

## Community Legal Clinic Self-Assessment Tool (SAT)

### Why self-assessment for clinics?

Quality assurance in clinics began in 1997 and included an intensive, weeklong, on-site review of all aspects of a clinic's operations. In 2002, the Quality Assurance Program (QAP) examined its mandate. The QAP2002 Final Report of April 1, 2003 summarizes the results of this examination and outlines the *future directions* for clinic-related quality initiatives in the context of the newly created Quality Service Office (QSO). The report outlines a *second generation* of quality initiatives that recognizes and builds on the valuable quality framework already established by QAP. A key quality initiative for clinics is self-assessment, a means by which clinics can take ownership of continuous quality improvement through assessing and monitoring operations and the services provided.

### What is self-assessment?

Self-assessment is designed to help organizations recognize their own potential and decide for themselves how best to address the challenges they face. Self-assessment enables an organization to examine itself and the systems it has in place against clearly defined criteria, to identify strengths and areas for further development. This tool gives each clinic an opportunity to hold up a mirror to itself and reflect on the quality of its work.

### About this self-assessment tool

The Quality Service Office has developed this tool for use by the community legal clinic system. The criteria included are taken from four key sources: the Memorandum of Understanding (MOU) between Legal Aid Ontario and legal clinics; the funding agreement; the quality assurance program quality criteria developed in consultation with the community legal clinic system; and the final report of the Panel on Accountability and Governance in the Voluntary Sector, *Building on Strength: Improving Governance and Accountability in Canada's Voluntary Sector*.<sup>1</sup> The tool has been divided into nine sections that represent key operational areas that impact on quality service.

### Reporting

The main purpose of this self-assessment tool is to help clinics identify their own strengths and weaknesses and decide on priority improvement areas for action. The tool will also provide LAO with information for celebrating clinic successes and identifying systemic issues. Clinics will complete the web-based self-assessment tool once every three years as part of a clinic's 3-year planning cycle and identify three priority areas for improvement for each of the three funding years. (For example, Section I. Board Composition, Section II. Good Governance, and Section III. Fiscal Responsibilities might be identified as priority areas for Year One; in Year Two, Section IV. Community Relations, Section VI. Needs Assessment & Planning, and Section IX. Provision of Services – Supervision, might be priority

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<sup>1</sup> Building on Strength: Improving Governance and Accountability in Canada's Voluntary Sector  
Panel on Accountability and Governance in the Voluntary Sector: Final Report: February 1999  
[http://www.vsr-trsb.net/pagvs/Building\\_on\\_Strength.htm](http://www.vsr-trsb.net/pagvs/Building_on_Strength.htm)

areas; and in Year Three, Section V. Human Resource Accountability, Section VII. Range and Integration of Services, and Section VIII. Provision of Services – Conflict of interest, etc.). On an annual basis, clinics will set improvement objectives in the three priority areas identified and develop an improvement plan. In addressing year one priorities, in the area of board composition, good governance, and fiscal responsibilities, for example, one improvement objective might be to develop and follow a board recruitment and retention strategy. It is not essential for clinics to choose different priority improvement areas for each of the three funding years. It may be necessary for some clinics to choose the same priority improvement areas for two or three funding years, depending on the clinic’s assessment of the time required to effect improvement in a particular area.

Clinics will complete and submit the tool electronically and anonymously to QSO every three years. Clinics will have the option to self-identify if they so choose. The QSO will aggregate the data and use the information to inform the development of supports to clinics, to celebrate clinic successes, and to identify systemic issues. The aggregate information will be shared with LAO. The completed self-assessments and improvement plans will remain with the clinic. Clinics will indicate on their annual funding application the date the self-assessment tool was completed and the three priority improvement areas (eg., Section V. Human Resource Accountability, Section VII. Range and Integration of Services, and Section VIII. Provision of Services) identified for that funding year.

## **How to use this tool**

It is up to individual clinics to decide how best to use this tool. At a minimum, LAO expects clinic boards to be involved in the sections that deal with board composition, good governance, fiscal responsibilities, community relations, and human resource accountability. It is a best practice when an organization is undertaking a self-assessment to involve all staff and board members in the assessment process.<sup>2</sup> It is also a best practice when identifying the areas for improvement, to undertake a discussion with all staff and board members regarding the steps to achieve the planned improvements. The Quality Service Office has included fundamental quality criteria in this tool, but we encourage clinics to add their own quality criteria. A clinic should contact QSO should it need clarification regarding the meaning of any of the criteria or refer to the QAP Manual.

The tool can be used in paper form, with each member of the self-assessment team getting a copy. The completed tool would be submitted to QSO electronically. Each page is set up to capture a critical area of clinic operations. We have included planning sheets to assist you in making improvement plans and have provided a completed example as a precedent. “No” or “working on it” answers do not necessarily indicate a clinic is functioning poorly. It may indicate a systemic issue the clinic system and LAO need to address. As with any self-assessment, the true benefits can be derived only when the answers are frank and true.

## **I. BOARD COMPOSITION: PLANNING FOR DIVERSITY AND SUCCESSION**

<sup>2</sup> When it is done in a participatory way, the process of organizational assessment can itself build organizational capacity. By stimulating reflection, learning, and dialogue, new and old problems and opportunities are examined, and ideas for addressing them generated: A Guide to the World Wildlife Foundation Organizational Assessment Process 2003 [http://www.ngomanager.org/tools/wwf\\_organisational\\_assessment\\_guide.doc](http://www.ngomanager.org/tools/wwf_organisational_assessment_guide.doc)

The Board of Directors of the Clinic will ensure the board is comprised of members of the communities to be served by the clinic. Reasonable efforts should be made to include persons representative of the low-income community, persons reflecting the diversity of the community, persons with experience working with community agencies, persons with financial skills, persons with management skills and lawyers.<sup>3</sup>

In order to maintain the viability and health of the organization, the board must also develop a plan for its own succession and for recruiting new board members. Although often overlooked until just before the annual general meeting, successful recruitment is a year round activity.<sup>4</sup>

**Our board includes:**

- |   |                           |                          |                                     |                           |
|---|---------------------------|--------------------------|-------------------------------------|---------------------------|
| A) Persons representative of the low-income community   | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| B) Persons reflecting the diversity of the community (e.g. gender, culture, geography, physical ability, age) | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| C) Persons with experience working with community agencies  | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| D) Persons with financial skills  | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| E) Persons with management skills   | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| F) Persons with human resources skills  | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| G) Lawyers  | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| H) Other <sup>5</sup>   | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |

**We have:**

- |   |                           |                          |                                     |                           |
|---|---------------------------|--------------------------|-------------------------------------|---------------------------|
| I) A balance of new and experienced board members | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| J) A board recruitment and retention strategy     | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| K) A succession plan                              | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| L) A board nominating committee                   | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| M) A committed clinic membership base             | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| N) Other  | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |

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<sup>3</sup> MOU Section 10 (a)

<sup>4</sup> Building on Strength report, p.29

<sup>5</sup> Clinics can identify other areas for self-assessment. This category allows for flexibility and can inform revisions to the tool.

June 17, 2005

**I. BOARD COMPOSITION: PLANNING FOR DIVERSITY AND SUCCESSION**

**COMMENTS:**

**ACTION NEEDED IN THIS AREA:**

Date: \_\_\_\_\_

## Improvement Plan

### AREA: I. BOARD COMPOSITION: PLANNING FOR DIVERSITY AND SUCCESSION

| What key things do we want to achieve in the next year | What resources do we need | Sources of Assistance | What activities will we undertake | Who is responsible | Timelines Date Started | Timelines Date Completed |
|--|---------------------------|-----------------------|-----------------------------------|--------------------|------------------------|--------------------------|
|  |                           |                       |                                   |                    |                        |                          |

Date: \_\_\_\_\_

## II. GOOD GOVERNANCE

The board will effectively and efficiently manage the services, finances and personnel of the Clinic consistent with the responsible and cost-effective expenditure of public funds.<sup>6</sup>The board will ensure its members exercise the care, diligence and skill of a reasonably prudent person in performing their functions and they act honestly, in good faith, and in the best interest of the clinic and community.<sup>7</sup>

An organization's leadership has a moral, legal and fiduciary responsibility to its members, beneficiaries, staff, volunteers, and public. Specifically, it is responsible for effective governance of the organization; ensuring the appropriate process and structures are in place to direct and manage an organization's operations and activities. The ultimate goal of good governance is to ensure the effectiveness and credibility of the organization.<sup>8</sup>

### Our board:

- |   |                           |                          |                                     |                           |
|---|---------------------------|--------------------------|-------------------------------------|---------------------------|
| A) Has a code of conduct for board members which includes matters such as conflict of interest guidelines                             | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| B) Provides effective oversight of the clinic through monitoring its functioning in all areas (e.g., finances, programs and services) | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| C) Has necessary board committees to carry out work   | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| D) Has written board job descriptions and committee terms of reference  | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| E) Has a written description of the governance model used by the clinic (e.g., Carver policy board)                                   | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| F) Receives and reviews background material relating to significant decisions   | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| G) Ensures quorum is regularly achieved at board meetings   | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| H) Reviews its MOU and Funding Agreement with LAO periodically  | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| I) Reviews all clinic by-laws and policies periodically and recommends to membership revisions as needed                              | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| J) Holds board member training and orientation sessions   | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| K) Recognizes the contribution of board members, volunteers & students  | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| L) Conducts board self-evaluations regularly regarding effectiveness of monthly meetings  | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| M) Maintains minutes of all board & committee meetings & maintains an up-to-date minute book & membership list                        | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| N) Acts within the authority granted by the letters patent and by-laws  | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| O) Other  |                           |                          |                                     |                           |

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<sup>6</sup> MOU 10 (b)

<sup>7</sup> Funding Agreement: 13

<sup>8</sup> Building on Strength: p 22

June 17, 2005

**II. GOOD GOVERNANCE**

**COMMENTS:**

**ACTION NEEDED IN THIS AREA:**

Date: \_\_\_\_\_

## Improvement Plan

### AREA: II. GOOD GOVERNANCE

| What key things do we want to achieve in the next year | What resources do we need | Sources of Assistance | What activities will we undertake | Who is responsible | Timelines Date Started | Timelines Date Completed |
|--|---------------------------|-----------------------|-----------------------------------|--------------------|------------------------|--------------------------|
|  |                           |                       |                                   |                    |                        |                          |

Date: \_\_\_\_\_

### III. FISCAL RESPONSIBILITIES

The board will effectively and efficiently manage the services, finances and personnel of the Clinic in a manner consistent with the responsible and cost-effective expenditure of public funds.<sup>9</sup>

It is the board’s duty to oversee the conduct of the organization's affairs, ensure that an effective team is in place to carry out day to day activities, account for its financial and other resources, and ensure that no issue falls between the cracks in steering the organization toward the fulfillment of its mission.<sup>10</sup>

**Our board:**

- |  |                           |                          |                                     |                           |
|--|---------------------------|--------------------------|-------------------------------------|---------------------------|
| A) Has the treasurer present a financial report at each board meeting for approval                                   | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| B) Reviews and understands financial statements on all funds received by the clinic                                  | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| C) Reviews the quarterly financial reports provided to LAO   | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| D) Develops, implements and monitors internal financial controls   | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| E) Sets a budget and reviews spending against the budget   | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| F) Takes action on all recommendations by the auditor  | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| G) Understands its obligations under the MOU and Funding Agreement with LAO  | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| H) Monitors pay equity compliance and makes adjustments as required  | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| I) Understands, monitors and controls unfunded liabilities, including accruals of lieu time and vacation leave       | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| J) Understands all the clinic’s insurance policies, including reporting requirements and limitations of the policies | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| K) Ensures proper record-keeping and issuance of receipts for donations  | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| L) Other   |                           |                          |                                     |                           |

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<sup>9</sup> MOU, 10 (b)

<sup>10</sup> Building on Strength: p 23

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**III. FISCAL RESPONSIBILITIES**

**COMMENTS:**

**ACTION NEEDED IN THIS AREA:**

Date: \_\_\_\_\_

## Improvement Plan

### AREA: III. FISCAL RESPONSIBILITIES

| <b>What key things do we want to achieve in the next year</b> | <b>What resources do we need</b> | <b>Sources of Assistance</b> | <b>What activities will we undertake</b> | <b>Who is responsible</b> | <b>Timelines Date Started</b> | <b>Timelines Date Completed</b> |
|---|----------------------------------|------------------------------|--|---------------------------|-------------------------------|---------------------------------|
|   |                                  |                              |  |                           |                               |                                 |

Date: \_\_\_\_\_

**IV. COMMUNITY RELATIONS**

The Board of Directors will:

- Ensure that the clinic co-operates on a reasonable basis with the local area office and area director, including maintaining a knowledge of the legal aid services provided by the local area office and working with the local area office towards providing the fullest and most complementary range of services.<sup>11</sup>
- Ensure that the clinic co-operates on a reasonable basis with LAO, other community legal clinics and other LAO funded service providers.<sup>12</sup>

**Our board and clinic staff:**

- |  |                           |                          |                                     |                           |
|--|---------------------------|--------------------------|-------------------------------------|---------------------------|
| A) Ensures the AGM is well planned and promoted  | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| B) Nurtures good working relationships with community partners who serve the same clients or have a shared vision        | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| C) Uses media to address issues and to inform the community of our services  | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| D) Publishes information about the clinic such as a newsletter, pamphlet or website                                      | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| E) Works with and shares information with LAO and other legal aid service providers                                      | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| F) Addresses problems in its delivery of services that have been brought to its attention by clients, persons, or groups | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| G) Answers the phone courteously and promptly  | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| H) Other   |                           |                          |                                     |                           |

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<sup>11</sup> MOU: 10 (k)

<sup>12</sup> MOU: 10 (l)

June 17, 2005

**IV. COMMUNITY RELATIONS**

**COMMENTS:**

**ACTION NEEDED IN THIS AREA:**

Date: \_\_\_\_\_

## Improvement Plan

### AREA: IV. COMMUNITY RELATIONS

| What key things do we want to achieve in the next year | What resources do we need | Sources of Assistance | What activities will we undertake | Who is responsible | Timelines Date Started | Timelines Date Completed |
|--|---------------------------|-----------------------|-----------------------------------|--------------------|------------------------|--------------------------|
|  |                           |                       |                                   |                    |                        |                          |

Date: \_\_\_\_\_

**V. HUMAN RESOURCE ACCOUNTABILITY**

The Board of Directors of the Clinic will:

- effectively and efficiently manage the services, finances and personnel of the Clinic in a manner consistent with the responsible and cost-effective expenditure of public funds.<sup>13</sup>
- develop such policies, procedures and guidelines as are necessary for the effective and efficient operation of the Clinic.<sup>14</sup>

**Our board and/or executive director, where applicable:**

- |   |                           |                          |                                     |                           |
|---|---------------------------|--------------------------|-------------------------------------|---------------------------|
| A) Ensures the board understands its responsibilities as employer   | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| B) Ensures the board receives reports of all significant human resources issues   | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| C) Communicate and interact periodically  | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| D) Perform evaluations of all staff annually  | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| E) Perform regular evaluations of executive directors with staff input  | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| F) Receives adequate reports on personnel matters, attendance, leave, vacation, and lieu time   | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| G) Ensures orientation and training for all new staff is provided   | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| H) Ensures ongoing staff training as required   | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| I) Ensures up-to-date job descriptions for all clinic positions   | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| J) Ensures there are regular staff meetings   | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| K) Ensures a complaints process for staff to follow exists  | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| L) Ensures the board and the staff work to foster harmonious relations to ensure staff morale is high   | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| M) Monitor and balance the quantity of work, and address any workload issues  | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| N) Ensures employees are treated in compliance with provincial human rights, employment standards, freedom of information and protection of privacy, and other relevant legislation | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| O) Other  |                           |                          |                                     |                           |

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<sup>13</sup> MOU 10 (b)

<sup>14</sup> MOU 10 (c)

June 17, 2005

**V. HUMAN RESOURCE ACCOUNTABILITY**

**COMMENTS:**

**ACTION NEEDED IN THIS AREA:**

Date: \_\_\_\_\_

## Improvement Plan

**AREA: V. HUMAN RESOURCE ACCOUNTABILITY**

| <b>What key things do we want to achieve in the next year</b> | <b>What resources do we need</b> | <b>Sources of Assistance</b> | <b>What activities will we undertake</b> | <b>Who is responsible</b> | <b>Timelines Date Started</b> | <b>Timelines Date Completed</b> |
|---|----------------------------------|------------------------------|--|---------------------------|-------------------------------|---------------------------------|
|   |                                  |                              |  |                           |                               |                                 |

Date: \_\_\_\_\_

**VI. NEEDS ASSESSMENT AND ANNUAL PLANNING**

The Board of Directors of the Clinic will:

- regularly determine the legal needs of the individuals and communities served by the clinic, and provide clinic law services in accordance with those needs, including such advocacy as appropriate to address the community needs<sup>15</sup>
- ensure that the Clinic is flexible and innovative in the provision of clinic law services<sup>16</sup>
- develop an annual business plan based on an objective assessment of the community’s needs, which sets out measurable goals and the objectives and results that the clinic expects to achieve for the year<sup>17</sup>

**Our clinic:**

- |   |                           |                          |                                     |                           |
|---|---------------------------|--------------------------|-------------------------------------|---------------------------|
| A) Ensures that the board and staff are active participants in annual planning  | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| B) Identifies community partners who share the same goals to advance client interests   | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| C) Takes into account the service and expertise of other legal aid service providers (including specialty clinics) and works cooperatively with them to identify and meet needs | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| D) Identifies service gaps; considers innovative approaches to close them   | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| E) Articulates clear measurable goals and objectives for clinic service and develops timed activities to achieve goals  | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| F) Obtains and uses demographic and socio-economic data   | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| G) Undertakes a comprehensive assessment of the most pressing legal problems and needs of its client group and revises its priorities for client service as needed              | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| H) Assesses whether its hours of operation meet the needs of the community and adjusts them as needed   | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| I) Establishes satellite offices, where needed, to ensure reasonable access   | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| J) Makes reasonable efforts, with its available resources, to provide services to people in their primary language  | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| K) Evaluates the effectiveness of its work by assessing results or impact   | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| L) Other  |                           |                          |                                     |                           |

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<sup>15</sup> MOU 10 (d)

<sup>16</sup> MOU 10 (e)

<sup>17</sup> MOU 10 (f)

June 17, 2005

**VI. NEEDS ASSESSMENT AND ANNUAL PLANNING**

**COMMENTS:**

**ACTION NEEDED IN THIS AREA:**

Date: \_\_\_\_\_

## Improvement Plan

AREA: VI. NEEDS ASSESSMENT AND ANNUAL PLANNING

| What key things do we want to achieve in the next year | What resources do we need | Sources of Assistance | What activities will we undertake | Who is responsible | Timelines Date Started | Timelines Date Completed |
|--|---------------------------|-----------------------|-----------------------------------|--------------------|------------------------|--------------------------|
|  |                           |                       |                                   |                    |                        |                          |

Date: \_\_\_\_\_

**VII. RANGE AND INTEGRATION OF SERVICES**

**Our clinic:**

- A) Periodically reviews statistical and other reports to determine whether current goals are met or plans to achieve objectives carried out     YES     NO     Working on it     N/A
- B) Conducts more frequent statistical reviews when shifts in caseload, clientele or other circumstances dictate, and tracks unmet needs     YES     NO     Working on it     N/A
- C) Implements innovative approaches to service delivery as appropriate     YES     NO     Working on it     N/A
- D) Updates the case selection policy to reflect current needs     YES     NO     Working on it     N/A
- E) Provides a wide range of services and integrates casework with law reform, PLE and community development     YES     NO     Working on it     N/A
- F) Maintains a balance of summary advice, casework, CD and law reform     YES     NO     Working on it     N/A
- G) Takes innovative approaches with PLE and community development     YES     NO     Working on it     N/A
- H) Develops educational and self help materials to increase clients awareness of rights     YES     NO     Working on it     N/A
- I) Regularly uses the services and expertise available from specialty clinics     YES     NO     Working on it     N/A
- J) Ensures the level of clinic activity in any given year is not substantially lower than its level of activity in previous years, unless there is a reasonable explanation     YES     NO     Working on it     N/A
- K) Other

June 17, 2005

**VII. RANGE AND INTEGRATION OF SERVICES**

**COMMENTS:**

**ACTION NEEDED IN THIS AREA:**

Date: \_\_\_\_\_

## Improvement Plan

### AREA: VII. RANGE AND INTEGRATION OF SERVICES

| What key things do we want to achieve in the next year | What resources do we need | Sources of Assistance | What activities will we undertake | Who is responsible | Timelines Date Started | Timelines Date Completed |
|--|---------------------------|-----------------------|-----------------------------------|--------------------|------------------------|--------------------------|
|  |                           |                       |                                   |                    |                        |                          |

Date: \_\_\_\_\_

**VIII. PROVISION OF SERVICES: Conflict of interest, confidentiality, tickler, legal disbursement, financial eligibility and legal errors**

The Board of Directors of the Clinic will:

- ensure that clinic staff provide high quality services consistent with the clinic's business plan, including referrals, advice, brief services, casework, law reform, public legal education and community development as described in the approved business plan<sup>18</sup>
- develop such policies, procedures and guidelines as are necessary for the effective and efficient operation of the Clinic<sup>19</sup>

**Our clinic:**

- |   |                           |                          |                                     |                           |
|---|---------------------------|--------------------------|-------------------------------------|---------------------------|
| A) Ensures completed conflict searches are documented on the intake sheet   | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| B) Trains all caseworkers to recognize client conflicts of interest   | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| C) Does not make individual client information available to the board   | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| D) Ensures the physical set-up of intake, reception, and interviews respects client confidentiality   | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| E) Ensures documents that contain client information are disposed of in a manner that prevents disclosure (e.g., shredding)   | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| F) Ensures confidentiality requirements are documented in intake and other relevant office procedure manuals  | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| G) Ensures open and closed files are stored in a secure location  | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| H) Ensures there are no obvious and egregious legal errors in client files or summary advice  | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| I) Ensures the tickler system is in compliance with LAO's and LSUC requirements and is used with the result that limitation and legal proceeding dates and other important deadlines are not missed | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| J) Ensures when a legal error has been made staff understand the reporting and other requirements of the clinic's errors and omissions insurance  | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| K) Has a legal disbursements policy and procedure   | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| L) Each caseworker maintains a desk calendar or other reminder system   | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| M) Other  |                           |                          |                                     |                           |

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<sup>18</sup> MOU 10) h)

<sup>19</sup> MOU 10) c)

June 17, 2005

**VIII. PROVISION OF SERVICES: Conflict of interest, confidentiality, tickler, legal disbursement, financial eligibility and legal errors**

**COMMENTS:**

**ACTION NEEDED IN THIS AREA:**

Date: \_\_\_\_\_

## Improvement Plan

**AREA: VIII. PROVISION OF SERVICES: CONFLICT OF INTEREST, CONFIDENTIALITY, TICKLER, LEGAL DISBURSEMENT, FINANCIAL ELIGIBILITY AND LEGAL ERRORS**

| <b>What key things do we want to achieve in the next year</b> | <b>What resources do we need</b> | <b>Sources of Assistance</b> | <b>What activities will we undertake</b> | <b>Who is responsible</b> | <b>Timelines Date Started</b> | <b>Timelines Date Completed</b> |
|---|----------------------------------|------------------------------|--|---------------------------|-------------------------------|---------------------------------|
|   |                                  |                              |  |                           |                               |                                 |

June 17, 2005

Date: \_\_\_\_\_

**IX. PROVISION OF SERVICES: SUPERVISION**

**Our clinic ensures:**

- |  |                           |                          |                                     |                           |
|--|---------------------------|--------------------------|-------------------------------------|---------------------------|
| A) Summary advice and brief services records indicate matters are dealt with in a timely fashion   | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| B) An effective case assignment system is in place, which takes into account efficiency, balancing the workload and the abilities of staff   | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| C) There are procedures for law reform, CD and PLE files   | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| D) All caseworkers identify the client’s objective, let the client know whether the objective is achievable, and attempts to achieve the objective   | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| E) All caseworkers participate in regular case conferences   | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| F) All caseworkers including the executive director or other manager, have regular file reviews of all open files with a lawyer  | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| G) There is regular review of caseload and file turnover of all caseworkers, files are closed in a timely manner and file loads are monitored to catch dormant files   | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| H) Summary advice and brief services given by CLWs or students are reviewed by a lawyer weekly if not more often   | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| I) A lawyer is available on an ongoing basis for consultation by CLWs or students  | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| J) All CLW or students files are reviewed by a lawyer prior to closing   | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| K) There is ongoing supervision of legal advice or representation by CLWs or students and the supervisor and caseworker keep supervision notes. Notes include the dates of file reviews and advice given by the supervisor | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| L) All CLW or student correspondence on a client file is reviewed by a lawyer and any correspondence containing a legal opinion is signed by a lawyer <sup>20</sup>  | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| M) Undertaking and settlement negotiations by non-lawyers are done under the direction of lawyers  | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| N) Community development, PLE and law reform files are well organized and documented with a clear objective set for each   | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> Working on it | <input type="radio"/> N/A |
| O) Other   |                           |                          |                                     |                           |

<sup>20</sup> A clinic should consider a CLW’s skill, knowledge and experience when determining the level of client file correspondence supervision.

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**IX. PROVISION OF SERVICES: SUPERVISION**

**COMMENTS:**

**ACTION NEEDED IN THIS AREA:**

Date: \_\_\_\_\_

## Improvement Plan

AREA: IX. PROVISION OF SERVICES: SUPERVISION

| What key things do we want to achieve in the next year | What resources do we need | Sources of Assistance | What activities will we undertake | Who is responsible | Timelines Date Started | Timelines Date Completed |
|--|---------------------------|-----------------------|-----------------------------------|--------------------|------------------------|--------------------------|
|  |                           |                       |                                   |                    |                        |                          |

Date: \_\_\_\_\_

## Improvement Plan - SAMPLE

AREA: Section II – Good Governance

| What key things do we want to achieve in the next year                        | What resources do we need   | Sources of Assistance   | What activities will we undertake  | Who is responsible  | Start            | End            |
|---|---|---|--|---|------------------|----------------|
| 1. A board recruitment and retention strategy is in place and followed        | <ul style="list-style-type: none"> <li>Examples of other strategies and policies</li> </ul> | <ul style="list-style-type: none"> <li>QSO</li> <li>CLEO</li> </ul> | <ul style="list-style-type: none"> <li>Review examples, draft policy</li> <li>Take steps outlined in policy</li> </ul> | <ul style="list-style-type: none"> <li>Nominating committee</li> <li>Board/staff</li> </ul> | Sept<br><br>Sept | Oct<br><br>Oct |
| 2. New pamphlet with membership form  | <ul style="list-style-type: none"> <li>Examples of other pamphlets</li> </ul>               | <ul style="list-style-type: none"> <li>Other clinics</li> </ul>     | <ul style="list-style-type: none"> <li>Draft pamphlet</li> <li>Board review and approval</li> </ul>                    | <ul style="list-style-type: none"> <li>CLW &amp; ED</li> <li>Board</li> </ul>               |                  |                |
| 3. At least 2 persons representative of the low-income community on our board |   |   | <ul style="list-style-type: none"> <li>4 presentations on clinic at help centre and shelter</li> </ul>                 | <ul style="list-style-type: none"> <li>CLW &amp; ED</li> </ul>                              |                  |                |

Date: \_\_\_\_\_

June 17, 2005

### Suggested Calendar for Completing Self-Assessment Tool (SAT) - Years 2005-2008

| Sept 2005  | Oct  | Nov   | Dec | Jan 2006   | Feb  | Mar | Apr   | May  | June | July | Aug |
|--|--|---|-----|--|--|-----|---|--|------|------|-----|
| <ul style="list-style-type: none"> <li>◆ Introduce SAT at board meeting</li> <li>◆ Create SAT sub-committee</li> </ul> | <ul style="list-style-type: none"> <li>◆ Sub-committee completes sections I-III &amp; develops improvement plan (if required)</li> </ul>                   | <ul style="list-style-type: none"> <li>◆ Sub-committee reports to board</li> </ul>        | ◆   | <ul style="list-style-type: none"> <li>◆ Sub-committee completes sections IV-VI &amp; develops improvement plan (if required)</li> </ul> | <ul style="list-style-type: none"> <li>◆ Sub-committee reports to board</li> </ul> | ◆   | <ul style="list-style-type: none"> <li>◆ Sub-committee completes sections VII-IX &amp; develops improvement plan (if required)</li> </ul> | <ul style="list-style-type: none"> <li>◆ Sub-committee reports to board</li> </ul> | ◆    | ◆    | ◆   |
| Sept 2006  | Oct  | Nov   | Dec | Jan 2007   | Feb  | Mar | Apr   | May  | June | July | Aug |
|  | <ul style="list-style-type: none"> <li>◆ Board confirms date SAT completed and identifies three priority improvement areas for reporting period</li> </ul> | <ul style="list-style-type: none"> <li>◆ Clinic reports on funding application</li> </ul> |     |  |  |     | <ul style="list-style-type: none"> <li>◆ Board monitors improvement progress</li> </ul>   |  |      |      |     |
| Sept 2007  | Oct  | Nov   | Dec | Jan 2008   | Feb  | Mar | Apr   | May  | June | July | Aug |
|  | <ul style="list-style-type: none"> <li>◆ Board identifies three priority improvement areas for reporting period (can be the same or different)</li> </ul>  | <ul style="list-style-type: none"> <li>◆ Clinic reports on funding application</li> </ul> | ◆   | ◆  | ◆  | ◆   | ◆   | ◆  | ◆    | ◆    | ◆   |
|  |  | ◆   | ◆   | ◆  | ◆  | ◆   | ◆   | ◆  | ◆    | ◆    | ◆   |

## **SURVEY MONKEY LINK AND INSTRUCTIONS**

The tool was created in surveymonkey, an inexpensive webbased service. The www link provided below will take you to the self-assessment tool. Once board and staff have engaged in the self-assessment process, a clinic can submit its results by completing the self-assessment webbased form. Should you have any questions or difficulties, please contact the QSO (416) 204-7130 [qso@lao.on.ca](mailto:qso@lao.on.ca)

<http://www.surveymonkey.com/s.asp?u=78545669231>

A. How do I enter data?

Simply place your cursor over the selected button and click. Data can also be added in the text boxes.

B. Can I print off the survey?

Yes, after entering the results, use File / Print menu (Internet Explorer) to print individual pages. You'll need to use the print feature for *each page* captured on screen. Unfortunately, there is no functional capacity to print the entire survey by hitting the print button once.

C. Can I fill-out one part of the tool and then return to the tool at another time to complete it?

Yes, respondents that return to an incomplete survey will be taken to the point where they left off simply by clicking on the surveymonkey link above.

D. Can I go back and forth?

Yes, simply hit the Previous or the Next button at the bottom of the screen

E. How do I submit the results?

Simply hit the Submit button at the end of the tool once you've filled it out completely.

F. Can I keep a hard copy for my files?

Yes, you'll want to keep a hard copy. We'd recommend you print off each completed page of the survey before submitting it.

<\\lao\qso\QSO-Data\Clinics\Clinic Self-Assessment tool\Final\Clinic Self-Assessment Tool - June 17, 2005.doc>