisciplinary nature, rely heavily on a staff member who is well experienced with coordinating services. It is not unrealistic to think that the sort of coordination that remote communities may require in terms of effective satellite locations or the utilization of

technology is much more feasible when a designated multidisciplinary service team coordinator is constitutive of the service delivery models at these centres.

The proposal that legal services be integrated into a health care delivery model in Ontario is consistent with developments in other jurisdictions. It has long been recognized that health care settings are good sites for this sort of integration.³⁹ Aside from the other reasons already mentioned in this chapter and the previous one for multidisciplinary service providers, health care centres are especially effective because health care providers are well trusted by their patients and this trust has been found to be transferred to legal service providers who work with them collaboratively.⁴⁰ This finding was supported by our discussions at LAMP CHC. The much more innovative dimension of the proposal is to also utilize family counselling centres and early learning centres. We suspect that families also trust the providers of early learning services for their children and something akin to the transfer of trust from health care providers will also occur in these settings. The same point can be made about family counselling centres.

Conclusion

This chapter has sought to describe selectively some of the ways in Ontario that multidisciplinary teams of professionals provide family services and have integrated low-level informal legal services into their delivery models in order to meet the needs of the families they serve. It has also offered some scenarios for the replication of these models in the context of community health centres, family counselling services, and the early learning initiative. These scenarios provide some insight into the policy vehicles

that might be utilized to realize the vision of multidisciplinary paths to family justice in Ontario.

CHAPTER FOUR

PROFESSIONAL CHALLENGES FOR MULTIDISCIPLINARY PATHS TO FAMILY JUSTICE

Introduction

This chapter catalogues some of the challenges that are present when professionals collaborate together to forge multidisciplinary paths to family justice. Many of the challenges identified here are characteristic of any multidisciplinary family service model, regardless of whether or not it includes low-level legal services. They reflect the dynamics of bringing together persons with diverse educations and training to collaborate on a team of professionals. Some of the challenges, however, arise only when legal services are integrated into the multidisciplinary family service model. The vision of multidisciplinary paths to family justice imagines approaching the legal dimensions of family problems in a different way than is prevalent in Ontario today. By identifying the challenges and difficulties that professionals can face when they try

something different – when they collaborate with other professionals to delivery multidisciplinary family services – the vision of multidisciplinary paths to family justice becomes more robust and its potential more visible. Promising practices that are effective for meeting these challenges are discussed in the next chapter.

Differing Professional Rules of Conduct and Codes of Ethics

Each profession in Ontario is regulated by its own professional rules of conduct and code of ethics. Some of the professional bodies such as the Law Society of Upper Canada and the Ontario College of Physicians and Surgeons have a long history of professional regulations in the province whereas others such as the Ontario College of Teachers and the Ontario College of Nurses were established much more recently. Some professional bodies have powerful instruments to discipline its members for violations of its rules whereas others do not. Health care professionals such as physicians and nurses are not only licensed by their respective colleges but represented collectively through associations, the Ontario Medical Association and the Ontario Nurses' Association, respectively.

The existence of different professional bodies and corresponding differing professional rules of conduct and codes of ethics signals that when different professionals collaborate, team members may be guided not just by the rules of the service delivery organization but also by rules of their profession. In other words, professionals on a multidisciplinary family service team are accountable not just to each other but also to different communities of professionals. Professionals might be concerned not just about sanctions by their employer but also by their profession.

Some of these professional bodies and associations have in the past obstructed the establishment of multidisciplinary delivery of services. The Ontario Medical Association, for example, challenged in the 1970s efforts to bring community health centres to Ontario on the grounds that they involved a practice of medicine that threatened the doctor-patient relationship both with regard to patient confidentiality and payment for service.⁴¹ More recently, the Ontario College of Physicians and Surgeons resisted the establishment of nurse practitioners but eventually conceded in May 2003, stating its position in the following way:

The College of Physicians and Surgeons of Ontario recognizes that our health care system is changing; in order to better meet patient needs, health care has evolved such that delivery of care no longer takes place through exclusive domains of practice but through multidisciplinary teams. The creation of an Extended Class of Registered Nurses (nurse practitioners) is an example of how the roles of health professionals are changing and complementing one another...We are committed to fostering a collaborative relationship built on trust and mutual respect with our colleagues in the nursing profession and we look forward to working together in the interests of the people of Ontario.⁴²

This statement provides some guidance for physicians collaborating with nurses, but of course gives little direction for more extensive multidisciplinary health care teams such as what exists in community health centres across the province.

The Law Society of Upper Canada has also had a difficult history of adjusting to changes to legal practice in Ontario. It did, for example, press numerous objections to the establishment of the first community legal services clinic in Ontario in 1971, Parkdale Community Legal Services, on the grounds that it contravened professional regulations around articling, advertising, and fees.⁴³

It is clear that in multidisciplinary family services, some professionals are asked by users to provide services that are outside their professional responsibilities. A good example of this is a nurse who has the task of collecting physical evidence from a victim of domestic violence. The client will often ask the nurse for counselling or to provide legal information. For the client, the rigorous distinction between professions may be less than clear. And the nurse, because she has worked collaboratively with social workers or legal professionals, may be able to competently answer the client's questions.

Tensions between different professions also may be evident when a family is being provided with services. Some professions are oriented towards having an individual client. Some professionals such as teachers providing services to children are clear that their client is always the child. The family provides the context for the life of the child but their responsibilities are to the child. Social workers in programs focused on domestic violence see their responsibility primarily to the victim and responsibilities to other family members as secondary. Other professionals such as crown attorneys or the police are oriented toward determining if a crime has been committed and securing a conviction as opposed to representing a client.

Lack of Guidance From Professional Rules of Conduct

For most professions, professional rules of conduct are, in theory, intended to guide practitioners. However, in practice, in Ontario, most professional bodies including the Law Society of Upper Canada have few if any rules or principles that might guide

professionals, should they be a member of a multidisciplinary team providing family services.

In the United States, the American Bar Association in association with a number of state bars established in 1998 the Commission on Multidisciplinary Practice to identify principles for the regulation of lawyers in these practices. Ultimately, after two years, the Commission's recommendations focused on legal fees and ownership of law firms. It endorsed the following principle:

The sharing of legal fees with non-lawyers and the ownership and control of the practice of law by nonlawyers are inconsistent with the core values of the legal profession.⁴⁴

Based on this principle, the American Bar Association adopted the following resolution:

the American Bar Association recommends that in jurisdictions that permit lawyers and law firms to own and operate nonlegal businesses, no nonlawyer or nonlegal entity involved in the provision of such services should own or control the practice of law by a lawyer or law firm or otherwise be permitted to direct or regulate the professional judgment of the lawyer or law firm in rendering legal services to any person.⁴⁵

This clearly provides little guidance to lawyers for the interaction that occurs between professionals in a multidisciplinary family service delivery team.

During the same time period, in June 1999, the Law Society of Upper Canada (LSUC) also established the Multi-Disciplinary Practice Task Force to study, "the provision of legal services to clients through law practices affiliated with professional services or accounting firms."⁴⁶ The issues of confidentiality, ethical cohesiveness and liability were at the centre of the Task Force's mandate.⁴⁷ In June 2009, the LSUC amended its professional rules of conduct with regard to lawyers participating in multidisciplinary teams of professionals:

6.10 RESPONSIBILITY IN MULTI-DISCIPLINE PRACTICES

6.10 A lawyer in a multi-discipline practice shall ensure that non-licensed partners and associates comply with these rules and all ethical principles that govern a lawyer in the discharge of his or her professional obligations.⁴⁸

The LSUC has not yet provided any commentary to guide the interpretation of this new rule. The reality is that over the past two decades, serious attention has only been paid to the implications for professional rules of conduct of multidisciplinary practices involving lawyers and accountants.⁴⁹

The general point is that although in Ontario there is now a rule for multi-discipline legal practices, it provides little guidance for the real challenges that face lawyers when working in multidisciplinary professional teams designed to address problems facing families in Ontario. It is interesting to note that in two of the examples discussed in the previous chapter where users had access to a lawyer on-site – at LAMP CHC and Durham DRIVEN – both lawyers provided this service on voluntary basis. The lawyers were not paid any sort of legal fee for the service. Nor did the lawyers retain others to help to provide this service. This avoided the sorts of difficulties with conduct that underpin both the recent amendments to its rules of professional conduct by the Law Society of Upper Canada as well as the American Bar Association.

Perhaps in the evolving commentary on Rule 6.10, the Law Society will begin to address the challenges of multidisciplinary family justice delivery models. The importance of this may be reinforced by the fact that the Law Society's Access to Justice Committee has embraced, "the view that multidisciplinary clinics that provide legal, social and health services under one roof, should be the way of the future."⁵⁰

In the health care professions in Ontario, guidance about collaboration comes principally from The Health Professions Regulatory Advisory Council (HPRAC). HPRAC, like professional bodies such as the Ontario College of Physicians and Surgeons, focuses however largely on collaboration among health care workers and offers little in terms of guidance for collaborating with lawyers, social workers, and teachers.⁵¹

Legal Cultures versus Caring Professions

It is also clear that there are differences in the cultures of particular professions. Professionals from the so-called caring professions such as medicine, teaching, nursing, and social work reported to us unease with how well their professional culture fitted with legal culture. From the perspective of these caring professionals, legal culture revolves around being combative and not trusting others including both users and other professionals. Lawyers are trained to be adversarial and sceptical of the judgements of others. This makes it difficult for these legal professionals to work collaboratively with others. For some in the caring professions, the rigorous separation of the family and criminal courts, which is largely unquestioned in legal culture, is a major source of frustration and puzzlement. In particular, the lack of information sharing between the courts is incomprehensible to many.

Some people expressed concern that making legal services available to their clients, instead of helping them, will make them worse off. In particular, they worry that involving lawyers and others providing legal services risks escalating conflict within families that are already in crisis. They don't want to see parents seeking legal opinions

about treatment or education programs for their children that the caring professionals believe is in the best interests of the child.⁵² The challenge in their view is striking a balance between providing families with legal information and not obstructing the best interests of the child. The point is to provide low-level legal services in a manner that comes across as educational rather than threatening. Others in caring professions viewed their approach to family problems as a “slow” process that didn’t solve problems with long histories overnight whereas legal professionals seemed to prefer “fast” quick-fix solutions. Despite the differences between legal culture and the caring professions, this is not reflected in differences over dispute resolution mechanisms. For proactive address to family challenges or family problems, only community mediation and other informal approaches were entertained.

Differing Professional Perspectives and Priorities

Differences between professional perspectives and priorities create challenges as well. This is especially evident in the views on client empowerment in family services. For social workers, client empowerment is at the centre of an effective family services model. What is important is that the client feels in control of the process and he or she makes decisions about what to disclose to counsellors, what to report to authorities, and when to move forward. In the case of reporting domestic violence, for example, counsellors are likely to emphasize that the victim should make his or her own decisions about how to respond. The police and medical professionals are often seen by these counsellors as putting pressure on the victim to report the violence to the

police and move forward with a complaint. The use of language like “You deserve...” is seen as a form of badgering the victim and provokes responses from the social worker.

Similarly, police are tasked with gathering evidence to determine if a crime has been committed. Their questioning of a victim often comes across to the social worker as doubting the truth-telling of the victim and being sceptical of their story. Police often respond by not wanting a domestic violence counsellor present when taking the victim’s statement. It is worth noting that specialized police investigators seem to have fewer problems with this than uniformed police.

Differing perspectives are also made evident in other ways. Consider the example of a victim of domestic violence is binge drinking. For health care professionals, binge drinking is seen as a health issue with attending concerns about harm and risk. When nurses or doctors relay this to the victim, this is perceived by social workers as a form of victim-blaming and demeaning. From their perspective, binge drinking in this case must be seen as behaviour connected to the crime committed against the victim.

Different partners in collaboration bring with them their own preconceived ideas, attitudes, traditions, and beliefs about the collaboration process. Different professions have their own understandings about what precisely it means to collaborate with others. Some professions for example orientate collaboration around a team leader, others approach collaboration as a form of division of labour. These preconceptions can enhance or detract from working together as a team of multidisciplinary professionals.

Differing professional priorities can also be challenging. Those working in domestic violence and children's services seem to give their highest priority to safety and security concerns. With this as their highest priority, they were in general enthusiastic to have police onsite. There were different priorities for professionals providing services directed at marginalized youth. They worried that a police presence would act as a barrier for inclusion. This indicates a serious challenge co-locating programs for victims of domestic violence with programs for marginal youth.

Stratification and Stereotyping Among the Professions

It is quite common to find stereotypes about different professions acting as a barrier to collaboration. The stereotypes we encountered included the following: "defence lawyers are evil", "nurses are anal retentive", "youth workers protect criminals", "crowns view everyone else as window-dressing", and "shelters are run by feminist ideologues". These sorts of stereotypes clearly make it harder for people to work together collaboratively. They reflect a lack of understanding of what other professionals do and why they do it.

Stratification among professions is more subtle. Some professionals are better paid and enjoy greater social status. Most multidisciplinary family service teams are in principle based on equality. But differences in pay and social status make this principle seem to be a mere formality. Yet, it is very difficult to make the equality on any team of different professionals more substantive.

Confidentiality, Privacy and the Duty to Report

Confidentiality, privacy and the duty to report present a complex web of obligations for any multidisciplinary family service model. Different professions have differing norms around the degree of confidentiality that they owe clients. Privacy and confidentiality concerns are especially high for both medical and legal professionals. There also exist different norms about with whom client or patient information can be shared for the purposes of treatment or services. Layered on to this is a duty for some professionals to report suspected physical or sexual abuse of children. Teachers find the duty to report a huge responsibility that can create tensions in their relationships with the child's family.

Health professionals in Ontario utilize a "circle of care" principle to determine with whom they can share information. Ultimately, it is the judgement of the health care professional about who is part of this circle of care. Other professionals utilize consent to share forms that specify with whom information can be shared. This form of specified consent empowers the user. It provides assurances that what he or she says will be private and for this reason facilitates cooperation and disclosure. But it may also block collaboration with other professionals who could provide services that would benefit the user.

Seeing like the Client

A very important challenge is to try to see the diverse services provided through the eyes of the client or user. For many users, the process and the different roles each professional fulfills may be confusing and lacks transparency. Confusion about the duty to report is a good illustration of this challenge. Many parents worry about the

Children's Aid Society (CAS) becoming involved in their case. It is for these parents very important to be clear who among the professionals providing them services has a duty to report suspected cases of child abuse. Interesting, it was found in a survey of users in Peel Region that many users would like the CAS to be on-site with a multidisciplinary family services model so that they can access support from their counsellor.⁵³ There is also a need for users to have a better understanding of what CAS involvement might mean and some of the alternatives that are available to them.⁵⁴ Users also wonder if once a family is on the radar of a child protection agency, the family will be subject to undue levels of scrutiny.

There is a broader point about how clients or users see their legal rights. Rarely do users enter into the family justice system without some ideas about what the law is and what rights they have. Interviews reinforced that many users consult the internet for legal information. Studies in the United States have found that family lawyers often take on a role of shifting the views of clients about what the law is.⁵⁵ The challenging point is that how clients see the law and legal services is dynamic and evolving.

An important dimension of seeing like the client is recognizing the incredible diversity among the clients – this is a point that we have emphasized throughout. An added layer of complexity here are those who have had repeat experiences with family services and the legal system. This is well illustrated by the experiences of homeless youth, many of whom will have had experience with CAS, the police, and criminal courts. Providing effective services for this group is particularly challenging.⁵⁶

Cultural Sensitivity

Providing family services that are culturally sensitive is challenging, no matter what the particular type of delivery model is being utilized. Layering on low-level legal services to a multidisciplinary approach to family services presents some special problems. This is certainly the case for Aboriginal peoples, who have a long history of disadvantage and vulnerability under the law. Marginal youth from certain immigrant communities may likewise have an uneasy relation to the law, which must be considered when delivering multidisciplinary family services. For newcomers to Canada, it might be the difficulty of explaining what the law is, say in the realm of family discipline, in an educational, non-threatening way.

Some service providers also warned us that in some recent immigrant communities, if there is a perception that family service professionals are counselling women about their legal rights, the family service agency will be denied access to make home visits, the women will likely not be allowed to attend programs on-site, and possibly the women will be put at risk. A difficult challenge for service providers making home visits is deciding what to turn a blind eye to.

Challenges of Multiple Diverse Funders

It is unavoidable within a multidisciplinary family service model in Ontario that there are going to be multiple diverse funders. Some of these funders are going to be different levels of government – municipal, provincial, federal – while other funders are going to be non-governmental agencies like the United Way. Two difficult challenges arising from diverse funders should be noted. One challenge is that because of pay

equity legislation in Ontario, multidisciplinary family service providers must ensure that pay is uniform across all programs among professionals providing services of equal value. As the experience at community health centres such as LAMP CHC has shown, this is a very complex exercise. The other challenge is that with diverse funders, funding is frequently episodic and rarely stable. In practice, when funding ends, coordinators of multidisciplinary family service providers must make difficult judgements about which professionals are more valuable and which can be let go.

The Inevitable Limits of Comprehensive Family Services

Although multidisciplinary professional delivery models may strive to be comprehensive, there are inevitable limits to any measure of comprehensiveness. There are always going to be some groups who are not well served in any model. These limitations may reflect gaps in the skill sets of the particular professionals on the team or the fact that outside large urban settings there are rarely the diverse range of professionals needed to serve everyone well. In other models, they may be simply principled objections to serving a particular type of client, for example, the perpetrator of domestic abuse.

Conclusion

The vision of multidisciplinary paths to family justice imagines approaching the legal dimensions of family problems in a different way than is prevalent in Ontario today.

This chapter provides a catalogue of some of the challenges with the implementation of a multidisciplinary family service model that layers on low-level legal services. By identifying the challenges and difficulties that professionals can face when they try something different – when they collaborate with other professionals to delivery multidisciplinary family services – the vision of multidisciplinary paths to family justice becomes more robust and its potential more visible. The next chapter explores some promising practices that can help us to meet the challenges of realizing multidisciplinary paths to family justice in Ontario.

CHAPTER FIVE

PROMISING PRACTICES AMONG PROFESSIONALS FOR

MULTIDISCIPLINARY PATHS TO FAMILY JUSTICE

Introduction

This concluding chapter outlines some promising practices that are effective at meeting the many challenges that face professionals working together collaboratively to delivery multidisciplinary family services. Like others, we use the term “promising practice” to express the idea that certain practices seem effective at meeting the challenges for professionals of multidisciplinary paths to family justice, although the effectiveness of the practice may not have been confirmed by an evaluation.⁵⁷ Promising practice also expresses the idea that it may not be effective for all multidisciplinary family services. The promising practices identified in this chapter

provide we think a mapping of how to realize the vision of multidisciplinary paths to family justice and ultimately how to address the legal needs of families in Ontario in a fashion that is different from the prevailing approach today.

Co-Location

It was clear that co-location is a key ingredient to the effective delivery of multidisciplinary family services. The actual site should be comfortable, inviting, and child friendly. A single central site can be supplemented by satellite sites providing services and programs that are located within communities with the particular needs being serviced. For families needing services, one-stop-shopping for families allows them to easily access a multitude of services – some of them they may not have realized they needed before entering the door – and be able to follow-up referrals without leaving the site. For professionals, it allows them to receive and make referrals in a seamless fashion. Just as significant it gives that professional some measure of quality assurance about the referral. It also allows for informal interactions between professionals in a way that simply cannot happen when professionals are siloed away at their own places of work.

These co-located sites should function as a gateway where the services provided can be adapted to the needs of the family. The gateway could literally be a door or it could be something like a phone number. The gateway in whatever form it takes should express the idea that it is never the wrong door to enter – families in need should just enter. Once inside, there should be timely opportunity to tell their story and have a counsellor assigned to them who can accompany them to the services they need. And,

if necessary, remind them about what they need, for example, in an interview with an on-site family lawyer or dispute resolution specialist.

Co-located sites should have a managing coordinator who is able to have a vision of how the services and partners fit together and how the funding from diverse sources can be effectively utilized.⁵⁸ The coordinator is essential in order to manage tensions between professionals when they arise. In sites that utilize information technology for collaboration along the lines described in the next section, the coordinator is the person who will make this happen.

There is no set template for the family service professionals who must be on-site. A slogan that captures this well is, “Not everyone can be co-located but everyone can collaborate.” It is clear however that there is a real value in having a family lawyer on site. Having a mediation service that would be a clear off-site alternative to mediation services provided by FLICs would also seem useful.⁵⁹ Likewise, in sites where services for victims of domestic violence are provided, it is important to have a High Risk committee or team that can identify and respond to high risk situations quickly. A Crown Attorney on-site like in Waterloo is also beneficial. Ultimately, the actual set of professionals that are on-site should reflect the particular cluster of family problems and challenges that are faced by the community it services.

Collaboration Through Information Technology

An important challenge for multidisciplinary family service providers is how to bring together all of the professionals they need when those professionals are not co-located in the same physical space. This is an especially pronounced problem in more

remote areas such as northern Ontario. We saw in Chapter Three how geography presents itself as a barrier to access services in northern Ontario. Can emerging inexpensive information technology be utilized to lower this barrier to access multidisciplinary family services?

Some software solutions, such as Cisco's Webex⁶⁰, seek to imitate a collaborative meeting environment—without the need for members to come together at a real location. With the advent of web technology, connecting professionals from across the globe has moved far beyond phone conferencing. While using Webex, users connect to an online server, which has all the features of an everyday phone conference, but also allows everyone that has connected to view presentations, see documents, and run applications set up by one of their peers. In addition to viewing these elements, users can also make contributions of their own, annotating brainstorming sessions or highlighting documents. And all of this can happen on any computer with an internet connection and a webcam, anywhere in the world.

GoToMeeting⁶¹, a similar service offered by Citrix Online, shares much of the functionality of Webex, with its only real difference being an invitation system by email or SMS messaging, as opposed to the login features of Webex. Adobe also offers its own Adobe Connect⁶², which places more emphasis on video calling and relies on its ubiquitous Flash technology. Web conferencing is a rapidly growing industry, and many companies, including Microsoft and IBM have released software of their own in the past few years.

A nice illustration of a family service provider in Ontario using information technology to facilitate collaboration is Brant County's regional domestic violence

coordinating committee. This committee, which is called the Brant Response to Violence Everywhere Committee (BRAVE), has created a virtual hub of family service providers by utilizing Cisco's Webex technology. Webex provides BRAVE with a secure online way to link professionals from all over Brant County with clients needing their services. It allows for up to 25 individuals in different places to share documents and collaborate in the provision of services. The estimated cost for Webex is \$200-\$250 per month.

BRAVE has a coordinator who arranges for virtual meetings between service providers and clients. BRAVE has received a commitment from all of its main partners to be available from 9 am – 3 pm every Wednesday for these sessions. Based on what the client needs, the coordinator will contact the relevant professionals and set up a time for the online meeting. The counsellor who made initial contact with the client will ordinarily be with the client when she or he participates in the meetings. It is possible that on a given day, the client could have six of these meetings – without the technology, this number of meetings could take weeks. Webex enables BRAVE to share the same information and documents with all of the service providers, which makes it unnecessary for the client to repeat his or her story again and again. The Webex technology also allows for some cultural sensitivity in the delivery of services – clients who do not want to be videoed can, for example, stand off to the side and just be heard. The virtual hub is also convenient for professionals because they too don't need to spend time travelling to meetings. Ultimately, for professionals using this virtual hub, what is required is a paradigm shift in their thinking in terms of how they can provide their services.

BRAVE does not at present include legal professionals among those participating in its hub. Legal professionals have expressed reservations about professional standards and the provision of legal advice through information technology. However, in the case of low-level legal services – legal information, legal consultation, and informal community mediation – these professional reservations seem misplaced, for the reality is that people in Ontario turn to the internet regularly for legal information and governments encourage them to do so. In the case of BRAVE, it is easy to imagine a community legal clinic or FLIC joining the virtual hub and being available to provide low level legal services for clients with legal needs. We noted in Chapter Three that for some individuals there is some intimidation and uneasiness when physically accessing FLICs or legal clinics. From our perspective, by providing services through a virtual hub, these concerns about accessing the services offered by FLICs or legal clinics may be dissipated.

Cross-Training of Professionals

An extremely important element of successful team building is to have ongoing cross-training of professionals. These sessions are most often lead by professionals within the team. In this cross-training, the professionals share their expertise with others who may not be familiar with well established norms within those other professions. The emphasis in this cross-training is evidence-based findings and developments. A good illustration of this is the Strangulation Awareness Initiative in the Waterloo Region Domestic Violence Project. Attempted strangulation is widely accepted in risk assessment teams as a sign of increased risk of domestic violence. For many other professionals in fields such as medicine or education, this is not well

known. Having a cross-training session on this theme heightens awareness across all professionals on the team.

Cross-training also facilitates dialogue and conversations, which enhances the bond and relationships between members. Moreover, by having individuals from different fields exposed to well received findings in one profession, it encourages scrutiny of received practices in that profession and reduces the likelihood of tunnel vision that is a problem for all professional practices that operate in a silo.

Defined Professional Roles and Boundaries

Successful multidisciplinary family service delivery models rely on clearly defined professional roles and boundaries. Often, this can be established by having partners reflect these professional boundaries. There has to be a high level of respect for collaborating professionals and deference when something falls within someone else's professional boundaries. A fundamental principle that needs to guide all interactions is a principle of equality among providers. Different professionals must be mindful of where others are coming from and the limitations this sometimes puts on collaboration.

Clear Procedures for Dealing with Confidentiality

Confidentiality concerns generate some of the most tensions in the provision of family services. Professionals wonder who they can share information with and whether others are sharing with them. A common perception is that some professionals not

sharing information with others on the delivery team is obstructionist. Some of these tensions can be eased with a greater understanding and respect for differences in professional responsibilities regarding confidentiality.

What is especially important is that multidisciplinary family service centres have clear procedures for dealing with confidentiality and privacy issues and that those procedures set standards that exceed the minimum ones set by professional bodies. The actual form of the procedures is flexible. One approach uses very explicit client consent forms where the client fills out a consent-to-share form that allows him or her to indicate for each agency whether or not information can be shared. A different approach, which is prevalent in health care settings, is a blanket consent to treatment form and judgements about what can be shared is based on a “circle of care” principle.

Communications Strategy

Effective multidisciplinary family service centres have communications strategy. Their messages are ideally in jargon-free language that does not reflect only one community of professionals. For reaching its client base, the media plays a fundamental role. Accessing the print media – larger newspapers and community newspapers – is one way to get the message out. Free public service announcements should also be a platform. A website is fundamental at this point in time. One multidisciplinary family service centre in Calgary, CONNECT, has developed a simple but extraordinarily effective slogan, “All it takes is one call”, which underpins all of its communications.⁶³

Another piece of the communication strategy is sharing information among family service centres. Rather than view other centres as rivals, what works is a spirit of generosity and support where other centres are viewed as resources or mentors and everyone is recognized as working together to help families who need their support.

Building Relationships

A common theme is that there is no manual or formula for a successful multidisciplinary partnership among professionals. It is rather all about building relationships. Aside from relationships with clients and their families, there are many sorts of relationships that need to be built. Relationships among colleagues from different professions are especially important. These relationships need to reflect flexibility where individuals with different professional perspectives may agree to disagree and still problem solve together. They need to be sustainable and provide for repeated interactions. The relationship with communities should revolve around opportunities for volunteers and creating for others such as local businesses in the community a vested interest in the centre. Ultimately, the success of multidisciplinary paths to family justice relies on having people who are like-minded and genuinely believe in a multidisciplinary approach to family problems and challenges free from professional hierarchies and stratification based on status, income or job function.

Empower Families

Although there are some tensions between professions over the idea of empowering families, when done well this can improve the quality of the services

provided in very significant ways. There are at least two strands of empowerment. The first is to make the processes and steps in the access to family services transparent, including professional responsibilities around the duty to report child abuse. The second strand is to inform people about their rights and provide them with the means to decide when to act on those rights. A nice illustration of this is the proposal to provide victims of domestic violence with personal iPhones that would enable them to call 911 directly, without using the home phone.

Integrating Police

When legal services are integrated into a multidisciplinary family service centre, the most contentious program or service to add-on is a police presence. Views differ about the need to layer on a police presence. And some service providers such as those that provide a lot of services to marginal youth or illegal workers and their families worry that a police presence will make it much more difficult to do their job.

Assuming that there is a will to integrate police, there are some best practices worth noting. One is that police should keep their visual presence to a minimum by using plain clothes officers, no police cruisers, and no police paraphernalia.⁶⁴ Not carrying guns onsite seems also to be a good idea. Accommodating the special needs of the police is also important. For example, to preserve the confidentiality and integrity of their evidence gathering and records, host sites need to provide for separate internet servers for the police. Using explicit client consent forms where the client fills out a

consent-to-share form that allows him or her to indicate that information should not be shared with police is also a good practice.

Curriculum Development in Professional Programs

Although multidisciplinary collaboration among professionals in the delivery of family services is becoming the norm in Ontario and elsewhere, this is not reflected in the curriculum in many professional programs. A common message from providers is that change has to begin with curriculum development. Some programs have introduced required courses on multidisciplinary service provision. Seneca College's new Bachelor Degree in Child Development has a required third year course for all students titled "Interdisciplinary Practice: A Team-Based Approach to Child and Family Services." Although some law schools in Ontario now offer joint degrees with Social Work, American law schools have shown much more curriculum innovation in developing courses and programs with a multidisciplinary focus around law and family services.⁶⁵ These examples provide models for other professional programs.

Conclusion

This paper has been organized around the vision of multidisciplinary paths to family justice where the provision of low-level family legal services oriented towards legal information, legal consultation, and informal community mediation and other forms of dispute resolution are integrated into a multidisciplinary family services model involving a diverse profile of professionals. The argument of the paper has been that this broad vision fits with the most important developments in the provision of family

services in Ontario as evidenced by innovations in primary health delivery and early childhood education. But it has also been emphasized that there are many pressing challenges for professionals in this vision. This final chapter identifies some promising practices in Ontario that can help us overcome these challenges. These promising practices provide we think a mapping of how to realize the vision of multidisciplinary paths to family justice and ultimately how to address the legal needs of families in Ontario in a fashion that is different from the prevailing approach today.

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ENDNOTES

¹ Law Commission of Ontario, *Best Practices at Family Justice System Entry Points: Needs of Users and Responses of Workers in the Justice System Consultation Paper – September 2009*. (Toronto ON: Law Commission of Ontario, 2009) at 5, online www.lco-cdo.org (last accessed: 14 May 2010).

² Law Commission of Ontario, *Best Practices at Family Justice System Entry Points* at 5.

³ The term “multidisciplinary service delivery” is used in this paper to express the idea of different professionals work together collaboratively whilst retaining distinct roles. See Chapter Two for an elaboration on this term.

⁴ The continuum described here does not include two other very important components of legal services that occupy the time and effort of legal professionals in Ontario. These two components are legal advocacy and law reform, both of which are oriented towards seeking changes in the law. Although legal advocacy and law reform can have a major impact on the lives of users of the family justice system in Ontario, for our purposes they do not involve the provision of first-order legal services for families facing problems or challenges.

⁵ Charles E. Pascal, *With Our Best Future in Mind: Implementing Early Learning in Ontario* (Toronto: Government of Ontario, June 2009) at 16.

⁶ For this idea of particular clusters of problems faced by families, see Pascoe Pleasance, *Causes of Action: Civil Law and Social Justice, Second Edition* (London UK: Legal Services Commission, 2006) at 66.

⁷ Hazel Genn, *Paths to Justice: What people do and think about going to law* (Oxford UK: Hart Publishing, 1999).

⁸ For this distinction, see Mary Anne Noone, “Towards Integrated Legal Service Delivery”, *La Trobe University School of Law Legal Studies Working Paper 2009/1* (Melbourne Australia: La Trobe University School of Law, 2009) at 6. Available at papers.ssrn.com/sol3/papers.cfm?abstract_id=1425099 (last accessed: 29 April 2010).

⁹ Pascoe Pleasance, *Causes of Action: Civil Law and Social Justice, Second Edition* (London UK: Legal Services Commission, 2006) at 66ff.

¹⁰ The Association of Ontario Health Centres *Fact Sheet*, available at <http://www.aohc.org/aohc/index.aspx?CategoryID=71> (last accessed: 18 May 2010).

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- ¹¹ <http://www.aohc.org/aohc/index.aspx?CategoryID=3&lang=en-CA> (last accessed: 18 May 2010).
- ¹² <http://www.aohc.org/aohc/index.aspx?CategoryID=3&lang=en-CA> (last accessed: 18 May 2010). We have inserted “multidisciplinary” into this statement of principles in order to maintain the consistency of usage throughout the paper.
- ¹³ Peter Morgan & Lynne Cohen, “Community health centres: Do they pose a threat to fee-for-service medicine?” (1991) 144 *Canadian Medical Association Journal* 745 at 745-747.
- ¹⁴ Charles E. Pascal, *With Our Best Future in Mind: Implementing Early Learning in Ontario* (Toronto: Government of Ontario, June 2009) at 1.
- ¹⁵ Pascal, *With Our Best Future in Mind* at 16.
- ¹⁶ <http://www.children.gov.on.ca/htdocs/English/topics/earlychildhood/oeyc/index.aspx> (last accessed: 24 May 2010).
- ¹⁷ http://www.edu.gov.on.ca/earlylearning/EL_FactSheet_Jan2010.pdf (last accessed: 23 May 2010).
- ¹⁸ Pascal, *With Our Best Future in Mind* at 59-60.
- ¹⁹ Pascal, *With Our Best Future in Mind* at 1.
- ²⁰ Karen Spencer and Pam Mank, “It’s All About Team Work: A Co-ordinated Response to Family Violence,” (Winter 2006) *Child and Family* 18 at 19-20.
- ²¹ Law Society of Upper Canada, Press Release: “Ontario public to be given opportunity to talk about their legal needs” (June 17, 2009), http://www.lsuc.on.ca/media/june1709_newscanada.pdf (last accessed: 20 May 2010).
- ²² Law Society of Upper Canada, “Ontario public to be given opportunity to talk about their legal needs.”
- ²³ This finding in Ontario is consistent with major studies of legal needs and the perceptions of users in the United States. See in particular Sally Merry, *Getting Justice and Getting Even: legal consciousness among working-class Americans* (University of Chicago Press, 1991) and Patricia Ewick & Susan Silbey, *The Common Place of Law: stories from everyday life* (University of Chicago Press, 1998).
- ²⁴ See Alfred A. Mamo, Peter G. Jaffe, and Debbie G. Chiodo, *Recapturing and Renewing the Vision of the Family Court* (2007), at 8, available at <http://www.crvawc.ca/documents/Family%20Court%20Study%202007.pdf> (last accessed: 21 May 2010).
- ²⁵ For more information, see <http://www.fvpwaterloo.ca/en/> (last accessed: 21 May 2010).
- ²⁶ On-Site Interviews, April 20, 2010.
- ²⁷ <http://news.ontario.ca/mag/en/2010/04/victim-services-awards-of-distinction-1.html> (last accessed: 21 May 2010).
- ²⁸ For more information, see <http://www.lampchc.org/> (last accessed: 21 May 2010).
- ²⁹ <http://www.lampchc.org/mission> (last accessed: 21 May 2010).
- ³⁰ *LAMP: Building a Health Community* (Toronto: LAMP CHC, n.d.).
- ³¹ For more information, see <http://www.hincksdellcrest.org/> (last accessed: 21 May 2010).
- ³² <http://www.hincksdellcrest.org/Home/Services-to-Infants-Youth-and-Children/Our-Philosophy.aspx> (last accessed: 21 May 2010).
- ³³ The Hincks-Dellcrest Centre, *Information for Referral Sources and Community Partners* (Toronto: Hincks-Dellcrest Centre, 2009) & *A Mental Health Service for Infants, Children, Youth, and Their Families* (Toronto: Hincks-Dellcrest Centre, n.d.).
- ³⁴ For more information, see <http://bright-ideas-software.com/nrfs/> (last accessed: 21 June 2010).
- ³⁵ <http://bright-ideas-software.com/nrfs/who.htm> (last accessed: 21 June 2010).
- ³⁶ For more information, see <http://www.durhamdriven.com/main/index.php> (last accessed: 21 May 2010).
- ³⁷ http://www.durhamdriven.com/main/index.php?option=com_content&view=article&id=46&Itemid=49 (last accessed: 21 May 2010).
- ³⁸ Ontario Coalition for Better Child Care, *Bulletin #4* (2009), available at www.childcareontario.org (last accessed: 21 April 2010).
- ³⁹ Mary Anne Noone, “Towards Integrated Legal Service Delivery”, *La Trobe University School of Law Legal Studies Working Paper 2009/1* (Melbourne Australia: La Trobe University School of Law, 2009) at 4ff. Available papers.ssrn.com/sol3/papers.cfm?abstract_id=1425099 (last accessed: 29 April 2010).
- ⁴⁰ Louise G. Trubek and Jennifer J. Farnham, “Social Justice Collaboratives: Multidisciplinary Practices for People” (2000) 7 *Clinical Law Review* 201, at 257-258.
- ⁴¹ Peter Morgan & Lynne Cohen, “Community health centres: Do they pose a threat to fee-for-service medicine?” (1991) 144 *Canadian Medical Association Journal* 745 at 745-747.

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- ⁴⁴ American Bar Association, <http://www.abanet.org/cpr/mdp/mdprecom10f.html> (last accessed: 5 May 2010).
- ⁴⁵ American Bar Association, <http://www.abanet.org/cpr/mdp/mdprecom10f.html> (last accessed: 5 May 2010).
- ⁴⁶ Multi-Disciplinary Practice Task Force, *Report to Convocation November 26, 1999*, at 1, available at <http://www.lsuc.on.ca/media/MDPreportnov99.PDF> (last accessed: 22 June 2010).
- ⁴⁷ The Law Society of Upper Canada amended its bylaws in May 2001 to regulate law firms "affiliated" with non-lawyers.
- ⁴⁸ Law Society of Upper Canada, "Rules of Professional Conduct: Rule 6", available online at <http://www.lsuc.on.ca/regulation/a/profconduct/rule6/> (last accessed: 4 May 2010).
- ⁴⁹ Paul D. Paton, "Multidisciplinary Practice Redux: Globalization, Core Values, and Reviving the MDP Debate in America," *78 Fordham Law Review* 2193 (2010).
- ⁵⁰ See "Summary of Submissions and Consultations" for the Report of the Legal Aid Review 2008, available at <http://www.attorneygeneral.jus.gov.on.ca/english/about/pubs/trebilcock/section5.asp> (last accessed: 22 June 2010).
- ⁵¹ See the HPRAC report, *Critical Links : Transforming and Supporting Patient Care: A Report to the Minister of Health and Long-Term Care on Mechanisms to Facilitate and Support Interprofessional Collaboration and a New Framework for the Prescribing and Use of Drugs by Non-Physician Regulated Health Professions (February 2009)*, available at http://www.health.gov.on.ca/english/public/pub/ministry_reports/hprac_08/5_critical_links_200900202.pdf (last accessed: 16 June 2010). For more reports by HPRAC in a similar view, see http://www.health.gov.on.ca/english/public/pub/ministry_reports/hprac_08/hprac_08.html (last accessed: 20 June 2010).
- ⁵² A similar observation in an Australia context is made by Helen Rhoades, Hilary Astor, Ann Sanson, and Meredith O'Connor, "Enhancing inter-professional relationships in a changing family law system: Final Report," (Melbourne AU: University of Melbourne, May 2008), at 43-44. Available online at <http://www.law.unimelb.edu.au/files/Inter-ProfessionalRelationshipsStudyFinalReport.pdf> (last accessed: 29 April 2010). For a discussion of Australia's response, see Jennifer E. McIntosh, Hon. Diana Bryant, and Kristen Murray, Evidence of a Different Nature: The Child Responsive and Less Adversarial Initiatives of the Family Court in Australia," (2008) *46 Family Court Review* 125 at 125-131.
- ⁵³ Shelina Jeshani, "Summary Report" (Mississauga ON: Catholic Family Services Peel-Dufferin, n.d.) at 3.
- ⁵⁴ For this emphasis, see M. Jerry McHale, Irene Robertson, and Andrea Clarke, "Building a Child Protection Mediation Program in British Columbia," (2009) *47 Family Court Review* 86 at 86-87.
- ⁵⁵ Austin Sarat and William L. F. Felstiner, *Divorce Lawyers and Their Clients: Power & Meaning in the Legal Process* (New York: Oxford University Press, 1995), at 85-107.
- ⁵⁶ See Stephen Gaetz, *Street Justice: Homeless Youth and Access to Justice* (Toronto: Report Prepared for Justice for Children and Youth, 2002).
- ⁵⁷ Alfred A. Mamo, Peter G. Jaffe, and Debbie G. Chiodo, *Recapturing and Renewing the Vision of the Family Court* (2007), at 42, available at <http://www.crvawc.ca/documents/Family%20Court%20Study%202007.pdf> (last accessed: 21 May 2010).
- ⁵⁸ See generally Lynda Davies and Laurienne Ring, *Building Better Teams: A Toolkit for Strengthening Teamwork in Community Health Centres* (Toronto: Association of Ontario Health Centres, April 2007), 19-89.
- ⁵⁹ See Mamo, Jaffe, and Chiodo, *Recapturing and Renewing the Vision of the Family Court* at 42-43.
- ⁶⁰ <http://www.webex.com/what-is-webex/index.html> (last accessed: 21 June 2010).
- ⁶¹ http://www.gotomeeting.com/fec/online_meeting (last accessed: 21 June 2010).
- ⁶² <http://www.adobe.com/products/acrobatconnectpro/webconferencing/enterprise.html> (last accessed: 21 June 2010).
- ⁶³ <http://www.connectnetwork.ca/> (last accessed: 23 May 2010).

⁶⁴ These are the findings of Shelina Jeshani, "Summary Report" (Mississauga ON: Catholic Family Services Peel-Dufferin, n.d.) at 4.

⁶⁵ See Mary Ann Forgey and Lisa Colarossi, "Interdisciplinary Social Work and Law: A Model Domestic Violence Curriculum," (2003) *39 Journal of Social Work Education* 459 at 459-478; Joseph Kozakiewicz, "Social Work Law: A Model Approach to Interdisciplinary Education, Practice, and Community-Based Advocacy," (2008) *46 Family Court Review* 598 at 599-602; Amy G. Applegate, Brian M. D'Onofrio, and Amy Holtzworth-Munroe, "Training and Transforming Students Through Interdisciplinary Education: The intersection of Law and Psychology," (2009) *47 Family Court Review* 468 at 470-477.