

**PBLO at SickKids:**

**A Phase II Evaluation of the Medical-Legal Partnership**

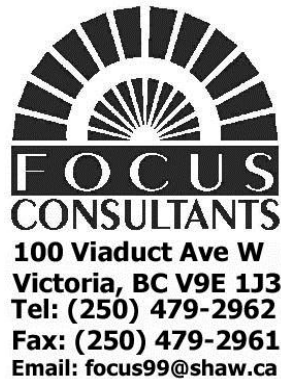
**between**

**Pro Bono Law Ontario**

**and**

**SickKids Hospital, Toronto**

**FINAL REPORT**



**February 17, 2012**

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Tim Roberts and Janet Currie  
Directors, Focus Consultants

## Executive Summary

### Introduction

This is the final evaluation report of Phase II of a medical-legal partnership between Pro Bono Law Ontario (PBLO) and SickKids Hospital in Toronto. The report is based on project data collected primarily from September 2010 to September 2011 and on interview procedures from November 2011 through January 2012.

### Description of Pro Bono Law Ontario at SickKids Hospital

PBLO is a charitable organization with a mandate to improve access to justice by creating and facilitating opportunities for lawyers to provide pro bono legal services to low-income Ontarians as well as the community organizations that serve them. PBLO provides strategic guidance, training and tailored technical support to law firms, law associations and legal departments interested in engaging in organized pro bono projects. PBLO also manages three streams of pro bono projects in-house, one of which serves children and youth. The program at SickKids, launched in March 2009, falls under this children and youth mandate.

SickKids Hospital is a major pediatric centre for the Greater Toronto Area, and is also a teaching hospital for the University of Toronto. It has almost 400 beds and provides the highest quaternary level of complex and specialized pediatric family-centred care.

The project was originally called the Family Legal Health Program (and many clinicians and families still refer to it by that name) but is now formally called "PBLO at SickKids." In essence, the project helps low-income patients and families deal with legal challenges that impact the patient's health and/or the family's capacity to care for their sick child.

A paid triage lawyer is central to the model. Her office is located on site, within the hospital's Department of Social Work. Her primary roles include:

- *Consultations with clinicians and families:* The consultation may result in (1) information or advice passed to the clinician, (2) a brief service and/or advice provided directly to the parent/patient as a client, (3) referral of the case to a pro bono lawyer, or (4) referral to another organization.
- *Training hospital clinicians:* primarily by means of academic rounds, the triage lawyer engages with hospital clinicians (social workers, nurses and doctors) to identify legal issues that impact patient health or a family's capacity to manage their child's care.
- *Involvement in systemic issues:* involvement in more broad-based advocacy concerning laws and policies that frequently impact the children and families whom she serves. This is done through a committee called the Systemic Issues Working Group. The committee was formed by PBLO and the triage lawyer, who is its chair, and who solicited members for the group. It currently includes social workers, nurses, doctors, fellows and residents with SickKids, some external lawyers, and members of the office of the Provincial Advocate for Children and Youth.

Two law firms – Torkin Manes LLP and McMillan LLP – provide pro bono advice and/or representation to clients referred by the triage lawyer. Such referrals are made in cases involving the need for more extended advice, advocacy and/or representation, and therefore significantly extends the ability of the project to

address the needs of clients. Both firms have wide and comprehensive practice areas, so are able to respond to all referrals from the PBLO at SickKids program.

## Study Methodologies

The evaluation of the project involved five methodologies:

- A literature review of medical-legal partnerships.
- A file review of 463 client files primarily from the 13 month period September 2010 to September 2011. Selected file data was extracted by the triage lawyer and a law student assistant, anonymized by use of code numbers and forwarded to the evaluator for analysis.
- Telephone interviews with 40 clinicians who had referred patients/families to the project.
- 12 self-completed questionnaires and three telephone interviews with lawyers in the two law firms who had taken pro bono referrals from the project.
- 23 telephone interviews with parents/patients who had received legal services.

## Literature Review

PBLO at SickKids is one of only two medical-legal partnerships (MLPs) in Canada, the other being in Quebec. Given the uniqueness of MLPs in English-speaking Canada, the literature review was intended to introduce readers to this concept, and to situate PBLO at SickKids in a wider context.

Themes addressed in the review include the following:

- The history and scope of MLPs
- A description of the social determinants of health and the impact of legal interventions on families, patients, health institutions and policies
- The purpose, value and principles of MLPs
- Structure and components (including physician training)
- The most common types of legal needs addressed by MLPs
- Examples of different models of MLPs
- Benefits and value
- Physician engagement and training
- A review of evaluation data
- Research limitations and gaps

## Findings: File Review Data

The file review was based on an overall review of 463 client cases from September 2010 through September 2011, but the total N (number of cases) varied considerably depending on the availability of file data.

### *Demographics:*

- The project serves not only the immediate Greater Toronto Area, but also a significant proportion of clients (over one-third) from outside the GTA.

- A small but nonetheless significant percentage (11%) of clients do not have a fixed address. This usually means they are in a shelter, but can also mean that they are facing deportation or other significant immigration hearing.
- The 30% of clients with language barriers indicates that an interpreter was necessary in the contacts with the triage lawyer.
- Slightly over half of the patients are in the 0-5 year age group.
- Approximately 40% of the families have more than one child.

Each of the last four demographics can be considered as factors that could add complexity or vulnerability to the medical/legal situation of clients.

### *Service Data*

- Average monthly numbers of cases in the study period was 35.2, up from 24.2 per month in Phase I.
- 33 departments referred from 1 to 62 cases to the project in this period. The key referring departments were neurology, neurosurgery, cardiology, nephrology, adolescent medicine, oncology, ophthalmology and complex care/general pediatrics. Each referred at least an average of 2 clients per month.
- In 77% of cases either or both parents are seeking the service.
- In 89% of cases a social worker is the referral agent.
- 74% of clients (338) met in person with the triage lawyer, compared to 30% in Phase I.
- 99 clients were referred to a pro bono lawyer (7.6 per month, a considerable increase from the first phase).
- 235 referrals were made to other organizations (apart from the pro bono lawyer), the two largest categories being Legal Aid (94) and the private bar (74).
- 80% of cases involved one legal problem, 20% two or more problems.
- The top six legal issues were, in descending order of frequency, immigration/refugee, family, education, employment, health law, and capacity/consent issues.
- Of the 233 cases where at least one issue was completed at the time of the file review, 71% of legal problems were fully resolved; 15% had some matters resolved but others could not be resolved; in 9% none of the legal problems could be resolved.

### **Findings: Clinician Survey**

- 75% of the 40 respondents were social workers, 15% nurses and 10% doctors.
- The respondents represented 19 different departments. Four of them – oncology, adolescent medicine, neurology and neurosurgery, and complex care – represented slightly over 50% of responses identifying the referring department.
- Social worker respondents averaged 19 referrals since the project began (March 2009), nurses 6.7 and doctors 5.3. Overall, slightly under 50% of clinicians felt their referrals had increased in the past year. None felt they had decreased.
- The average estimate by clinicians of the percentage of their consultations with the triage lawyer that are done by telephone rather than in person is 46%.

- Social workers and nurses expressed strong confidence (ratings of 6.1 and 6.0 respectively on a 7-point scale, where 1=not confident at all, 7=very confident) in their ability to identify that a family had a potential legal problem (doctors' mean rating was 3.8).
- Clinicians' average rating of the triage lawyer's clarity of explanations was 6.9 on a 7-point scale (where 1=not clearly at all, 7=very clearly).
- 60% of clinicians felt PBLO was usually the first time parents have identified their legal problems and sought assistance; another 30% felt this was sometime the case.
- 58% felt parents usually follow through on advice or referrals (apart from pro bono referrals) from the triage lawyer, and 35% felt they sometimes follow through.
- Clinicians' average rating of the degree to which the program helps reduce the stress of the child's health problems on the family was 6.5 on a 7-point scale (where 1=hasn't reduced the stress at all, and 7=has reduced the stress a great deal).
- Clinicians were virtually unanimous in asserting that the on-site location was essential to the success of the model.
- 48% of clinicians felt the PBLO model would work equally well at other hospitals, 50% said "it depends." When asked to clarify what success would depend on at other sites, clinicians pointed to many of the elements that exist at SickKids (where they are unanimous in feeling the model works well): a large pediatric hospital with a strong family-oriented belief system, and/or a critical mass of socially/economically vulnerable patients/families, and/or significant social worker resources, and/or strong management support.
- Forty-eight percent of clinicians felt there was no need for improvement in the program at SickKids. The strong majority sentiment of the other respondents was that the program is meeting a need and is working well, but that they would like "more of the same" – i.e. more educational rounds, more pro bono lawyers, more advertising, and expansion of the triage lawyers' hours even further.

### **Findings: Lawyer Survey**

- The 15 lawyers who responded to the survey had averaged 4.4 referrals since the beginning of the project (March 2009).
- On a 7-point scale (where 1=very dissatisfied, and 7=very satisfied), lawyer satisfaction ratings on four dimensions of the quality of service provided by the triage lawyer ranged from 5.9 (having necessary documents) to 6.8 (responsiveness if issues arose with client or case).
- On the same scale, their satisfaction ratings of various dimensions of the cases themselves averaged from 5.2 (likelihood of success) to 6.5 (sense that the client was genuinely of limited means).
- While lawyers were supportive of an on-site location for the project, the issue appeared less critical for them than for the clinicians. On a 7-point scale (where 1=no particular advantage to an on-site location, and 7=a great advantage), lawyers rated two aspects of the location at 5.1 and 5.2.
- Lawyers were equally divided on whether there is evidence of a relationship between the complexity, severity or multiplicity of a family's legal problems and the severity of the child's illness and/or the parents' capacity to cope with the illness.
- Four recommendations for improvements to the project related to administrative matters and expectations of pro bono lawyers, including the evaluation process. Three others focussed on communication with the client about expectations.

## Findings: Parent Survey

Demographics of the 23 respondents in the survey were:

- A large majority of survey respondents were mothers of the patient;
- Slightly over half lived in the Greater Toronto Area;
- For a significant majority (61%), the patient was under six years of age;
- Over half of the respondents had two or more children (including the patient);
- Over half of the patients were living with a single parent (usually the mother);
- Slightly over half of the families/patients were full-time or part-time employed; only 22% had two employed parents; slightly under half were on some sort of income or benefit assistance;
- Almost two-thirds (63%) had an annual family income in the previous year of less than \$30,000. Only one family had income exceeding \$65,000;
- Two of the 23 respondents (9%) had immigrated to Canada within the past five years.

All patients represented by these 23 respondents had severe and often multiple problems. In terms of impacts:

- A majority of parents (68%) need to assist with the child's treatment.
- The mother (87%) and/or father (62%) is not able to continue working regularly or to work at all.
- No school-age children are able to attend school on a normal basis.
- Over one-third of families have had four or more visits to the emergency room in the past year.
- 96% of families reported significant stress on the family as a result of their child's condition. Only two respondents rated the stress at less than a 7 on a 7-point scale.

The legal problems described by the parents comprised the following:

- 4 respondents in each of health, education, employment, income security and family matters.
- 2 respondents with tax problems.
- 1 respondent with a civil litigation matter.

Parents were asked if they or anyone else in the family had tried to get help for any of their legal concerns before they went to the lawyer's office at SickKids. None of them had done so. This response confirms and extends the clinician's assessment of this issue, reported above, and emphasizes that the project is truly addressing important needs of a new client group.

The impact of legal problems was felt most strongly in two areas of parents' lives: first, the level of stress and worry they were experiencing and, secondly, in their financial situation. There were significant minorities of respondents (approximately a third in each category) that felt there were major impacts in the areas most closely associated with their child's health – i.e. in the problem itself, in their ability to take care of their child, and in their ability to support the child's treatment. In part, this dual response can be interpreted as saying that the parents continued to attend to their child as their first priority, but prior to receiving legal intervention had been suffering impacts in terms of their finances and their own emotional health.

Additional findings include:

- 17 of the 23 respondents (74%) received service from a pro bono lawyer. However, almost all respondents acknowledged receipt of several project legal services, including preliminary information from a clinician (who had consulted the triage lawyer), the triage lawyer herself and, in a small number of cases, from other organizations to which they had been referred.
- Of the five respondents who were referred to other services (apart from the pro bono lawyer) three said they followed up on the referral.
- In the 19 completed cases in the parent survey there were 22 issues. Thirteen (59%) were fully resolved, 4 (18%) had some resolved, and 5 (23%) had no problems resolved. The outcomes in this smaller survey group were therefore less positive than for the overall population of cases.
- The two areas that parents felt the services contributed most to an improvement in their lives were in lowering stress or worry in the family, and in improving the family's financial situation. Approximately half of the parents also estimated a moderate to significant improvement in regard to the child's health or in their (the parents') ability to help maintain the child's treatment.
- In all of the seven areas concerning the service received from either the triage lawyer or a pro bono lawyer, parents rated the quality of service extremely positively (mean rating of between 6.2 and 6.9, where 1=poor and 7=excellent).
- Parents were asked to identify the one aspect of the PBLO service that helped them the most. The answers coalesced in four areas:
  - The fact that their legal problem was resolved or the service brought them hope.
  - The immediacy of the service (i.e. location in the hospital).
  - The compassion, clarity and competence of the triage lawyer and/or pro bono lawyer.
  - The fact of being connected to a pro bono lawyer whom they could not normally afford, and would be afraid to seek out.

## Conclusions

The following are the main conclusions of this study:

- The families served are ones in social/financial need.
- The families served have children with chronic health problems.
- The project works extremely well in a clinical setting at the hospital and enjoys the full confidence of hospital clinicians.
- The project has steadily enlarged its service capacity.
- The program has a good record of achieving resolution to clients' legal problems, which in turn has created significant positive impacts for families.
- It was not possible to effectively assess whether there was a relationship between the complexity, severity or multiplicity of a family's legal problem and the severity of the child's illness and/or the parents' capacity to cope with the illness. The lawyer respondents gave divided opinions on this topic.
- In a large majority of cases, it appears that PBLO was the first entry point to services for their legal problems and that the project is therefore addressing significant prior unmet needs.
- Clinicians were unanimous in feeling the model works well at SickKids. Although half the clinicians felt the model would work well in other settings, the other half felt it would depend on whether some or most of the key factors at SickKids exist in other hospitals.

## 1.0 Introduction

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This is the final evaluation report of Phase II of a medical-legal partnership between Pro Bono Law Ontario (PBLO) and SickKids Hospital in Toronto. An earlier formative evaluation of Phase I of the project was conducted by the Dalla Lana School of Public Health at the University of Toronto.<sup>1</sup> Their final report was submitted April 30, 2011. In terms of data collection, that report covered the period from the project's inception in March 2009 to June 2010, with interviewing procedures continuing through September 2010. The report collected preliminary information about program impacts, discussed ways of improving the program and developed ideas for future evaluation procedures.

The current Phase II report conducted by Focus Consultants is based on project data collected primarily from September 2010 to September 2011 and on interview procedures from November 2011 through January 2012. It builds on many of the procedures of the first report, but now that the project is more mature, the evaluation is able more fully to address case outcomes and to explore the potential applicability of the model in other hospital settings.

The remainder of this section of the report provides brief overview descriptions of PBLO and the program at SickKids. Section 2 describes the study methodologies, Section 3 presents contextual themes concerning medical-legal partnerships drawn from a literature review undertaken by the evaluators. Sections 4-7 present findings from the four sets of data collection procedures, and Section 8 contains the study conclusions.

### 1.1 Pro Bono Law Ontario

PBLO is a charitable organization with a mandate to improve access to justice by creating and facilitating opportunities for lawyers to provide pro bono legal services to low-income Ontarians as well as the community organizations that serve them. PBLO provides strategic guidance, training and tailored technical support to law firms, law associations and legal departments interested in engaging in organized pro bono projects. PBLO also manages three streams of pro bono projects in-house:

- Projects serving children and youth;
- Projects serving unrepresented litigants with civil (non-family) matters;
- Projects serving charitable organizations.

The program at SickKids, launched in March 2009, falls under the first of these mandates.

### 1.2 SickKids Hospital

SickKids Hospital is a major pediatric centre for the Greater Toronto Area, and is also a teaching hospital for the University of Toronto. It has almost 400 beds and provides the highest quaternary level of complex and specialized pediatric family-centred care. There are six centres of excellence in the hospital – bone health, brain and behaviour, cancer, cystic fibrosis, hear, pain and transplantation. The SickKids Research Institute is the largest child health research institute in Canada. A Learning Institute was established in

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<sup>1</sup> Jackson, Suzanne F. PBLO at SickKids Evaluation Final Report April 30, 2011, Dalla Lana School of Public Health, University of Toronto.

2007 to support all forms of learning, from formal training of healthcare workers to the education of patients and families and the transfer of knowledge to the community.

As will be seen in Section 5.4.2, the philosophy of family-centred care is highly developed at SickKids and is operationalized in the context of the hospital's inter-professional practice model. Family-centred care is also embedded in an understanding that social determinants such as poverty directly impact the health and well-being of children (see Sections 3.3.1 and 5.4.2) SickKids' engagement with the PBLO in a medical-legal partnership can be seen as a direct application of this social understanding.

### 1.3 PBLO at SickKids

The project was originally called the Family Legal Health Program (and many clinicians and families still refer to it by that name) but is now formally called "PBLO at SickKids." In essence, the project helps low-income patients and families deal with legal challenges that impact the patient's health and/or the family's capacity to care for their sick child. The key elements of the model are described below.

#### 1.3.1 The Triage Lawyer

A paid triage lawyer is central to the model. Her office is located on site, within the hospital's Department of Social Work. Respondents' assessment of the importance of an on-site location is described in Section 5.4.1). Currently she is employed four days per week.

- Her primary roles include:
  - *Consultations with clinicians and families:* The triage lawyer estimates that consultations comprise approximately 60% of her time. In all cases a clinician (social worker, nurse or doctor) is the intermediary that first brings a patient's legal issue to the attention of the triage lawyer, either by telephone or in person. There is no walk-in access to the lawyer independent of this initial intermediary role. (This is both to ensure that users of the service are patients or parents of patients, and that the legal problem has an impact that can be reasonably connected to the child's health or ability of the parents to care for the child.)

The consultation may result in (1) information or advice passed to the clinician, (2) a brief service and/or advice provided directly to the parent/patient as a client, (3) referral of the case to a pro bono lawyer, or (4) referral to another organization.

Brief service is usually one that can be provided within an hour (e.g. notarizing a document, writing a short letter, making a telephone call, or verifying some information). Advice may involve even as much as six hours in one or more visits of the client to the office and/or of the triage lawyer to the patient's room, but will not extend to matters that require extended advocacy (e.g. longer letters or more frequent contacts with parties), or involve leaving the office for court-based adversarial matters. It is these latter issues that will be referred to a pro bono lawyer in one of the two law offices that are engaged in PBLO's relationship with SickKids. If applicable, the triage lawyer may refer the client to another organization such as legal aid, the private bar or refugee law office (see Table 12 in Section 4.2).

- *Training hospital clinicians:* the triage lawyer engages with hospital clinicians (social workers, nurses and doctors) to identify legal issues that impact patient health or a family's capacity to manage their child's care. The triage lawyer estimates that this comprises 20% of her activity. This outreach is primarily done through academic rounds, i.e. in meetings with groups of staff in a given

department at lunch time. These meetings are about the program or specific legal issues (e.g. consent/capacity) and involve presentations and/or discussion and mutual exchange of information. Training can also take the form of social work “grand rounds” where either the triage lawyer or an external lawyer will give a formal presentation to social workers from several departments. She also arranges periodic “pro bono rounds” using a pro bono lawyer to discuss an area of law of direct relevance to the patients and families (e.g. disability registered plans). The triage lawyer also contributes information about the program to periodic bulletins that are sent to hospital staff by different clinician groups (e.g. social workers, advanced practitioner nurses, interlink nurses) and annually addresses fellows and residents who are new to the hospital.

- *Involvement in systemic issues:* A third activity (estimated at 20% of the triage lawyer’s time) is broad-based advocacy through a committee called the Systemic Issues Working Group. This committee was formed by PBLO and the triage lawyer, who is the committee’s chair, and who solicited members for the group. Membership now includes social workers, nurses, doctors, fellows and residents with SickKids, some external lawyers, and members of the office of the Provincial Advocate for Children and Youth. The committee’s advocacy work is directed at overarching issues, laws, policies and structures that impact the children and families whom the triage lawyer serves (e.g. by advocating for changes to the current law which requires families to wait three months to get OHIP coverage if they are from out of country; making submissions to the Canadian Children’s Rights Committee on compliance with the Convention on the Rights of the Child; participating in a provincial review of the Child and Family Services Act).

### **1.3.2 The Pro Bono Lawyers**

Two law firms – Torkin Manes LLP and McMillan LLP – provide pro bono advice and/or representation to clients referred by the triage lawyer. As noted in the previous section, such referrals are made in cases involving the need for more extended advice, advocacy and/or representation, and therefore significantly extends the ability of the project to address the needs of clients. Both firms have wide and comprehensive practice areas, so are able to respond to all referrals from the PBLO at SickKids program.

Major case types referred to pro bono lawyers are described in Section 4.3, and feedback from key participating lawyers is in Section 6.0.

## 2.0 Methodology

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This section describes the evaluation objectives and the methodologies used to address them.

### 2.1 Evaluation Objectives

As stated in the Request for Proposal for the Phase II evaluation of the PBLO at SickKids, PBLO hoped to achieve three overarching goals:

- Demonstrate to existing and potential funders and key stakeholders in the healthcare and legal sector that PBLO at SickKids is a positive innovation in Ontario that addresses barriers to justice for vulnerable families with acute or chronic health issues;
- Demonstrate the efficacy of legal advocacy and pro bono legal services in the clinical setting;
- Demonstrate that the medical-legal model used by PBLO at SickKids is applicable to other hospitals and healthcare facilities that serve low income and vulnerable populations.

The RFP also stated three specific objectives of the study:

- Analyze how the project in general, and the pro bono component specifically addresses barriers to justice for low income families;
- Analyze the legal issues and the medical/health issues for which program clients (patients and families) receive healthcare at SickKids. We would like to know whether there is a relationship between the complexity, severity or multiplicity of legal problems and the severity of the child's illness;
- Determine whether *PBLO at SickKids* was the first entry point to legal services for program clients (patients/families) or whether they had previously accessed legal services for their problems.

While these goals and objectives provided a framework for the study, further issues were defined through communication between the evaluators, the director of PBLO's Child Advocacy Project, the Deputy Director of PBLO and the Executive Director of PBLO. In this process, successive iterations of the evaluation instruments were elaborated, as described below.

### 2.2 Evaluation Methodologies

Five methodologies were used in the study.

#### 2.2.1 Literature Review

The literature review comprised a search of the National Centre for Medical-Legal Partnerships (Academic Articles), source list, OVID, OVID Medline and Legal Trac. Up to 23 key words and phrases such as medical-legal partnerships, child advocacy, pediatrics, child health services, lawyers and legal clinics were used in order to identify citations and abstracts. Articles were selected from abstracts that reflected different aspects of the purpose, development, growth, components and outcomes of MLPs.

From this search, 37 articles were reviewed. The findings from this review are presented in Section 3.0 of this report.

## 2.2.2 Case File Review

A Client File Data Collection Template (Appendix 1) was developed as the basis of a file review of all PBLO cases from September 2010 to September 2011. The forms capture different levels of data depending on the degree of consultation and assistance provided. For cases for which there was only a brief consultation with the clinician, data was collected primarily on who referred the patient, the type of service provided and the type of legal problems, and only secondarily on other matters if the data was in the file. For intake cases in which the triage lawyer met directly with the client, data was collected on the client's demographics, the service and referral provided, the legal problems involved and the health issues of the child. For PBLO referrals, the same data as for intake cases was collected, plus data on the level of resolution of the legal problems.

In order to preserve client anonymity, all file data was collected by the triage lawyer and a law student assistant. Names of clients were substituted with a case code number on each form before their transmission to the evaluator. Data from analyses of these file forms is presented in Section 4.0.

## 2.2.3 Survey Questionnaires

Questionnaires were developed for surveys with clinicians (Appendix 2), pro bono lawyers (Appendix 3) and parents (Appendix 4). The questionnaires, as part of a quality improvement project application, which included a description of the project intent and accompanying procedures, were submitted to SickKids Quality and Risk Management Department, and approved in early November 2011.

- Clinicians

In mid-November 2011 the triage lawyer sent an email to clinicians who had referred cases in the preceding year, informing them of the evaluation, urging their participation, but giving them the opportunity to opt out. A resulting list of 48 possible participants was forwarded to the evaluator. One clinician was no longer with the hospital and one said that he had not had any consultations. Of the remaining 46, one declined to participate and five could not be reached despite repeated attempts. Telephone interviews were completed with the remaining 40 respondents in November and December 2011. The results of these interviews are presented in Section 5.0 of this report.

- Pro bono lawyers

Lawyers from the two law firms who had handled one or more cases in the project since its inception were asked by the Deputy Director of PBLO to participate in a survey. Three interviews were conducted by telephone and another twelve self-completed questionnaires were submitted. The interview findings are presented in Section 6.0 of this report.

- Parents

All parents who were referred to a pro bono lawyer were considered potential respondents in the evaluation, and a small sample of those who had had a consultation with the triage lawyer but were not referred to an external lawyer were also targeted. Prior to contacting potential respondents to request their participation, the triage lawyer eliminated the names of those for whom an interview might be considered unduly stressful, insensitive or otherwise inappropriate. This category of non-targeted parents included, for example, those where their child had died, where the health condition was currently unstable, or where the file involved allegations of domestic violence or abuse. These decisions were made in consultation with clinicians.

The triage lawyer began with a potential list of 43 parents. Six were eliminated due to sensitivities of the type just described, 10 could not be contacted despite repeated attempts by the triage lawyer, and 27 agreed to participate. When contacted by the interviewer, the parents were again given the opportunity to decline participation. They were also informed that data would be reported in aggregate form and no names would be used in the report.

Of the 27 who had originally agreed to participate, 23 completed interviews when contacted by the evaluation interviewer. Four more parents could not be reached despite repeated attempts. These interviews were completed by telephone in December 2011 and the first half of January 2012. Results of the interviews are presented in Section 7.0.

#### **2.2.4 Data Limitations**

There are two limitations to the data in this study. The first is in the scope of the data. The very nature of the triage lawyer service makes it necessary to limit the extent of data recording for brief consultations with clinicians. Often the service is provided quickly by phone and in pressured situations where it would be inappropriate to do extensive data gathering. More substantial data collection was possible for intake cases and PBLO referrals. In some PBLO referrals the case was still pending, so it was not possible to determine outcomes. This limitation was counterbalanced by the richness of the clinician interviews in particular, and the opportunity to triangulate these results with those of the other surveys.

The second limitation was that the sample sizes could not guarantee statistical representativeness of the data. This is often the case with programs where the population of survey respondents is relatively small to begin with. This limitation is somewhat offset by the consistently positive feedback from each of the three sets of respondents, which makes it unlikely that significantly different response patterns would emerge with a larger sample.

## 3.0 Themes from the Literature Review

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### 3.1 Introduction & Description of the Literature Review

The intention of the literature review was to provide an overview of the history, scope, purpose and benefits of medical-legal partnerships (MLP) for patients, their families and healthcare institutions and, to situate the overview in relation to larger policies governing the health of citizens.

An MLP is defined as the provision of “legal assistance integrated into the medical setting with at least a part-time on-site presence of legal staff at a medical institution” (National Center for Medical Legal Partnerships, 2009). The established purpose of MLPs is to,

*... improve the health and well-being of vulnerable individuals, children and families by integrating legal assistance into the medical setting. Medical-legal partnerships address social determinants of health and seek to eliminate barriers to healthcare in order to help vulnerable populations meet their basic needs and stay healthy. (Ibid)*

The literature review was based primarily on American sources because of the extensive network of MLPs in the US. A broad approach to the literature was taken with an emphasis on showing how MLPs address the social determinants that impact the health status of families and children. The literature included MLPs in both pediatric and adult clinical settings.

Themes addressed in the review include the following:

- The history and scope of MLPs
- A description of the social determinants of health and the impact of legal interventions on families, patients, health institutions and policies
- The purpose, value and principles of MLPs
- Structure and components (including physician training)
- The most common types of legal needs addressed by MLPs
- Examples of different models of MLPs
- Benefits and value
- Physician engagement and training
- A review of evaluation data
- Research limitations and gaps

### 3.2 History and Scope of Medical-Legal Partnerships

The first Medical-Legal Partnership was developed in 1993 at the Boston Medical Center with a single lawyer as a way to better serve vulnerable patients. As noted by Barry Zuckerman, its founder,

*As a pediatrician taking care of children in inner city Boston, it was upsetting for me to see children become sick and hospitalized for conditions that my children or children living in my neighborhood wouldn't suffer from. These included conditions related to inadequate food, to poor housing conditions, to utilities shut off, to violence in the community and other problems related to their social environment. I realized that there are a lot of protections and benefits that our public officials have put into policy and I thought the best way to address these problems was to hire a lawyer to see that the patient got help, to reduce unnecessary preventable illnesses. (Report in New American Media, 2009)*

MLPs are oriented around three major activities:

- Providing legal information, assistance and referrals in a healthcare setting to patients and their families;
- Implementing health practice transformation by reorienting health and legal services to early detection and preventive care;
- Improving hospital or government policies that affect vulnerable populations through legal means.

An overriding focus of MLPs is to address the social determinants that have a major impact on the health and health-related issues of patients and their families through legal means (see Section 3.3).

The growth in MLPs in the US has been impressive. In 2010, MLPs:

- Partnered in over 235 hospitals and health centers in 33 states;
- Provided legal assistance to over 34,000 individuals and families;
- Trained over 10,000 healthcare providers on the connections between poverty, health and unmet legal needs;
- Contributed to curriculum at 38 law schools, 28 medical schools and 46 residency programs.

The growth of MLPs in the US can be attributed to their focus on the recovery of healthcare benefits (i.e. Medicare and Medicaid that has been denied) for patients. This has provided a more stable income stream for MLPs.

There are only two well developed MLPs in Canada. Both involve pediatric populations. PBLO at SickKids is the only initiative outside of Québec. A similar model to a MLP exists in Québec which is managed by La Fondation du Dr. Julien (FDJ). This foundation provides assistance to children in difficulty at two centres (Hochelaga-Maisonneuve and Côte-des-Neiges). These centres provide a range of services and care to address the needs, including legal needs, of vulnerable children and their caregivers.

### 3.3 The Impact of Social Determinants on the Health of Children and the Capacity of Families to Provide Care

#### 3.3.1 Overview

MLPs were specifically designed to address the social determinants that are the primary drivers of health outcomes. Social determinants are defined as the,

*... conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at the global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries. (World Health Organization, [http://www.who.int/social\\_determinants/en/](http://www.who.int/social_determinants/en/))*

Social determinants are not usually considered to be the direct causes of illness but have been described as the “causes of the causes” of illness. There is an acknowledgement that, while not all the pathways of social determinants and their effects on health are clearly understood, the role of medical care is a relatively small contributor to the overall health status of people. Social inequalities contribute much more significantly in terms of the onset, intensity, severity and progression of disease in adults and children.

*The health of children from low income families is critically influenced by the broader conditions of social and economic disadvantage. Children living in families without regular adequate income have been shown to be at increased risk of poor health in both the short and long term. Low socio-economic status, fear of homelessness, poor neighbourhoods and financial constraints have been found to contribute to housing stress, depression, anxiety and other preventable health issues such as asthma, diabetes, obesity, hunger and malnutrition, and lack of access to adequate healthcare. Moreover, the prevalence of asthma and poor health increases with increasing socio-economic disadvantage. (Sources quoted in Hum and Faulkner, 2009:109-10)*

Children with low socio-economic status (SES) also have increased rates of hospital admission because of traffic collision injuries, burns/scalds, poisonings, falls, bicycle injuries, and recreation or play injuries (Birken, 2004).

Table 1 presents a summary of how socio-economic factors (also clearly related to racial/ethnic segregation) contribute to the determinants that impact on health.

**Table 1. Examples of the Impact of Socio-Economic Determinants on Health**

<b>SOCIO-ECONOMIC DETERMINANTS</b>	<b>IMPACTS</b>	<b>EXAMPLES OF HEALTH IMPACTS</b>
Poverty and related socio-economic factors (wealth, social class) ⇕ Segregation (segregation is equated with poverty)	<p><b>Neighbourhood Impacts</b></p> <ul style="list-style-type: none"> <li>▪ consolidation and perpetuation of poverty</li> <li>▪ exposure to ongoing violence</li> <li>▪ lack of services and resources (food, health, etc.)</li> </ul> <p><b>Family Factors</b></p> <ul style="list-style-type: none"> <li>▪ violence/abuse and family breakdown</li> <li>▪ non-involved father</li> <li>▪ parental stress and illness – including mental health and addictions</li> <li>▪ lack of parental supervision - less responsive parents</li> </ul> <p><b>Factors Related to Education</b></p> <ul style="list-style-type: none"> <li>▪ poor schools (consolidation of poverty)</li> <li>▪ parents deciding not to send their children to school</li> </ul> <p><b>Homelessness/Housing</b></p> <ul style="list-style-type: none"> <li>▪ lack of stable housing</li> <li>▪ homelessness or fear of homelessness</li> <li>▪ poor housing conditions</li> <li>▪ lack of heat in winter (“heat or eat”)</li> <li>▪ poor sanitation</li> <li>▪ overcrowding</li> <li>▪ exposure to hazards</li> </ul>	<p><b>Outcomes for Children</b> (Mediated by parental capacity and well-being)</p> <ol style="list-style-type: none"> <li>1. Increased susceptibility to preventable injuries</li> <li>2. Pre-term birth and low birth rate</li> <li>3. Failure to thrive</li> <li>4. Poorer health (short and long term outcomes)</li> <li>5. Low functional health (vision, speech, mobility)</li> <li>6. Increased exposure to childhood diseases</li> <li>7. Increased rate of respiratory and gastro-intestinal infections</li> <li>8. Tendency to overweight / obesity</li> <li>9. Mental health problems/ anxiety / depression</li> <li>10. Increased admissions and ER visits</li> <li>11. Lack of access to treatment</li> <li>12. Sub-optimal treatment</li> <li>13. Poor treatment compliance</li> </ol> <p><b>Leading to:</b></p> <ol style="list-style-type: none"> <li>14. Worsening of health problems – more complex interventions</li> <li>15. Chronicity of health problems / more serious episodes</li> </ol>
	<p><b>Impaired Access to Benefits and Safety Nets to Ensure Basic Needs are Met</b></p> <ul style="list-style-type: none"> <li>▪ loss of benefits</li> <li>▪ increased financial insecurity</li> <li>▪ lack of citizen information/power/skills to challenge decision making</li> </ul> <p><b>Lack of Food Security / Poor Nutrition</b></p> <ul style="list-style-type: none"> <li>▪ lack of access to nutritional food in the neighbourhood</li> <li>▪ inability to afford good food</li> <li>▪ hunger</li> </ul>	

SOCIO-ECONOMIC DETERMINANTS	IMPACTS	EXAMPLES OF HEALTH IMPACTS
	<p><b>Environmental Exposure(s)</b></p> <ul style="list-style-type: none"> <li>▪ toxins in the home (e.g. mold)</li> <li>▪ chemicals in the environment</li> <li>▪ poor air quality</li> </ul> <p><b>Inadequate Access to Healthcare</b></p> <ul style="list-style-type: none"> <li>▪ inadequate pre-natal care</li> <li>▪ poor basic childhood immunizations</li> <li>▪ lack of access to treatment (preventive, emergency or standard) care</li> </ul>	
<p>Sources: Zuckerman et al (2008; Williams et al (2008); Adler et al (2002); Williams et al (2009); Pettignano et al (2011); Lawton (2007); Locke et al (2011); Birken et al (2004); McCabe et al (2010); Weintrub et al (2010); Hum and Faulkner (2009); Zuckerman (2004).</p>		

The following specific examples show how social determinants affect the health of children in two disease areas: asthma and sickle cell disease (SCD).

Asthma is a major contributor to disease and disability among American children. Its distribution, chronicity and severity is linked to ethnicity and socio-economic status. Williams et al (2009) describe the range of factors that can contribute to asthma morbidity and mortality,

- Children with asthma who are members of minority groups are less likely to receive appropriate medications or prevention or treatment of acute episodes;
- Pharmacies in poor neighbourhoods often have inadequate medical supplies and hospitals are overcrowded and have limited resources;
- Families are less likely or able to comply with treatment guidelines;
- Children are less likely to have a documented asthma treatment plan or to have had a severity assessment;
- Children regularly experience exposure to poor housing conditions that affects the severity of their disease. Poor housing stock and overcrowding may predispose children to viral illnesses and indoor allergens;
- The social environment that exists in poor neighbourhoods and the level of violence contributes to psychological stress which is being increasingly linked to asthma expression (wheeze symptoms and prescription bronchodilator use);
- Fears for personal safety may affect the degree to which mothers breastfeed. Breastfeeding is known to be a protective factor in asthma morbidity.

Pettignano et al. (2011) looked at the impacts of socio-economic factors on the health outcomes of children with sickle cell disease. SCD is an inherited hemolytic anemic genetic disorder that is present in African, Mediterranean and Middle Eastern populations. The disease is subject to multiple complications, a pre-disposition to infection and requires frequent medical care.

In a study quoted by the authors, (Boulet et al., 2010), socio-economic factors can be seen to directly affect children with SCD because they can,

*... trigger the pathophysiological mechanisms of chronic hemolytic anemia and vaso-occlusion, which results in pain and tissue injury from ischemia and therefore necessitates access to medical care and/or hospitalization. Hypoxia, infection, fever, dehydrating and exposure to extremes of temperature can trigger painful events. In addition, patients have cited anxiety, depression and physical exhaustion as precipitatory causes of crises. (Boulet et al. quoted in Pettignano et al, 2011:e6)*

### **3.4 The Role of MLPs in Addressing the Social Determinants of Health**

#### **3.4.1 The Impact of MLPs on Social Determinants and Socio-Economic Disparities**

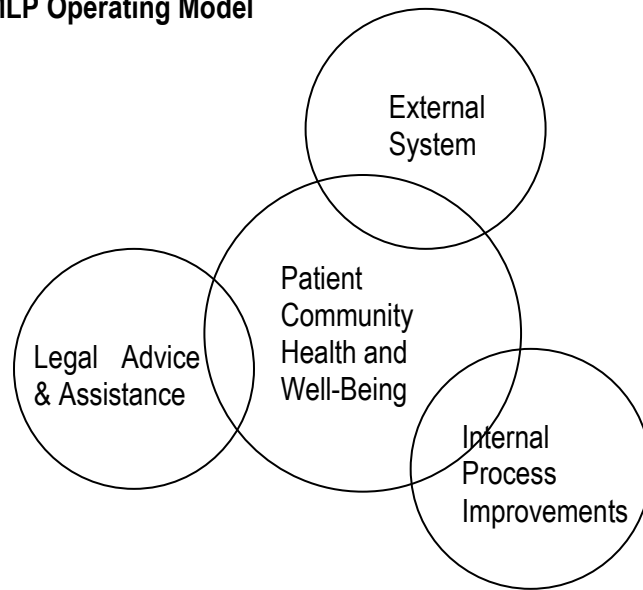
As noted above, social disparities contribute to the incidence, onset and trajectory of disease as well as its severity and progression. Medical-Legal Partnerships can assist in addressing the impacts of social determinants on health by resolving some of these problems through legal means.

*The addition of lawyers to the medical team can promote health, prevent disease, and address barriers to the effective care and management of illness by screening patients and their families for social problems that can affect their medical care, assisting in the resolution of specific social problems and enhancing the effectiveness of advocacy by the entire health team. (Williams et al., 2008:S11)*

MLPs address problems

*... at the level of the individual, by affecting the progression and severity of disease and potentially at the population level, by combating “upstream” factor that may reduce the overall incidence of disease. Indeed, MLPs have the potential to bridge the community and the healthcare system by creating “early warning systems” in the healthcare setting for failed policies that adversely impact vulnerable populations. (Lawton et al., 2007:5/13)*

Figure 1 illustrates the interrelationship of these activities.

**Figure 1: MLP Operating Model**

Source: National Centre for Medical-Legal Partnerships as presented in Lawton et al., 2007:5/13.

### 3.4.2 Integration of Healthcare and Legal Approaches: Comparison of Models

MLPs offer advantages over traditional models that have provided legal and health assistance in isolated “silos.” MLPs attempt to bridge this gap. Table 2 describes the major characteristics of both models.

**Table 2. Comparison of the Prevailing and MLP Models for Providing Legal Assistance and Healthcare Services**

AREA OF CARE	PREVAILING (NON-INTEGRATED) MODEL	MEDICAL-LEGAL PARTNERSHIP (INTEGRATED) MODEL
Legal Assistance	<ul style="list-style-type: none"> <li>▪ Service is crisis-driven</li> <li>▪ Individuals are responsible for seeking legal assistance themselves</li> <li>▪ Primary pursuit is justice</li> </ul>	<ul style="list-style-type: none"> <li>▪ Service is preventative, focuses on early identification of and response to legal needs</li> <li>▪ Healthcare team works with patients to identify legal needs and makes referrals for assistance</li> <li>▪ Plans include improved health and well-being</li> </ul>
Healthcare	<ul style="list-style-type: none"> <li>▪ Adverse social conditions affect patient health but are difficult to address</li> <li>▪ Healthcare teams refer patients to social worker/case manager for limited assistance</li> <li>▪ Advocacy skills are valued, taught and deployed inconsistently.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Adverse social conditions with legal needs are identified and address aspects of care</li> <li>▪ Healthcare, social work and legal teams work together to address legal needs, improve healthcare and change systems</li> <li>▪ Advocacy skills are a prioritized aspect of the standard of care</li> </ul>

Source: National Centre for Medical-Legal Partnerships ([www.Medical-Legalpartnership.org](http://www.Medical-Legalpartnership.org))

### 3.4.3 Specific Activities and Benefits of MLPs

Addressing the social determinants of health through the provision of legal information and assistance has specific benefits for patients and their families/caregivers, healthcare institutions and also contributes to broader policy changes. Table 3 summarizes the potential benefits of MLPs.

**Table 3. Specific Potential Benefits and Outcomes of MLPs**

TARGET GROUP	INTERMEDIATE BENEFITS (MLPs)	LONG TERM BENEFITS
Healthcare Institution	<ul style="list-style-type: none"> <li>▪ Increased recovery of healthcare dollars through appeal of Medicaid denials</li> <li>▪ Decreased frequency of patient readmission</li> <li>▪ Decreased visits of patients to ER</li> </ul>	<ul style="list-style-type: none"> <li>▪ Financial benefits / cost savings</li> <li>▪ More capacity to sustain MLPs</li> </ul>
Patients and Their Families	<ul style="list-style-type: none"> <li>▪ Increased access to public benefits</li> <li>▪ Increased access to appropriate healthcare/treatment</li> <li>▪ Reduced financial insecurity</li> <li>▪ Increased food security</li> <li>▪ Improvements to housing conditions affecting health</li> <li>▪ Employment benefits and security</li> </ul>	<ul style="list-style-type: none"> <li>▪ Increased family empowerment</li> <li>▪ Decreased worry and stress → increased ability of parents/guardians to care for patient</li> <li>▪ Increased well-being of families, increased ability to cope</li> <li>▪ Increased adherence to appointments and improved treatment compliance</li> <li>▪ Stabilization of child's health*</li> <li>▪ Lessening of disease episodes, chronicity or severity*</li> <li>▪ Decreased pain episodes</li> <li>▪ Decreased admissions to hospital*</li> </ul>
Justice System	<ul style="list-style-type: none"> <li>▪ Prevention of more serious legal problems</li> </ul>	<ul style="list-style-type: none"> <li>▪ Cost savings (legal aid or justice system)</li> </ul>
Larger System/Policy	<ul style="list-style-type: none"> <li>▪ Identification of policies affecting health of citizens/social disparities</li> <li style="text-align: center;">↓</li> <li>▪ Changing of policies affecting citizens/ social disparities</li> </ul>	<ul style="list-style-type: none"> <li>▪ Improvements in social determinants affecting health → impacts of family and children</li> </ul>

\* Depending on the nature of the health issue

The parents' ability to adhere to their child's treatment plan is an important contributor to a child's health status and is directly affected by parental stress or financial insecurity which is, in turn, affected by environmental or neighbourhood factors. As noted by Locke et al. (2011),

*Consider, for example, the case of an asthmatic child who has been seen multiple times by a physician who has diagnosed the condition, prescribed the appropriate medication and provided the necessary information and support. Although the family appears to understand and agree with the care plan, the child has been in the Emergency Department repeatedly for potentially preventable acute attacks. During his most recent hospitalization, it is revealed that the family's home has a cockroach infestation – a known trigger for asthma – but the landlord has refused to bring in an exterminator ... If the trigger cannot be controlled, how can the child's asthma be managed? The Medical-Legal Partnership model offers an innovative*

*strategy for addressing both the child's immediate illness and its underlying social causes. (Locke et al., 2011:239)*

The authors also note that,

*For the working middle-class and underemployed; for parents who are forced to choose between their jobs, living situation and their child's health status .... Full adherence to optionally prescribed medical care plans is difficult to achieve without financial or other supportive resource contributions. (Ibid)*

In the United States a major role of the MLPs has been to recover health dollars for patients who have been denied medical or other public benefits such as food stamps, obtaining social Security Insurance or educational resources from schools.

### 3.5 Most Frequent Legal Needs Addressed by MLPs

Large scale research in the US indicates that a typical low income household has one to three legal needs and that 80% of these needs go unaddressed.

The legal needs of patients and their families that impact on health are variable in scope. A national MLP survey conducted in 2008 by the National Centre for Medical-Legal Partnerships gathered data on the legal issues that were most commonly handled by the MLPs. The legal issues were categorized into five broad areas, labeled I-HELP to describe the categories of social determinants that influence health: Income Supports, Housing and Utilities, Education and Job Training, Legal Status (Immigration) and Personal and Family Stability.

Table 4 describes the percentage of MLPs in the survey that dealt with the issue. As can be seen, addressing the denial of benefits was the most common issue addressed by the MLPs.

**Table 4. Frequency of Types of Legal Issues Addressed by MLPs**

<b>INCOME SUPPORT</b>	<b>HOUSING &amp; UTILITIES</b>	<b>EDUCATION &amp; JOB TRAINING</b>	<b>LEGAL STATUS &amp; IMMIGRATION</b>	<b>PERSONAL &amp; FAMILY STABILITY</b>
<ul style="list-style-type: none"> <li>▪ Health insurance (95%)</li> <li>▪ Disability benefits and issues (95%)</li> <li>▪ Healthcare access (77%)</li> <li>▪ Employment (69%)</li> <li>▪ Bankruptcy / debt / consumer (64%)</li> <li>▪ Child support (63%)</li> <li>▪ Child care (30%)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Evictions (78%)</li> <li>▪ Reasonable accommodations (70%)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Discipline (51%)</li> <li>▪ Enrollment (43%)</li> <li>▪ Early childhood care and education (33%)</li> <li>▪ Safety (21%)</li> <li>▪ Bilingual (19%)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Employment and related cases (68%)</li> <li>▪ Humanitarian (33%)</li> <li>▪ Remand / detention (30%)</li> <li>▪ Family sponsorship (21%)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Custody / guardianship cases (81%)</li> <li>▪ Domestic / intimate partner violence (78%)</li> <li>▪ Divorce (65)</li> <li>▪ Birth certificates (48%)</li> <li>▪ End-of-life issues (43%)</li> <li>▪ Guardianship (elderly) (41%)</li> <li>▪ Estate planning (35%)</li> <li>▪ Child welfare (27%)</li> <li>▪ Criminal records / criminal defense (30%)</li> </ul>

Percentages refer to the percentage of MLPs in the survey handling this type of issue

Source: National Centre for Medical-Legal Partnerships: Medical-Legal Partnership National: Annual Partnership Site Survey, March 2009

In a study identifying legal needs of adult cancer patients, using a focus group methodology, Zevon et al. (2007) identified the following issues as the top ten that patients felt most affected them. Eight of the top ten legal issues were directly related to needs with the healthcare setting. Many of these needs are not applicable to pediatric patients.

**Table 5. Top Ten Legal Needs of Adult\* Cancer Patients**

<b>RATING OF ISSUE</b>	<b>LEGAL ISSUES</b>	<b>CATEGORY</b>
1	Healthcare Proxy Issues	Health Care
2	Advance Directives	Health Care
3	Living Will Issue	Health Care
4	Treatment implications – hydration / feeding	Health Care
5	Do not resuscitate / family rights	Health Care
6	Employment rights – Family Leave Act	Employment Related
7	Discharge Rights	Health Care
8	Skilled nursing facility regulations and laws	Health Care
9	Insurance Rights	Employment Related
10	Wills and Estate Planning	Wills / Estate Related

\* Many issues are not applicable to pediatric patients.

In a study of the impact of an MLP (HELP) on pediatric patients with Sickle Cell Disease, Pettignano et al. (2011) found the most common types of problems experienced by the families were education (25%), Social Security Insurance (19%), housing (17%), family law (13%) and wills/power of attorney (8%). An additional 93 non-legal issues were also identified throughout the legal process.

### 3.6 Examples of Program Models

Section 3.6 provides a summary description of seven prominent MLPs in the US. Further information on physician education and training is included in this section.

**Table 6. Examples of MLP Models**

<b>MODEL AND LOCATION</b>	<b>INSTITUTIONS</b>	<b>PATIENT NUMBERS *</b>	<b>EDUCATION, TRAINING AND ADVOCACY</b>
LegalHealth	<ul style="list-style-type: none"> <li>▪ New York Legal Assistance Group</li> <li>▪ On-site legal clinics at 16 teaching hospitals or health clinics</li> </ul>	3,500 clients annually	<ul style="list-style-type: none"> <li>▪ Grand rounds</li> <li>▪ One-on-one teaching of healthcare providers</li> </ul>
LAMP (Legal Assistance to Medical Patients)	<ul style="list-style-type: none"> <li>▪ Legal Services of New Jersey / Newark Beth Israel Medical Centre medical, and pediatric residency programs</li> </ul>	100 active cases in Year 1	20 teaching sessions (first year)

MODEL AND LOCATION	INSTITUTIONS	PATIENT NUMBERS *	EDUCATION, TRAINING AND ADVOCACY
MLP Boston	<ul style="list-style-type: none"> <li>▪ Boston Medical Centre and six community healthcare centres</li> </ul>	Approximately 1,500 patients annually	<ul style="list-style-type: none"> <li>▪ Innovative curricula includes:               <ul style="list-style-type: none"> <li>▪ Leadership in Advocacy Block: 4 week course at Boston University provides primary care training to provide 4<sup>th</sup> year students and all PCT medical residents with clinical experience with vulnerable populations, medical advocacy community exposure and project work</li> <li>▪ Advocacy boot camps (3 hour advocacy training session for physicians and allied health providers</li> <li>▪ Poverty simulation orientation</li> </ul> </li> </ul>
FAP (Peninsula Family Advocacy Program)	<ul style="list-style-type: none"> <li>▪ Lucile Packard Children's Hospital (Stanford), Ravenswood Family Health Centre, San Mateo Medical Centre (and clinics), Legal Aid Society of San Mateo County</li> </ul>	280 individuals and families (2008)	<ul style="list-style-type: none"> <li>▪ Development of interdisciplinary course for law and medical students</li> <li>▪ Didactic sessions</li> <li>▪ One-on-one teaching, block courses or rotations</li> </ul>
Medical Appeals Project	<ul style="list-style-type: none"> <li>▪ Legal Aid of Missouri and Truman Medical Centre</li> </ul>	11,000 clients represented each year <ul style="list-style-type: none"> <li>▪ Focuses on Medicaid and Medicare appeals</li> <li>▪ Claimed \$2,995,088 in denied payments in first two years</li> </ul>	<ul style="list-style-type: none"> <li>▪ No data</li> </ul>
Law and Health Project	<ul style="list-style-type: none"> <li>▪ Land of Lincoln Legal Assistance Foundation Inc., Southern Illinois University School of Law and southern Illinois Healthcare</li> </ul>	Started out doing only Medicaid and SSI clients – now provides wide range of legal services, 2002-06 (372 clients)	<ul style="list-style-type: none"> <li>▪ No data</li> </ul>

MODEL AND LOCATION	INSTITUTIONS	PATIENT NUMBERS *	EDUCATION, TRAINING AND ADVOCACY
HELP (Health Law Partnership)	<ul style="list-style-type: none"> <li>▪ Children's Health of Atlanta, Atlanta Legal Aid Society, Georgia State College of Law</li> </ul>	Provides direct legal services, interdisciplinary education and patient advocacy	<ul style="list-style-type: none"> <li>▪ Innovative in-house, live-in clinic at GSU College of Law that delivers interdisciplinary education to law students, medical students and residents</li> <li>▪ In-house training for healthcare professionals, and externships programs for graduate students at hospital-based legal services</li> <li>▪ Law students shadow residents on patient rounds</li> </ul>
<ul style="list-style-type: none"> <li>▪ Sources: Knight (2008); Locke et al. (2011); McCabe (2010); Weintrub (2010); Lawton (n.d.); Bliss et al. (2011)</li> <li>▪ * Information provided on client use of services was incomplete and inconsistent.</li> </ul>			

Many of the MLPs in the United States incorporate well-developed, innovative residency-based medical-legal partnership educational initiatives. These initiatives focus on training residents and attending physicians to help identify and address unmet legal needs.

*Medical-legal partnership education programs are spreading throughout the country and gaining increasing attention. Through MLP curricula residents, faculty, medical students and other providers learn not only to screen, triage and diagnose but also to refer patients to lawyers as part of the healthcare team. Working with frontline healthcare staff, MLP lawyers can "treat" or resolve complicated issues and can teach physicians and trainers how integral legal assistance is to patient health. (Paul et al., 2009:308)*

Typical training elements consist of:

1. Doctors being exposed to legal interventions.
2. Incorporation of legal screening questions within medical intake procedures.
3. Methods to support physician-lawyer interactions dealing with the legal needs of patients and progress of cases.
4. Legal knowledge enhancement of physicians through pre-clinic conferences or grand rounds.
5. Physicians participating in poverty simulations or observation of community agencies, neighbourhood exposure.
6. Physicians being taught advocacy methods – media work, testifying at hearings.

### 3.7 Challenges Involved in Developing and Implementing a MLP

The literature has identified a range of challenges typically encountered when implementing a MLP model. These are:

- Patients not identifying their problems as legal;
- The differing roles and approach of legal and medical professionals including historical factors leading to distrust;
- Issues of client confidentiality and physicians/lawyers sharing personal or case data;
- Programs having to prove their worth to hospital administration to ensure funding and sustainability;
- Funding in general (legal aid services are not reimbursable);

- A lack of outcomes/benefits research indicating that MLPs improve the medical status of patients;
- The location and accessibility of the MLP offices;
- Training, education and engagement of physicians.

One challenge in terms of patients accessing MLPs is that families and patients may not identify their problems as legal or believe that there can be a legal solution to them. In general, among low income populations there is a low awareness of available legal services and a misunderstanding of the eligibility for such services. There may also be a mistrust of the legal community.

*In seven of the state studies analyzed by the Legal Services Corporation, many respondents indicated as their primary reason for not seeking legal services, a belief that there was no solution or that their particular problem “was not a legal problem, it’s just the way things are.” (Lawton et al., nd)*

According to Hum and Faulkner (2009) collaboration between professionals in the legal and medical fields has often been problematic historically:

*A number of factors contribute to this mutual aversion, e.g. preconceived notions of distrust between the professions arising from conflict such as malpractice suits; a fundamental lack of understanding of one another’s methods, values and roles; complicated professional jargon hindering open communication; arrogant and elitist attitudes; and interrelated but conflicting goals (these include lawyers safeguarding clients’ autonomy and liberty while doctors protect and care for the health of their patients). Hence these two professionals can easily clash while pursuing what they believe to be in the best interests of their mutual patients/clients. (Hum and Faulkner, 2009:107-08)*

These differences are founded in the fundamental differences of training within the two professions.

*... lawyers are trained to look at a black and white situation and see the gray, while doctors are trained to find the black and white from a gray situation ... In the legal world, lawyers learn to work with vague standards ... in contrast ... (doctors) work within clear clinical pathways. (Brandfield et al., 2007:32-33)*

Confidentiality practices within the two professions are a barrier identified by Zuckerman (2004). There is

*... the perception, on the part of the hospital or legal aid staff members, that the collaboration poses a conflict of interest, creates an ethical dilemma, or somehow violates the patient’s right to confidentiality. Although it is essential to explore and reinforce the separate obligations of each institution to the patient-family, the ethical and confidentiality issues can be resolved with a clear understanding of the role of the on-site lawyer and regular consultation with the bar association guidelines devised for this purpose. (Zuckerman, 2004:227)*

Although locating MLPs may present challenges, having legal services accessible within the clinical setting is a critical element of MLPs.

*Although legal intervention occurring in the clinical setting may seem an unlikely pairing it is actually a very effective locus for advocacy because the healthcare setting is generally perceived as a safe environment where families can receive information and support about issues that affect health. (Locke et al., 2011:243)*

Engaging hospital administrations, finding funding and support to ensure stability and physician engagement in the model, and demonstrating impacts on health status are additional challenges faced by the MLP model.

### **3.8 Outcomes and Benefits of MLPs**

The literature has identified a range of financial, patient/family and institutional benefits arising from Medical-Legal Partnerships. These are:

#### **3.8.1 Summary of Benefits**

##### *Financial Benefits*

- Financial and cost benefits for institutions, patients and their families;
- Assistance to patients in reclaiming public benefits that are their rights (for example, in relation to school, food security or accommodation). This leads to increased economic security.

##### *Benefits for Families and Patients*

- Improvements to the social or physical environment of patients and their families;
- Improvements to medical care as indicated by, for example, a reduction in ER visits;
- A reduction in families' stress levels and improvements in perceived well-being;
- Helping families feel more empowered and in control;
- Improvements in the health of the patient in the family in terms of chronicity, intensity or pain;
- Increasing a family's awareness of legal issues and needs;
- Increasing a family's awareness of legal services that can assist them.

##### *Benefits for Healthcare Providers (other than financial)*

- Increasing awareness of the legal needs of patients;
- Increased engagement of the physicians in a more integrative legal/medical approach to healthcare.

#### **3.8.2 Benefits for Institutions**

In the US,<sup>2</sup> MLPs frequently provide financial benefits for the healthcare institutions in which they are located through the recovery of dollars from denied patient Medicare or Medicaid benefits. A study of a MLP (The Legal Services Program), Rodabaugh et al. (2010), found that between 2004 and 2007 seventeen benefit denial cases were overturned resulting in the hospital receiving \$923,188.00 for current

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<sup>2</sup> Due to Canada's public health system this factor is not as significant in Canada, although it affects some populations of patients to some degree.

and past health services. Locke (2011) quotes additional studies where each dollar invested in a MLP resulted in a \$16.00 gain.

Some MLPs in the US focus primarily on recovery of healthcare dollars. Knight (2008) describes the results associated with four MLPs that use this approach. In the case of one project, The Medicaid Appeals Project (Legal Aid of Missouri and the Truman Medical Centres),

*By the end of the project's second year, LAWMO had pursued Medicaid appeals for 443 of TMCs patients and obtained Medicaid benefits for 422 of them, obtaining benefits for TMC patients who had been denied in 95% of their cases. In the first two years combined, TMC received \$2,995,088 ... in Medicaid payments. (Knight, 2008:9)*

According to the author, the advantage of the MLP model,

*... is that the Legal Service organization inadvertently becomes not only an advocate for the financial well-being of the client, but also for the financial well-being of the hospital. (Ibid:5)*

### 3.8.3 Benefits for Families and Patients

Families benefit financially from MLPs in two ways: (1) by having medical or other public benefits reinstated and by (2) the amelioration of conditions in their lives such as accommodations or access to schooling or school resources for patients that affect treatment compliance or health.

In a study of a cohort of families of children with Sickle Cell Disease, Pettignano et al. were able to demonstrate that family-oriented outcomes from the HELP MLP related to access to education, improved employment, housing, health and other benefits could be directly represented in financial terms.

*The greatest net benefit (\$720,000) was ascribed to obtaining education benefits (Table 7), followed by public benefits, employment, healthcare and housing benefits. Three other types of benefits were also described in the database: family stability, protection from violence and wills/power of attorney. No annualized savings were attributed to these benefits. (Pettignano et al., 2011:e5)*

**Table 7. Outcomes Survey Related to Education Benefits of the HELP MLP**

TYPE OF BENEFIT	COST CALCULATIONS
Value of monthly education services retained	60,000.00
No. of persons receiving educational assistance	4/21
No. of persons able to enter/return to school	1/21
Value of evaluation services obtained/referred	\$1,200.00
Value of computer services retained/referred	\$1,500.00
Annualized Total	\$720,000.00

Source: Outcomes Summary adapted from Table 3 (Pettignano et al., 2011:e5)

Research indicates that families who receive legal assistance provided by MLPs experience reduced stress and gained an increased sense of well-being. In a pre/post stress Evaluation Study presented at the Medical-Legal Partnership National Summit in 2010, Ryan looked at MLP impacts on patient health and patient perceptions of stress before/after legal services were provided. One hundred and four patients completed pre-surveys, 86 completed post-surveys. Using two standardized well-being and stress tests, results showed that there was a statistically significant decrease in reported stress, and in improvement in well-being associated with services provided by the MLP.

Hernandez (2008) looked at results from a population of families that seek services in Boston Medical Centre's pediatric clinics. Seventy-two interviews were conducted with English and Spanish speaking patients. Results indicate that interactions with the MLPs led patients to acknowledge they had problems, to feel more empowered, and to employ more effective strategies themselves to deal with legal problems to achieve better results.

Weintrub et al. conducted a 36-month prospective cohort study of the impacts of clinic and hospital based legal services (FAP). The study found that patients,

*... had increased awareness and use of free legal services, increased access to food and income supports, decreased barriers to healthcare and reported improvements in child health and well-being. (Weintrub et al., 2010)*

Almost two-thirds of the parents in this study thought their children's health and well-being had improved because of the family's participation in the MLP. There was a significant decrease in the number of participants who reported avoiding healthcare due to perceived barriers in relation to health insurance and worries among parents about the costs of healthcare. The study did not find significant changes in the numbers of acute care days, the frequency of emergency room visits or the days that children missed in school. Over 90% of the parents who completed the follow-up assessment said it was helpful to have the FAP located in the hospital or clinic.

In a survey of legal interventions on cancer survivors, Retkin et al. (2007) found that 83% of the patients said that receiving legal services reduced their worries, 51% said that receiving legal services had positively affected their financial situation and 33 % noted positive impacts on family and loved ones.

#### **3.8.4 Benefits for Healthcare Providers**

Cohen et al. looked at the effects of MLP education programs on the attitude, engagement and knowledge gains among healthcare practitioners.

Exit surveys from the Advocacy Boot Camp implemented through the Boston MLP indicated that 89% of the physician/allied health partner attendees said that they would make changes to their practice after training.

Pre and post surveys which evaluated the LegalHealth MLP training curricula indicated a change in the percentage of physicians who felt it was the responsibility of physicians to help patients find free legal services, to refer patients to such services, and to try and help patients obtain public benefits or appropriate housing.

### 3.9 Research Gaps and Priorities

The National Centre for Medical-Legal Partnerships has identified several research priorities that would strengthen the evidence base for MLPs. Priorities include:

- An in-depth study of directly measured health benefits in the chronically ill (e.g. those with asthma or diabetes) and elderly populations to assess the direct health benefits of MLP services.
- A full cost-benefit analysis with all health benefits (e.g. reduced hospitalization and ER visits, chronic disease outcomes or the measurement of societal benefits of MLPs (e.g. mom being able to work, child being able to go to school)).
- A study of how MLPs could potentially influence medical workforce development by encouraging students or residents to go into service in underserved (impoverished) communities.
- A study of the impact of having clinical staff identify and address legal needs early (i.e. value of a preventative approach).

One of the challenges of this research is identifying causality, especially when the patients and families have multiple issues that require assistance. As noted by Zuckerman et al. (2004), current programs such as FAP (Family Advocacy Program)

*... track outcomes through process evaluation and the traditional legal aid outcome measures, such as benefits granted and housing subsidies obtained (but) it will be difficult to address the health effects of a program that addresses such diverse problems. (Zuckerman, 2004:227)*

The authors conclude that other outcomes should also be considered and measured.

*... it could be argued that, in a country governed by laws, adherence to laws promoting the social well-being of families or a healthy environment is as important as health outcome data. (Ibid)*

However, Lawton et al. (nd) state that the central question about medical-legal partnerships is “Does legal intervention improve health outcomes?” Although the authors state that experience to date indicates that this is true, the question has still to be answered and will be a primary driver of the degree that MLPs are accepted into the healthcare system mainstream.

## 4.0 Findings: File Review Data

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This section presents findings drawn from the file review of case data described in Section 2.2.2. As noted in that section, the overall number of cases reviewed was 463, drawn primarily from the 13-month period September 2010 through September 2011. Five of the 463 cases were drawn from outside the period (four from July and August 2010, and one from 2011). The number of cases reported in each table (the “N”) varies depending on the nature of the service.

Consultations with clinicians usually involved minimal documentation because of the brevity of the service, which often was provided by phone. The original intention for this case type was to collect only who referred the patient, the type of service provided and the type of legal problem. Even this data was not available in some clinical consultation cases, and yet in others, data on more than these three items was recorded. It was anticipated that for intake cases and pro bono lawyer referrals more complete data sets would be available. This was usually, but not always, the case. In all tables in this section the number of cases (“N”) with data is reported, together with the number of non-responses (“NR”). In all cases the total of “N” and “NR” is 463 cases.

### 4.1 Client and Family Demographics

Table 8 presents the demographics of the patients and/or families. Although on one level the demographics are simply descriptive and self-evident, the following points should be noted:

- The project serves not only the immediate Greater Toronto Area, but also a significant proportion of clients (over one-third) from outside the GTA.
- A small but nonetheless significant percentage (11%) of clients do not have a fixed address. This usually means they are in a shelter, but can also mean that they are facing deportation or other significant immigration hearing. Both of these circumstances can be considered to create significant supplemental complexities that could exacerbate parents’ capacity to care for their child.
- The 30% of clients with language barriers indicates that an interpreter was necessary in the contacts with the triage lawyer. Again, this fact can be considered a significant complexity that could exacerbate a parent’s ability to navigate medical, legal and social systems.
- Slightly over half of the patients are in the 0-5 year age group. Although one needs to be cautious about making inferences on such data, it can be suggested that the parents of children in this age group may be young and not well established financially, and that assistance with legal problems could therefore have a significant impact.
- Approximately 40% of the families have more than one child. This suggests an extra complicating factor in terms of care of the patient, juggling of schedules, and financial expenditures.

**Table 8. Demographics of Case Files Reviewed, September 2010 – September 2011 (13 months)**

ITEM	FREQUENCY	PERCENTAGE OF TOTAL CASES WITH DATA
1. Location (N=385; NR=78)		
In Greater Toronto Area (GTA)	248	64%
Outside GTA	137	36%
2. Whether patient's family has a fixed address (N=351; NR=112)		
No	40	11%
Yes	311	89%
3. Whether family has language barriers (N=306; NR=157)		
No	214	70%
Yes	92	30%
4. Gender of patient (N=303; NR=160)		
Male	171	56%
Female	132	44%
5. Age of patient (N=387; NR=76)		
0-5	200	52%
6-10	46	12%
11-15	67	17%
16-19	66	17%
20+	8	2%
6. Number of children in the family, including patient (N=213; NR=250)		
1	128	60%
2	58	27%
3	22	10%
4	4	2%
5	1	0%

Note: 1. The number of responses (N) and non-responses (NR) are based on a total sample of 463 cases.  
 2. All percentages are expressed in terms of the N for the demographic in questions.  
 3. Percentages do not necessarily total 100% due to rounding.

## 4.2 Referral and Service Data

The average monthly number of cases handled in the 13-month period September 2010 to September 2011 was 35.2. Tables 9-12 summarize key referral and service data for this period.

- *What is the referring department?* (Table 9)

The first seven departments have referred to the program at least an average of two cases per month (i.e. 26 cases or more in 13 months). A direct comparison with Phase I data is not possible in that the Phase I report listed only cases in which the client was seen by the triage lawyer in person, rather than all cases. However, the six top referring departments in the Phase I report were cardiology, adolescent medicine, complex care/general pediatrics, cleft lip and palate, and transplant, each with 6 or more referrals. All except the cleft lip and palate department are still high referrers to the program. In fact, despite an inability to compare the Phase I and II data exactly, it can be stated

with some confidence, that (1) all departments from urology and higher in Table 9 have significantly increased their referral frequency over Phase I, and (2) the overall number of departments participating in the program has increased.

**Table 9. Referring Departments, September 2010 – September 2011 (13 months)**

DEPARTMENT	FREQUENCY	PERCENTAGE OF CASES IN WHICH THIS DEPT. INVOLVED IN REFERRAL
Neurology and neurosurgery	62	14%
Cardiology	42	9%
Nephrology	41	9%
Adolescent Medicine	41	9%
Oncology	32	7%
Ophthalmology	31	7%
Complex Care/General Pediatrics	27	6%
Transplant	24	5%
Trauma	24	5%
Rheumatology	18	4%
Audiology	15	3%
Neonatal ICU	14	3%
Urology	12	3%
Sickle Cell	7	2%
HIV/AIDS/ Infectious Diseases	7	2%
Burns/Plastics	6	1%
Psychiatry	6	1%
Cleft Lip and Palate	6	1%
Ear, Nose and Throat	6	1%
Critical Care	5	1%
Gastroenterology	5	1%
Respiratory Medicine	5	1%
Orthopedics	5	1%
Suspected Child Abuse	4	1%
Pediatric Consulting Outpatient Clinic	2	1%
Hematology	2	0%
Dermatology	2	0%
Surgery	2	0%
Palliative Care	2	0%
Genetics	2	0%
Cochlear Implant	1	0%
Dentistry	1	0%
Good to Go	1	0%

Notes: The 444 cases involved 461 referring departments (i.e. more than one department in some cases). Percentages do not total 100% due to rounding and due to more than one referral in some cases.

- *Who seeks the service?* (Table 10-1)

In 77% of cases either or both parents are the individuals who are seeking the service. In 14% of cases the patient him/herself makes the request. The 29 “other” cases involved 45 persons including social workers (9), aunts (6), social work students (5), foster parents (3), other staff (3), sisters (2), teachers (2), patient representatives (2), project director (2), risk management personnel (2), and one each of interpreter service, art therapist, director of CAP, a psychologist, external physician, uncle, guardian and stepfather.

- *Who is the referral agent?* (Table 10-2)

Social workers were by far the most frequent (89%) referral agent to the triage lawyer. The major role of social workers in the SickKids model is a factor to consider in any planning for other hospitals (see Section 5.4.2). This does not necessarily mean the model would be ineffective in settings with fewer social workers, but simply that their role has been critical at SickKids.

**Table 10. Referral and Service Data, September 2010 – September 2011 (13 months)**

ITEM	FREQUENCY	PERCENTAGE OF TOTAL CASES WITH DATA
<b>1. Who was seeking the service?</b> (N=426; NR=37)		
Patient's mother	192	45%
Patient's father	47	11%
Both parents	91	21%
Grandparents	7	2%
Patient him/herself	40	14%
Other	29	7%
<b>2. Clinician who referred the patient/family.</b> (N=447; NR=16)		
Social worker	399	89%
Nurse	21	5%
Physician	9	2%
Other	18	4%
<b>3. Type of service provided by the project.</b> (N=453; NR=10)		
Clinician consults triage lawyer; no <u>direct</u> follow-up with client by triage lawyer	115	25%
Patient or family meets with triage lawyer; provided with brief-service, advice and/or information; <u>no</u> referrals to pro bono lawyer or other organization	47	10%
Patient or family meets with triage lawyer and is referred to pro bono lawyer	92	20%
Patient or family meets with triage lawyer and is referred to other organization	192	42%
Patient or family meets with triage lawyer and is referred <u>both</u> to pro bono lawyer <u>and</u> other organization	7	2%

Note: 1. The number of responses (N) and non-responses (NR) are based on a total sample of 463 cases.  
 2. All percentages are expressed in terms of the N for the item in questions.  
 3. Percentages do not necessarily total 100% due to rounding.

- *How is the service profile changing?* (Table 10-3 and Table 11)

Table 11, which builds on the overall intake data and the data in part 3 of Table 10, highlights key aspects of growth and change in the program since Phase I, showing significant percentage increases in the overall intake of clients per month, in the proportion of clients who meet in person with the triage lawyer, and in the number of clients per month who are referred to a pro bono lawyer.

- *To whom are non-PBLO referrals made?*

As shown in Table 12, the two largest non-PBLO referral categories are to Legal Aid and the private bar. The table also shows that the triage lawyer makes referrals to a large array of services. The final category in the table (miscellaneous) involves one referral each to 26 different agencies. Overall, the extent and diversity of this list suggests that the triage lawyer makes a considerable effort to identify particular resources that could benefit the parents/patients in their attempts to resolve their legal problems.

**Table 11. Comparison of Key Phase II Service Data with Phase I Service Data**

DATA ITEM	PHASE I (March 2009 – June 2010)	PHASE II (September 2010 – September 2011)	CHANGE
Overall clients per month	24.2	35.2	+44%
Percentage of overall clients who meet in person with triage lawyer (with or without further referral)	30% (116/392)	74% (338/458)	+146%
Clients per month who are referred to a pro bono lawyer	1.2 (19 in 16 months)	7.6 (99 in 13 months)	Approx 400-500% (See note 2)

Notes: 1. Phase I data is from p. 16 of the Phase I Evaluation Report, op cit at page 1 of this report.

2. Phase I and Phase 2 data on referrals to pro bono lawyers are not directly comparable. In Phase I pro bono referrals were not counted where the client did not see the lawyer in person but got the information via email or phone in the triage lawyer's office. That category is included in the Phase II calculations. The triage lawyer estimates that if counted in the same way as in Phase I, this would result in approximately 5 referrals per month in Phase II.

**Table 12. Referrals to Other Organizations (apart from the pro bono lawyer)**

ORGANIZATION	FREQUENCY	PERCENTAGE OF OTHER (NON-PRO BONO) REFERRALS TO THIS ORGANIZATION (N=235)
Legal Aid	94	40%
Private Bar	74	31%
SickKids Risk Management	36	15%
Schools, School District, Principals, Trustees	13	6%
Legal/Counselling Clinic (specialized advocacy, e.g. HALCO, refugee law office, Barbara Schiffler)	12	5%
Member of Parliament	8	3%
Family Law Information Centres	8	3%
Ontario Human Rights Legal Support	7	3%

Table continued on next page

ORGANIZATION	FREQUENCY	PERCENTAGE OF OTHER (NON-PRO BONO) REFERRALS TO THIS ORGANIZATION (N=235)
Citizenship & Immigration Canada	7	3%
Child Advocacy Project (PBLO)	6	3%
Children's Aid Society	6	3%
Office of the Child Advocate	6	3%
Duty Counsel	5	2%
Police	4	2%
Union representative	4	2%
Hospital Billing Office (SickKids)	3	1%
Community Health Centre	3	1%
Law Society of Upper Canada	3	1%
SCAN (sexual abuse screening)	3	1%
Service Canada	3	1%
Ontario Works	2	1%
Lawyer Referral Service	2	1%
Information and Privacy Commission	2	1%
Toronto Housing Corporation	2	1%
Other Miscellaneous (each with 1 referral)	26	11%

Note: The 235 cases on which percentages are based involved 330 referrals. Therefore total percentages exceed 100%.

### 4.3 Legal Problems and Their Resolution

Tables 13-15 present findings concerning the number, type and degree of resolution of the patients'/families' legal problems.

Table 13 shows that although a large majority (80%) of cases involve one legal problem, a significant minority (20%) involve two or more problems.

**Table 13. Number of Legal Problems Involved in Patients' or Families' Cases**

NUMBER OF LEGAL PROBLEMS IN CASE	FREQUENCY	PERCENTAGE
1 problem	369	80%
2 problems	72	16%
3 problems	12	3%
4 problems	5	1%
TOTAL	462 (NR=1)	100%

Table 14 lists the types of legal problems in descending order of frequency. Immigration/refugee and family issues are significantly more frequently mentioned than other issue types, with 19% and 17% frequency of mention. They are followed by education, employment and health law issues at the 9% or 10% level. These five categories account for 60% (297/489) of the problems described, with the remaining 40% (192/489) arising out of 14 different problem types. One implication of these findings is that if the model is applied in other settings it is important that the triage lawyer and pro bono lawyers be able to respond to a wide

diversity of issues. This observation also connects to the large range of organizations to which parents were referred, described in Table 12 in Section 4.2.

In Phase 1 the top six issues in descending order of frequency were family, immigration/refugee, education, employment, income security and housing. The two phases are almost identical in terms of the first four issues. In Phase II income security ranks 7<sup>th</sup> and housing 11<sup>th</sup>.

**Table 14. Types of Legal Problems**

TYPE OF PROBLEM	FREQUENCY	PERCENTAGE OF CASES WITH THIS PROBLEM (N=458; NR=5)	EXAMPLES
1. Immigration / Refugee	87	19%	<ol style="list-style-type: none"> <li>1. Mother deported; dad supposed to come, file/sign papers, did not come back</li> <li>2. Mother wants to know process for bringing in live-in caregivers</li> <li>3. Wants to expedite sponsorship of dad because baby to be born with complications</li> </ol>
2. Family (divorce, custody, access, guardianship)	76	17%	<ol style="list-style-type: none"> <li>1. Mother does not have custody, child has lawyer, mother does not qualify for legal aid</li> <li>2. Needs help filing in response to child support claims</li> <li>3. Child wants to live with grandmother. Can she?</li> </ol>
3. Education (including accommodation if school-related)	47	10%	<ol style="list-style-type: none"> <li>1. Visual impairment – needs accommodation on school bus</li> <li>2. Child in private school, school says cannot accommodate his disability</li> <li>3. Issue regarding de-enrolling school to attend SickKids school</li> </ol>
4. Employment	44	10%	<ol style="list-style-type: none"> <li>1. Seeking compassionate care leave</li> <li>2. Mom denied short-term disability benefits for depression/anxiety</li> <li>3. Info re: EI benefits during leave to take care of child</li> </ol>
5. Health Law	43	9%	<ol style="list-style-type: none"> <li>1. Refugees seeking OHIP coverage</li> <li>2. Ministry claiming back percentage of personal injury settlement deemed for healthcare</li> <li>3. Mom on student visa – gave birth within 20 days of arrival. No OHIP</li> </ol>
6. Capacity / consent issues	28	6%	<ol style="list-style-type: none"> <li>1. Wants to know rights to make legal decisions, health decision</li> <li>2. Child under 12 abortion – who consents to police getting issues for charges?</li> <li>3. Child refusing life saving treatment</li> </ol>
7. Income security (including social assistance, death benefits, EI)	27	6%	<ol style="list-style-type: none"> <li>1. Considering bankruptcy</li> <li>2. Parents denied daycare because neither working - complex care child</li> <li>3. Letter re Assistance for Children with Severe Disabilities (ACSD) reduction – review</li> </ol>
8. Child Welfare	26	6%	<ol style="list-style-type: none"> <li>1. Reviewed letter for placement of child in Children's Aid Society (CAS) care</li> <li>2. CAS wants child in home care facility; parents not coping</li> <li>3. Concern about impact of negligent father</li> </ol>

TYPE OF PROBLEM	FREQUENCY	PERCENTAGE OF CASES WITH THIS PROBLEM (N=458; NR=5)	EXAMPLES
9. Criminal Law (excluding family / domestic violence)	23	5%	1. Mom seeking to postpone criminal hearing while daughter in critical condition; triage lawyer appeared in court to put matter over 2. Child assaulted by boyfriend; on life support – police want to check all visitors 3. Child charged with criminal offences
10. Tax Law	20	4%	1. Employed “under the table;” no proof of income, but proof is required for Drug Program assistance 2. Dad needs proof he is primary caregiver 3. Can sponsored refugees get disability tax credit?
11. Housing (including landlord / tenant)	15	3%	1. In subsidized housing, want mother out, needs to find another unit 2. Need wheelchair accessible housing, told their file is frozen by Toronto Community Housing 3. Eviction for non-payment of rent; in process of eviction
12. Administrative Law	13	3%	1. Needed affidavit for travel; notarized letter for wish trip 2. Needed delayed statement, live birth notarized 3. Parent needed letter regarding being excused from jury duty
13. Estate Law	12	3%	1. Executor out of country denying access to will 2. Settlement of estate issues when mother died intestate 3. Child (not over 18) – family not following through with care/school
14. Family Domestic Violence	11	2%	1. Violent domestic assault with weapon 2. Domestic violence - does not want to call police 3. Mom enforcing restraining order against dad
15. Civil Litigation (including malpractice litigation)	8	2%	1. Potential connection between treatment of mother and daughter born not breathing, has global delay 2. Ministry of Health clawing back some settlement 3. Question about medical malpractice after botched circumcision
16. Common Law	3	1%	1. Gym membership – cannot attend 2. Access insurance plan, attached to estate for child
17. Human Rights	3	1%	1. Denied Toronto Transit Commission wheel-trans service 2. Denied wheel transportation
18. Privacy	2	0%	1. Question as to whether guardian must be notified 2. Issues regarding information sharing with agency and parents
19. Contract Law	1	0%	Not listed

Notes: 1. This table is based on 458 out of 463 cases (NR=5)  
2. From Table 13, the overall number of problems should be 577 (369 with 1 problem, 72 with 2, 12 with 3, and 5 with 4 problems). The total number of problems in this table is 489. The number of problem types not listed (NR) is therefore 88.

Whereas Table 14 shows the overall frequency of case types, different types of cases are handled in different ways. The top six or seven case types for each mode of service are as follows:

- Clinician consults with triage lawyer without in-person follow-up with client
  1. Immigration (27), 2. Family (13), 3. Employment (13), 4. Health Law (12), 5. Education (11), 6. Income Security (11), 7. Consents (11)
- Client or family meets with triage lawyer; no referrals
  1. Immigration (11), 2. Administrative Law (8), 3. Family (6), 4. Education (5), 5. Criminal (4), 6. Health Law (3)
- Client referred to PBLO
  1. Family (22), 2. Employment (22), 3. Education (12), 4. Immigration (9), 5. Tax Law (9), 6. Criminal (6), 7. Health (6)
- Client referred to other organization
  1. Immigration (40), 2. Family (39), 3. Education (21), 4. Health (21), 5. Consent/capacity (16), 6. Child Welfare (14), 7. Income Security (12)

Thus, for example, immigration matters tend to be directed less frequently to the pro bono lawyers compared to all three other modes. Family matters feature prominently both with pro bono lawyers and in referrals to other organizations. Immigration matters are most frequently handled by referral to other organizations or by the triage lawyer in consultation with the clinician.

Table 15 describes cases that are completed and for which the resolution status is documented (as per the notes to the table, this represents approximately 50% of cases). The overall resolution rate of all issues averages 71% for the different service types. In an additional 20% of cases some problems were resolved but others not, or some of the problems are solved and others are still pending.

#### 4.4 Health Problems

The nature of health problems is only irregularly documented in the PBLO records and is best understood by reference to Table 9 in Section 4.2, which lists the departments that have referred cases to the PBLO service. However, a review of the limited documentation available makes it evident that the vast majority of cases involve extremely serious health conditions that:

- are often life-threatening and in some instances result in death of the patient; and/or
- require frequent surgeries, and/or visits to the hospital for services, and/or extended hospital stays; and/or
- require significant adjustment to lifestyle and daily functioning; and/or
- a high level of worry and anxiety for patients; and/or
- place significant demands on parents for the care of the child.

It is in this context that the utility of a service providing possible relief from another set of problems in families' lives should be assessed. Assessments by three sets of actors – clinicians, PBLO pro bono lawyers and parents – are provided in the three sections of the report that follow.

**Table 15. Degree of Resolution for Cases Where the Case is Completed and the Resolution has been Documented**

DEGREE OF RESOLUTION OF PROBLEM	TOTAL	TYPE OF SERVICE PROVIDED BY PBLO			
		Clinician consulted triage lawyer – no direct follow-up with client	Client or family met with triage lawyer, provided with brief service, advice, info – no referrals	Client referred to PBLO	Client referred to other organizations
All legal problems have been resolved	165 71%	46 81%	28 78%	31 65%	61 66%
Some but not all legal problems have been resolved; others still pending	36 15%	5 9%	4 11%	7 15%	20 22%
Some but not all legal problems have been resolved; others could not be resolved	12 5%	1 2%	2 6%	3 6%	6 6%
None of the legal problems could be resolved	20 9%	5 9%	2 6%	7 15%	6 6%
TOTAL	233 100% NR=227 (Still pending =38; no data=189)	57 100% NR=59 (Still pending=6; no data=53)	36 100% NR=11 (Still pending=1; no data=10)	48 100% NR=51 (Still pending=12; no data=39)	93 100% NR=106 (Still pending=17; no data=89)

- Notes: 1. There were 463 cases in the time period under study. This table only presents cases that are known to be completed and for which there is documentation on the resolution status. Non-responses (NR) are comprised of cases either that are still pending or for which there is no data on resolution. An additional three cases had no data on the type of service provided by PBLO, so are not included.
2. Percentages do not necessarily total 100% due to rounding.

## 5.0 Findings: Clinician Survey

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This section presents the findings from the clinician survey.

### 5.1 Profile of Respondents

As shown in Table 16, a large majority of the respondents were social workers. This reflects the fact that a large majority of referrals to the project are made by social workers (see Section 4.2 Table 10). Although 19 departments are represented by these clinicians, four of them – oncology, adolescent medicine, neurology and neurosurgery and complex care – represent slightly over 50% of the total responses about the referring department. As was shown in Section 4.2 Table 9), these departments comprised 36% of case referrals to the triage lawyer.

Table 17 shows clinician estimates of the frequency of their consultations with triage lawyers since the project began, and whether that frequency has increased or decreased in the past year. Social workers clearly have the highest referral averages (mean=19), followed by nurses (mean=6.7) and doctors (5.3). Overall, slightly less than 50% of clinicians felt their referrals had increased in the past year, and no respondents felt they had decreased.

Five respondents who had held less than five consultations gave reasons for their lower participation. Three simply had encountered few families that needed the help (or had referred them directly to social workers) and two had worked less than full time during the project period. Seventeen of the 22 respondents who increased their frequency of consultations provided reasons for doing so. Seven felt there had been an increase in the number and/or complexity of problems (they were not sure why this was so), six said they were more aware of the program and therefore thought about cases more, and four simply praised the high quality of the program.

Table 17, part C, also summarizes the frequency with which clinicians consult the triage lawyer by phone. Overall, the average is 46% of the time, with slightly higher estimates of phone consultations by nurses and doctors. This result underscores that despite the critical importance of being located in the hospital (as will be seen later in Section 5.4.1) the telephone is an important means of quick access for many clinicians. It can also be surmised that this ease of contact by telephone has built upon previous in-person contacts and the strong presence of the triage lawyer in the hospital.

**Table 16. Profile of Clinician Respondents**

DESCRIPTION OF RESPONDENT	FREQUENCY	PERCENTAGE
<b>Clinician Type (N=40)</b>		(based on number of respondents)
Social Worker	30	75%
Nurse	6	15%
Doctor	4	10%
<b>Departments from which clinician refers (N=36, NR=4)</b> (more than one response possible; total responses=43)		(based on number of responses)
Oncology	8	19%
Adolescent Medicine	6	14%
Neurology and Neurosurgery	5	12%
Complex care / general pediatrics	4	9%
Burns / Plastics	3	7%
Cardiology	2	5%
Nephrology	2	5%
Transplant	2	5%
Cleft Lip & Palate, Respiratory Medicine, Rheumatology, Urology, Ophthalmology, Neonatal ICU, Suspected Child Abuse, Pediatric Outpatient Clinic, HIV/Aids, Infectious Diseases, Dermatology, General Surgery	1 each (11 total)	2% each

**Table 17. Frequency of Consultations by Clinicians with Triage Lawyer**

<b>A. Frequency of consultations since project began</b>	<b>Social Workers</b>	<b>Nurses</b>	<b>Doctors</b>	<b>All Clinicians</b>
1-5	2 (7%)	2 (33%)	3 (75%)	7 (18%)
6-10	10 (33%)	3 (50%)		13 (33%)
11-20	10 (33%)	1 (17%)	1 (25%)	12 (30%)
21-30	3 (10%)			3 (8%)
31-55	5 (17%)			5 (13%)
Total	30 (100%)	6 (100%)	4 (100%)	40 (100%)
Mean frequency	19.0	6.7	5.3	15.8
<b>B. Whether frequency is increasing, decreasing or staying the same in the past year</b>	<b>Social Workers</b>	<b>Nurses</b>	<b>Doctors</b>	<b>All Clinicians</b>
Increasing	15 (50%)	2 (33%)	0 (0%)	17 (44%)
Decreasing	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Staying about the same	15 (50%)	4 (67%)	3 (100%)	22 (56%)
Total	30 (100%)	6 (100%)	3 (100%) (NR=1)	39 (100%) (NR=1)

C. Estimated percentage of consultations by phone	Social Workers	Nurses	Doctors	All Clinicians
0	8 (27%)	0 (0%)	0 (0%)	8 (20%)
1-24	6 (20%)	1 (17%)	1 (25%)	8 (20%)
25-49	0 (0%)	0 (0%)	0 (0%)	0 (0%)
50-74	7 (23%)	2 (33%)	1 (25%)	10 (25%)
75-99	7 (23%)	1 (17%)	0 (0%)	8 (20%)
100	2 (7%)	2 (33%)	2 (50%)	6 (15%)
Total	30 (100%)	6 (100%)	4 (100%)	40 (100%)

Note: Percentages do not necessarily total 100% due to rounding.

## 5.2 Clinician's Confidence and Awareness about Legal Problems

Clinicians are essential as intermediaries between patients/parents and the triage lawyer, so their ability to identify potential legal problems that can be addressed by PBLO is critical. Table 18 shows that at this stage in the life of the project, the vast majority of clinicians are generally quite confident in their ability to do this.

The mean social worker response was 6.1 on a 7-point scale (where 1=not confident at all, and 7=very confident), and nurses were close behind at 6.0. The four doctors were more divided in their self-assessment.

Three of the four respondents who self-assessed at "4" or less in terms of confidence were specific about areas in which they lack confidence:

*I am not sure what types of family situations are appropriate.*

*I can recognize when something is "unfair," but is that a legal issue?*

*I would like to have better knowledge of issues such as immigration status, work-related policies and custody matters. I don't need in-depth knowledge but some broad basics and ongoing awareness could help, especially since legislation is changing.*

Respondents were also asked to assess more generally the degree to which the PBLO program has made clinicians as a whole aware that the resolution of legal problems can contribute to improvements in the child's health and/or the ability of parents to care for their child. As shown in Table 18, part B, the responses were slightly lower than for the respondents' personal confidence, but over three-quarters gave positive ratings of 5-7 on the 7-point scale (1=has not increased awareness at all; 7=has significantly increased awareness), and the mean global rating was 5.3.

In addition to global ratings of the awareness of the clinicians overall, most respondents gave sub-assessments of the awareness of each clinician type. Social workers' awareness was assessed the highest (6.2 on the 7-point scale), followed by nurses at 4.7 (N=36) and doctors at 4.4 (N=35).

**Table 18. Measures of Clinician Confidence and Awareness of Legal Problems**

<b>A. Clinician's confidence in their ability to identify that a family at SickKids has a potential legal problem that could be addressed by PBLO.</b> (7-point scale; 1=not confident at all, 7=very confident)	<b>Social Workers</b>	<b>Nurses</b>	<b>Doctors</b>	<b>All Clinicians</b>
Rating of 1-3	0 (0%)	0 (0%)	2 (50%)	2 (5%)
Rating of 4	2 (7%)	0 (0%)	0 (0%)	2 (5%)
Rating of 5-7	27 (93%)	6 (100%)	2 (50%)	35 (90%)
Mean rating	6.1	6.0	3.8	5.8
<b>B. Clinician's assessment of degree to which PBLO program has made clinicians more aware that the resolution of legal problems can contribute to improvement in the child's health and/or on the ability of parents to care for their child.</b> (7-point scale; 1=has not increased awareness at all, 7=has significantly increased awareness)	<b>Social Workers</b>	<b>Nurses</b>	<b>Doctors</b>	<b>All Clinicians</b>
Rating of 1-3	1 (3%)	0 (0%)	1 (25%)	2 (5%)
Rating of 4	6 (20%)	1 (17%)	0 (0%)	7 (18%)
Rating of 5-7	23 (77%)	5 (83%)	3 (75%)	31 (78%)
Mean rating	5.3	5.3	4.3	5.2

Notes: 1. One social worker did not respond to the first question, so the total social worker N is 29.  
2. Percentages do not necessarily total 100% due to rounding

Another aspect of confidence for clinicians is their ability to understand and transmit information passed on by the triage lawyer (Lee Ann Chapman). Clinicians were asked the degree of clarity with which information is explained to them by the triage lawyer such that it can be passed on to the patients (1=not clearly at all; 7=very clearly). All but two respondents rated the triage lawyer's explanations at "7," with the other two rating her at "5." The mean rating was 6.9. Apart from two respondents who said they had some difficulty with "legal jargon" and sometimes needed more explanation or clarification, comments were uniformly and extremely positive, e.g. "fabulous at explaining things plainly and clearly," "beautifully articulate, down-to-earth and accessible," "excellent communication," "never had a problem," "that is her forté," "incredibly easy to understand," and "she explains things very clearly – step by step, and if she doesn't know the answer to something she will find out and give you the info later."

### 5.3 Clinicians' Perceptions about Families' Experience with PBLO

Although they are a second-hand source of information about parents' experiences with PBLO, clinicians are nonetheless well placed to assess that experience, given the closeness and frequency of their interactions while the family is at the hospital. Table 19 summarizes clinicians' perceptions about families on three issues.

- *First time users.*

A majority of clinicians (60%) felt that PBLO represents the first time parents have sought legal help for their problem. The response from parents in the parent survey (Section 7.3) is even stronger, indicating that the program is truly providing new access to groups in need.

**Table 19. Clinician Perceptions About Families' Experience with PBLO**

QUESTIONS ANSWERED BY CLINICIANS	RESPONSES	FREQUENCY (N=40)
1. Do you have the impression that this is the first time the parent(s) have identified the legal problems and sought assistance, or have they previously tried to get help?	a) PBLO usually the first time b) Have usually tried to seek help before c) Sometimes a), sometimes b)	24 (60%) 4 (10%) 12 (30%)
2. Do parents usually follow through on advice or referrals made by the Triage Lawyer (not counting referrals to a pro bono lawyer)?	a) Usually follow through b) Sometimes follow through c) Seldom or never follow through	23 (58%) 14 (35%) 3 (8%)
3. To what degree do you feel the program at SickKids helps reduce the stress of the child's health problem on the family? (7-point scale: 1=hasn't reduced the stress at all, and 7=has reduced the stress a great deal)	a) Ratings from 1-3 on 7-point scale b) Rating of 4 on 7-point scale c) Ratings from 5-7 on 7-point scale	0 (0%) 0 (0%) 39 (100%) (NR=1)

- *Most parents follow through on advice.*

60% (24/40) of the clinicians said they get feedback from the parents about their actions in most or all cases, and 35% (14/40) said they get feedback in some cases. The clinicians are thus well-placed to assess the degree of follow-through by parents on the advice or referrals they receive from the triage lawyer. Fifty-eight percent (23/40) of clinicians felt the clients usually follow through and another 35% (14/40) felt they sometimes follow through. Seven respondents reflected on why parents might not follow through. Two mentioned the complexity and "chaos" in some parents' lives ("getting food on the table may be more important than keeping an appointment with a lawyer"); four felt parents or the patients lacked necessary skills to follow through (e.g. "adolescents with no or few organizational skills," "social or mental reasons"); one underlined the scale of personal tragedy and complexity that affects parents' decisions, stating that in her department "about a third of families lose their child, so there is no need to follow through."

- *The PBLO Program helps reduce stress on the family significantly.*

On a 7-point scale (1=hasn't reduced stress at all, 7=has reduced stress a great deal) the average clinician's estimate of stress reduction for the family was 6.5, with 90% of respondents giving a rating of "6" or "7." Virtually all respondents gave specific and poignant examples of how legal interventions can provide deeply felt relief to a family that is under significant stress and pressure because of their child's health condition. A selection of these examples is shown on the following page.

**Examples provided by clinicians of how legal advice and/or interventions  
provide significant reduction of stress for the family and/or client**

"I deal with a group of teenage moms who are often afraid of the Dad getting custody of their child. They don't know their rights, they are scared and vulnerable. Many are dealing with poverty, domestic violence, immigration issues and mental health issues. These are struggling families. When they find out they can get free legal advice here, they are amazed. It empowers them.

Families in the transplant unit are in crisis. They have a chronically ill child as well as other issues. A meeting with Lee Ann includes supportive counselling, not just legal advice. She helps families feel at ease.

In one case, a patient was sexually assaulted by a family member. She had nightmares after because she lived in the same place where the sexual assault occurred. We applied to have her transferred to other social housing. The housing authority did nothing. Then we got Lee Ann involved and she was moved almost immediately. It was life-changing.

One family struggled with complex immigration procedures and domestic violence issues and both they and I felt overwhelmed. Lee Ann was extremely helpful in getting at least some of them resolved.

It was a case around parental mal-treatment and also a troubling marital situation. The mother had to exclude the biological father. Lee Ann's advice and subsequent referral to Ontario Child Protection people was clear, specific and immediate. The key was how quickly help was provided. It was a huge relief.

The family had a child with cancer and had significant immigration issues. In fact, the mother was out of the country. This was hugely stressful for the father and for the child who needed both parents there. Knowing that someone was there to help them bring the mother home was a huge help – the case is close to being resolved.

One case where the child was going on one of those WISH (dream) trips outside the country. But they needed the signed consent of both parents. Time was of the essence and Lee Ann moved very quickly to draft a letter and have it signed. I know that meant a lot to the family.

Depends on family follow-through. (1) a family needed more support from the local school board than they were getting for their child. All they were offering was for family to pick up some homework. Once L-A got involved, the child who was housebound received tutoring from teachers. (2) a family on SA needed to rent orthopedic equipment for their child at home. It cost \$1,000/mo and they were denied financial aid. Now L-A is involved and they have a glimmer of hope. It is not resolved, but I can see a change in their stress level already.

One new immigrant family was threatened with deportation. LA found them a lawyer who spoke their language, who took on their case and the result was that their application to stay was granted. Huge relief!

One boy came in psychologically distraught and it turned out he had been charged with a crime. The family was mortified. LA met with them and explained the entire process of what they could expect to happen. I could just see through their body language how relieved they were. And the boy actually got better!

Getting help always relieves stress. In one case LA navigated a child through the school system so that he was able to get school both outside the hospital and on the 4 days a week he was in hospital getting dialysis. It was a huge relief for the family.

A family with chronic health problems having marital trouble; was abusive situation. The husband wanted to sell house without the wife's consent. Wanted to force her to sign docs and she was so overwhelmed she couldn't focus on child's health condition (didn't keep appointments, etc.). Lee-Ann helped her resolve the problem and she was tremendously relieved. Many times the legal issues are the biggest things happening in their lives and they overshadow everything else.

One mom with a medically complex baby could not get her employer to change her work schedule so she could be with her child. She wasn't sleeping and came to me saying, "I just can't take it anymore." We went to Lee-Ann and after a little while her work schedule was changed. It was fantastic.

A boy was dying. His mom had a second son and the dad launched a suit for custody of that son claiming that the mom was neglecting him because she was spending all her time at the hospital with the dying son. Lee-Ann got her a pro bono lawyer. They went to court, mom got custody and was allowed to be with her son when he died and keep her other child.

Mom was in Canada on study visa that had expired. Her baby was born unwell with complications. She had no legal right to health insurance or to bring her husband into the country. All the appropriate applications are now in process and the decision is pending. But it is a huge relief for her to know she has gone through the proper process.

One immigrant mom – her husband threatened her and their children. Lee-Ann very quickly and expertly put a safety plan in place, told her what she needed to do, and educated her as to her rights. It alleviated her stress a lot.

One mom with 3 children was getting her wages garnisheed by Revenue Canada. She had no money for utility bills so her phone was cut off. And her partner was no longer supporting her. She was very distraught. Lee-Ann referred her to a pro bono lawyer and the matter is close to being resolved.

## 5.4 Clinician Perceptions about the PBLO at SickKids Model

Clinicians were asked to comment on two aspects of the PBLO at SickKids model: the on-site location of the service and the model's applicability to other hospitals. Each is dealt with below.

### 5.4.1 On-site Location

In the first four months of the project's operations in 2009, PBLO did not have an office on site at SickKids. Since that time it has been lodged in the social work department of the hospital. Clinicians were asked how essential an on-site location was to the success of the model. The response was virtually unanimous. On a scale of 1 to 7 (1=not important at all, 7=completely essential), 90% (36/40) gave a rating of "7," 5% (2/40) a "6," and 5% a "5."

**Table 20. Reasons for Locating Service On Site**

REASON	FREQUENCY	PERCENTAGE OF RESPONDENTS WHO GAVE THIS RESPONSE (N=40)
Parents have immediate access, so are more likely to use service	28	70%
SickKids is like a second home for many parents; family is here anyway	12	30%
Triage lawyer can provide instant support to clinicians	12	30%
Face-to-face is critical for clients; it is therefore more feasible for parents at the hospital	11	28%
Trust parents have developed with clinicians is easily transferred to triage lawyer	10	25%
Intimidation felt towards lawyers is more easy to overcome in the hospital setting	6	15%
Parents do not like to leave their children; triage lawyer can meet in patient's room	5	13%
Parents' lives are complex, stressful, in crisis; it is more easy to free up time while at the hospital	5	13%
Teens are often unorganized, would not normally follow through if service was not at hospital	2	5%
Triage lawyer has more ready access to clinicians for follow-through troubleshooting, and learning about the hospital system	2	5%
It is important to be hosted in social work department	1	3%
On-site is helpful, but not absolutely necessary	1	3%

Note: The 40 respondents gave 95 responses, so total percentages exceed 100%.

As shown in Table 20, only one respondent felt that a location on site was helpful but not absolutely essential. The other respondents gave multiple reasons, and many stressed that it was the combination of several key factors that made this important:

- The complicated situation/circumstance of the parents and/or patients' lives,
- The ease – because of immediate access – of overcoming fear about lawyers or tendencies to procrastinate on a decision that seems to take up too much energy,
- The quality of trust and “being at home” that many parents accorded SickKids and could transfer quickly to the triage lawyer (especially because of the opportunity to meet face-to-face), and
- The ease of communication between the clinicians and the triage lawyer.

#### **5.4.2 Applicability of the Model to Other Hospitals**

An important issue in this study is the applicability of the PBLO model at SickKids to other hospitals. One approach to this question was to identify those factors that make the model work especially well or poorly at SickKids compared to other settings. “Poorly” appeared easy for clinicians to address. They were completely unanimous in stating that there were no aspects of SickKids that might make it work worse than in other settings.

On the positive side, almost all clinicians identified one or more positive elements about SickKids that make it well suited for the model. These are shown in Table 21 in descending order of frequency. There are four poles around which these factors coalesce; these factors should be considered if replication of the model is contemplated.

- The orientation of the hospital:
  - It uses a family centred model, which by definition, makes the institution more willing to address psycho-social and legal issues
  - It is a hospital culture that embraces innovation, is oriented towards advocacy and believes that health is directly impacted by social determinants
  - It is one in which there is strong management support for staff to follow through on the above approaches
- Resources of the hospital:
  - SickKids is a well-resourced hospital and has a large complement of social workers who are the primary intermediaries referring to the program
  - The PBLO office is located in the social work department
- The nature of the hospital's client population
  - SickKids serves large numbers of highly vulnerable populations (children, adolescents, immigrants and poverty-stricken families) with complex medical problems. The “baggage” of social determinants is quite evident to staff willing to be concerned with it. Many of the problems are also likely to be amenable to legally-assisted resolutions.

- The qualities of the triage lawyer:
  - The current triage lawyer is viewed as being exceptional for the position, not only for her professional expertise and background (she worked in a legal aid clinic for children and youth for 10 years, and prior to that experience had worked in a poverty law clinic), but also for her personal qualities – her caring attitude, directness, and accessibility. Many clinicians noted that she is well integrated in the Social Work Department and felt she is part of the SickKids team.

**Table 21. Clinician Opinions About Aspects of SickKids that make the Model Work Especially Well**

ASPECT IDENTIFIED BY CLINICIANS	FREQUENCY	PERCENTAGE OF RESPONDENTS WHO GAVE THIS RESPONSE
Family-centred model (whole family, not just patients, and psycho-social, not just medical)	14	35%
Particularly vulnerable populations (children, adolescents, immigrants, poverty, multi-cultural, medically complex issues)	13	33%
Management support	7	18%
Particular personal and professional qualities of triage lawyer	7	18%
Innovative institution	6	15%
Large number of social workers	5	13%
Advocacy orientation of staff	4	10%
Orientation towards social determinants of health	4	10%
Location of office in social work department	4	10%
Pediatric hospital	3	8%
Hospital is heavily resourced	2	5%
Don't know, can't compare with other settings	1	3%

Note: The 40 respondents gave 70 responses, so total percentages exceed 100%.

A second approach to the question of applicability of the model was to ask clinicians whether they felt the model would work equally well, less well, or better in other hospitals. Of 40 respondents, 19 (48%) said “equally well,” only 1 (3%) “less well,” and 20 (50%) said it depended on the hospital. As shown in Table 22, those who answered “equally well” tended to focus on the notion that people have legal needs no matter what their circumstances, so the model could apply in any setting. Those who responded “it depends” analyzed more specifically the merits and demerits of different types of setting, and tended to focus on similar elements to those in evidence at SickKids -a large pediatric hospital with a strong family-oriented belief system, a critical mass of socially/economically vulnerable patients/families and significant social worker resources.

**Table 22. Reasons Why Model Would or Would Not Work Well in Other Hospitals**

RESPONSE	FREQUENCY	PERCENTAGE OF ALL RESPONDENTS WHO GAVE THIS RESPONSE (N=40)
<b>A. Why model would work equally well in other hospitals (N=19; 25 responses)</b>		
Adults have issues, just like children and families	9	23%
People have needs generally, and benefit from legal assistance (e.g. access to resources, government services, discrimination)	9	23%
Other hospitals have vulnerable populations with complex needs	4	10%
Any hospital where there is sufficient management support	1	3%
Particularly rehab hospitals	1	3%
As long as the triage lawyer is readily accessible	1	3%
<b>B. Why it depends on the hospital (N=22; 29 responses)</b>		
Would work best in pediatric hospitals; they tend to have more of a family orientation which is less emphasized in adult hospitals	9	23%
Needs to be in a hospital with lots of resources, especially social workers (more common in pediatric hospitals)	5	13%
Would work anywhere there is a large number of vulnerable patients with complex situations	5	13%
Would work well in many specialty centres (e.g. rehab or geriatric)	4	10%
There needs to be a “critical mass” of patients to warrant the service (e.g. large urban hospitals); would not work as well in smaller communities	4	10%
Depends on the values/beliefs of the hospital administration and staff	2	5%

Note: The 40 respondents gave 54 responses, so total percentages exceed 100%.

## 5.5 Clinician Recommendations for Improving the PBLO Program at SickKids

Clinicians were asked to provide recommendations for ways in which the PBLO program could be improved. As shown in Table 23, almost half the respondents explicitly stated that the program worked well as it is and could not be improved. The strong majority sentiment of the other respondents was that the program is meeting a need and is working well, but that they would like “more of the same” – i.e. more educational rounds, more pro bono lawyers, more advertising, and expansion of the triage lawyers’ hours even further. A small number of comments, usually made by one respondent in each case, addressed specific issues about legal aid, types of cases, direct access to the lawyer, and evaluation and feedback procedures.

**Table 23. Clinician Recommendations for Improvement of the PBLO Program at SickKids**

<b>CLINICIAN RECOMMENDATIONS</b>	<b>FREQUENCY</b>	<b>PERCENTAGE OF RESPONDENTS WHO GAVE THIS RESPONSE</b>
No change necessary; works well as is	19	48%
Do more educational rounds	9	23%
Either enable triage lawyer to do court work or involve more pro bono lawyers	8	20%
Advertise the service more (e.g. with brochures)	6	15%
Expand triage lawyer service to full time	3	8%
Enable triage lawyer to approve legal aid certificates	2	5%
Provide direct patient access to triage lawyer rather than through clinicians as intermediaries	1	3%
Provide a means for addressing legal cases against the hospital	1	3%
Provide long term (secure) funding	1	3%
Provide feedback to clinicians on the outcome of cases they refer	1	3%
Provide evaluation feedback on program on an ongoing basis (prospective, not just retrospective)	1	3%

Note: The respondents gave 53 responses, so total percentages exceed 100%.

## 6.0 Findings: Lawyer Interviews

This section presents the responses from 15 of the 23 lawyers (65%) who have accepted pro bono referrals from the project since its inception, and who participated in the survey.

### 6.1 Background of Respondents

The respondents were from the two firms engaged in the PBLO at SickKids Project: Torkin Manes LLP and McMillan LLP. For all respondents the average of their estimate of the number of referrals taken since the beginning of the project (March 2009) was 4.4. Prior to July 31, 2010, the average for 13 respondents (NR=2) was 1.9, and since that date the average for the same respondents (NR=2) was 2.5. The number of referrals increased in the second period for 10 of the 13 respondents.

Areas of law in which the lawyers have taken cases are shown in Table 24. As per the notes below the table, the frequencies refer not to the number of cases, but rather to the number of respondents who had dealt with pro bono cases in these areas of law. Unfortunately, none of the respondents mentioned education, immigration, criminal or health law, all of which are among the top six referral matters to the pro bono lawyers in the project (see Section 4.3). This means that the respondent's comments do not reflect experiences with referrals of these types of matters and therefore may not be fully representative of overall pro bono lawyer experience.

**Table 24. Number of Respondents who have Dealt with Pro Bono Cases in Certain Areas of Law**

AREA OF LAW IN PBLO CASES TAKEN BY RESPONDENT	FREQUENCY THIS AREA MENTIONED BY PRO BONO LAWYERS
Employment	5
Civil Litigation	4
Contract Law	3
Tax Law	2
Income Security	2
Human Rights	2
Family	1
Administrative Law	1
Consumer Law	1

- Notes:
1. This table simply reflects areas of law, not volumes of cases. For example, the one respondent who marked "family" could have taken 4 or 5 cases, or two lawyers who marked "employment" may be referring to one case with which they and a colleague were both involved.
  2. The table refers to the lawyer's activity since the beginning of the project.

## 6.2 Relationship with PBLO Triage Lawyer

Table 25 provides feedback on the pro bono lawyers' satisfaction with the assistance of the Triage Lawyer.

**Table 25. Pro Bono Lawyer Satisfaction with Triage Lawyer's Assistance**

ITEM ASSESSED	RATING (on 7-point scale where 1=very dissatisfied, 7=very satisfied)				
	Ratings in the following ranges:			Average Rating	Number of Respondents
	1 – 3	4	5 - 7		
Providing clients with realistic expectations of the service that can be provided	0 (0%)	1 (10%)	9 (90%)	6.1	10 (NR=5)
Providing pro bono lawyer with an accurate understanding of the case he/she was asked to take	1 (7%)	0 (0%)	13 (93%)	6.1	14 (NR=1)
Helping to ensure that clients had necessary documents or information at hand for the first meeting with pro bono lawyer	1 (10%)	1 (10%)	8 (80%)	5.9	10 (NR=5)
Responsiveness to pro bono lawyer's concerns if problems or issues arose with the case or client	0 (0%)	0 (0%)	9 (100%)	6.8	9 (NR=6)

Although there were a significant number of non-responses, the large majority of ratings and overall average ratings were very positive. The respondents provided additional comments on the ratings primarily when clarification was needed about a lower rating, rather than to reinforce a high rating.

- *Re: Realistic Expectations*

Two respondents said there had been no problems. A third noted even if the client had unrealistic expectations, it was not the Triage Lawyer's fault. One noted that a matter would have exceeded the hours allocated, as it would have involved a court order.

- *Re: Giving the lawyer an accurate understanding of the case.*

One stated there had been no problems. Another felt that early in the project there was not enough information, but that this situation had improved. A third attributed incomplete information to a lack of disclosure by the client to the Triage Lawyer. Two others felt that more interviewing of the client prior to referral would be helpful, either to clarify the real issues, or to help direct the case to an appropriate lawyer within the firm.

- *Re: Helping to ensure client has necessary documents or information*

Five respondents said they felt this was not necessarily part of the Triage Lawyer's role, so were not concerned either way. Two stated that this was done to the extent possible, one noting that the Triage Lawyer has expedited the process at times by contacting the client directly and emphasizing the need for cooperation.

- *Re: Responsiveness of triage lawyer to concerns about problems or issues.*

The average rating is extremely positive. Two simply noted that the Triage Lawyer has been very responsive.

As shown in Table 26, almost all ratings about the actual cases referred to them were in the positive (5-7) range, but except for one item, the average ratings were slightly lower than in the previous table. Comments were as follows:

- *Re: Degree to which cases have made use of their skills and experience.*  
Two noted the cases are sometimes a bit simple, “but that’s OK.” Two others said that some cases are not the usual focus of the lawyer’s practice (e.g. class action) or law firm (business law), but “I don’t mind.” A fifth said they are appropriate.
- *Re: The legal merits of the case.*  
One stated that there is “generally some basis for a claim,” another noted “some challenges,” and a third that they were all meritorious but on one occasion the time spent “greatly exceeded the value of the claim.”
- *Re: The fit with the time the pro bono lawyer has available.*  
Three said “we make the time,” and that there were not real expectations. A fourth said if necessary, he/she “can always ask another member of the group to assist.”
- *Re: Likelihood of success.*  
Two said that almost all cases have been resolved. One noted that release of information had become an impediment to success in one case, and another stated that “insurers have not been as accommodating as I had hoped in some cases.” A fifth respondent commented, “I don’t generally derive satisfaction from likelihood of success. I am happy to help these people.”
- *Re: Client being genuinely of limited means.*  
Three simply stated that they haven’t questioned clients on this issue.

**Table 26. Pro Bono Lawyer Satisfaction with Cases that have been Referred to Them**

ITEM ASSESSED	RATING (on 7-point scale where 1=very dissatisfied, 7=very satisfied)				
	Ratings in the following ranges:			Average Rating	Number of Respondents
	1 – 3	4	5 - 7		
Degree to which the case(s) have made good use of pro bono lawyer’s skills and experience	0 (0%)	1 (8%)	12 (92%)	5.6	13 (NR=2)
The legal merits of the cases	0 (0%)	1 (7%)	13 (93%)	5.6	14 (NR=1)
The fit with the time they have available	1 (8%)	0 (0%)	11 (92%)	5.8	12 (NR=3)
The likelihood of success in the cases	1 (8%)	1 (8%)	11 (85%)	5.2	13 (NR=2)
Pro bono lawyer’s sense that the client is genuinely of limited means	0 (0%)	0 (0%)	14 (100%)	6.5	14 (NR=1)

Note: Percentages do not necessarily total 100% due to rounding.

### 6.3 Importance of On-Site Location for Pro Bono Lawyer

Table 27 provides lawyer feedback on the importance of the Triage Lawyer being on site in terms of their work. Although most ratings on this issue are positive, the average ratings are lower than for the issues identified in the previous two tables. They also are considerably lower than the average rating (6.8) given by clinicians in Section 5.4.1 for whom the on-site location was essential.

In terms of the appropriateness of the referral, four respondents noted either the convenience for the client to see the Triage lawyer in person, and one added that it gives the Triage Lawyer “ready access to doctors and social workers, from whom we sometimes need information.”

In terms of contacts with the client following the referral, three noted the benefits of easy contact with clients because of an on-site location, especially since the clients “spend a lot of time at the hospital.” One commented that the Triage Lawyer can better help liaise around treatment records because of the location, and another said she could “provide relevant updates.”

**Table 27. Pro Bono Lawyers’ Assessment of Importance of On-site Location for Them as Recipients of Referrals**

QUESTION: For you as a recipient of a referral, is there any particular advantage to the Triage Lawyer being on location at the hospital ....	RATING (on 7-point scale where 1=no particular advantage, 7= a great advantage)				
	Ratings in the following ranges:			Average Rating	Number of Respondents
	1 – 3	4	5 - 7		
(a) In terms of the appropriateness of the referral itself?	2 (20%)	1 (10%)	7 (70%)	5.1	10 (NR=5)
(b) In terms of any contacts with the client following the referral?	2 (20%)	1 (10%)	7 (70%)	5.2	10 (NR=5)

### 6.4 Relationship between Legal Problems and the Child’s Illness or Parents’ Capacity to Cope

The pro bono lawyers were asked if they had seen any evidence that there is a relationship between the complexity, severity or multiplicity of a family’s legal problems and the severity of the child’s illness and/or the parents’ capacity to cope with the illness.

The respondents were evenly divided on this question. Five gave answers that essentially affirmed such a relationship, but two of these respondents described medical conditions that exacerbated the legal problem rather than vice versa. Four felt there wasn’t such a relationship, two of whom stated that each situation is unique. Five felt they could not assess the relationship, either because it would require reviewing all the cases or because they had had too few cases. A final respondent said the relationship was too difficult to assess with certainty.

Nine of the more detailed responses to this question are included on the following page.

**Pro Bono Lawyer response to the question, "Have you seen any evidence that there is a relationship between the complexity, severity of multiplicity of a family's legal problems and the severity of the child's illness and/or the parents' capacity to cope with the illness?"**

**Relationship does exist**

Yes. There have been a few cases where the legal issue might prevent a parent from being at the child's bedside, e.g. employer won't let parent get time off work. If the legal issue is more complex, it requires more time to resolve, involves more stress, and parents need more money to deal with case.

Yes. Where a parent has a critically ill child they are more likely to miss work and require advice with regard to their legal rights under the Employment Standards Act, 2000 and Human Rights Code. The impetus for the need for legal advice regarding employment law is certainly related to the severity of the child's illness which has caused the parent to miss work and which may impact the parent's ability to cope financially.

Yes, in both cases that I dealt with, the child had suffered from, or was suffering from, cancer. In my view, dealing with their children's loss or struggles left the parents ill-equipped to manage or deal with other obligations, exacerbating their legal problems.

Two types of employment issues arise: 1) EI applications or appeals, and 2) employer granting/not granting leave of absence or dismissing employee for missing work. Severity of illness will impact financial need for EI &/or length of required leave. So far, all cases involved severely ill/injured child, as that is generally when the parent needs EI and/or runs out of vacation time and needs a leave of absence.

With cases regarding the denial of a parent's Long Term Disability benefits, it appears as though there is a relationship between the severity of the child's illness, and the ability of the parent to meet their obligations under the insurance contract. For example, many long term disability insurance contracts require that the recipient be under regular care of a medical professional. Where, however, a parent is focused on the care of their child, they are less likely to seek out medical attention for their own illness at a frequency, and with the vigor, that is expected by insurance companies. Many parents put their children's interests before their own, resulting in difficulties meeting the requirements set out by insurance companies.

**Relationship does not exist**

No real relationship. It is very individual, but all are pretty stressed from having a sick child.

I have not seen this yet. Based on my experiences so far, the legal issues have usually preceded the child's illness, but the child's illness made it necessary for the parents to resolve their pre-existing legal problems. For example, in situations where the parents have failed to file tax returns with the CRA, the omission to file returns does not seem to come to the forefront of the parents' mind until they try to apply for benefit programs and are unable to do so, due to their lack of compliance with tax obligations.

In my experience it is not possible to definitively find a correlation. I have found each case unique both in terms of the legal problems at issue and the child's condition.

**Not Sure**

I can't say whether there is a relationship between the complexity of the illness and the response by the parent because it is subjective. What may be complex to one parent may not be as complex to another. The responses may be different depending on coping mechanisms of the particular parents. However, in my experience, parents often are overwhelmed by the forms needed let alone the disputes that may arise (e.g., denial of insurance benefits) because of the emotional and physical drain the child's condition has on them. Often they do not know that they have the legal right to challenge decisions.

Lawyers were also asked if they had noticed any impacts that addressing a legal problem has had on the ability of the family and/or child to deal with the illness. Eight said they had seen such impacts, four had not noticed or been directly informed of impacts, and three could not assess this issue.

Of the eight who could define impacts, four mentioned the general relief of stress, or having things “taken off their plates.” Others gave specific examples of direct connections between legal resolutions and medical coping:

- Parent receiving disability benefits allowing them to get time off work to cope with the trauma of the child’s condition;
- Resolving issues with an employer who wouldn’t allow the parent time off work;
- Resolving issue of contaminants being transferred to the child from the work clothes of the parent;
- Immigration-related issues that prevent parents from achieving status (to arrive or stay in the country) that would allow them to be with the child;
- Parents who have trouble getting out of country coverage for therapy only available in the US;
- Resolving a lack of heat in rental housing, which was exacerbating the child’s condition;
- Husband had not put the child as a beneficiary on his extended health plan through his employment pursuant to a court order;
- Parent given access to public transit, allowing him/her more readily to attend appointments with the doctor.

## 6.5 Recommendations of Pro Bono Lawyers

Eight lawyers gave recommendations for ways the program could be improved, while a ninth simply observed, “I think that the program is a wonderful program that I am pleased and proud to be a part of.”

Four recommendations relate to administrative matters and expectations of pro bono lawyers, including the evaluation (some of which have been addressed since the evaluation began). Three others focus on communication with the client about expectations. A final recommendation is a request for more personal contact with clients.

### **Pro Bono Lawyer Recommendations for Improvements to the PBLO Program at SickKids**

#### **Administrative matters and expectations of pro bono lawyers, including the evaluation:**

We could improve the way we are going to communicate the outcomes in terms of how to exchange information without breaching confidentiality.

Solicitor-client confidentiality came to the forefront as an issue when I was informed about this evaluation. We have just revised the form and the triage lawyer has patients sign it. Level 1 – the client comes in and discloses to the triage lawyer; Level 2 – engagement letter and authorization to give information back to the PBLO about resolution of problem. It is better to get this second level on the table at the beginning when our lawyers meet with clients for the first time.

(There should be) less administrative hoops. I am happy to provide the legal assistance to families in need, but would prefer not spending so much time on all this paper work. In one case the child actually died while I was waiting for the rubber stamping process to be completed.

I don't feel the program has a good appreciation of the life of a lawyer in corporate firms. For example, it is not really feasible to consider a request to come in and do rounds with the healthcare team. It would mean taking two hours out of the day. I also can't commit to going on a round in relation to an individual without a conflict check. It's not possible to really conceptualize the pro bono firm as part of an "integrated team" – we are just one part of the program.

#### **Communication with the client about expectations:**

More in-depth interviewing at the front end would be helpful. There have been some situations where the summary does not reflect the main issue(s). This is not necessarily the triage lawyer's fault – she is overworked.

*(Note: The following three recommendations were preceded by a lengthy example of a case which gave rise to the recommendations.)*

- 1) Ensure that the client is aware that if their matter is complicated and/or if the opposite party is self-represented, it may be very difficult to resolve their matter within the time frame provided and provide the client with realistic expectations.
- 2) If the party has been approved for legal aid, this may be a better option for the client, especially if the matter is complicated, as it will ensure continuity.
- 3) For family law matters, it is likely that only narrow issues would be appropriate for this program.

I think the most important thing is managing expectations of clients at the outset. I have had no problems in this regards, but I think that it's vital that the client understand what can and cannot be done for them. I would hate to be in a position of having to let down a parent who is already feeling put-upon by the world. Again, I have no reason to think that this is not being done already. I've been very satisfied with the program and would be happy to do further work in the future.

I think that with respect to employment insurance (EI) or long term disability (LTD) benefits it would be helpful for social workers and others at first instance to stress the importance of developing a relationship with a medical doctor for a parent's illness at the earliest time. It would also be helpful for parents, and their physicians, to have the process explained to them prior to their initial application. A good medical note and a good relationship with their medical practitioner is very helpful in obtaining LTD or EI benefits at the earliest possible time.

#### **Pro Bono Lawyer contact with client:**

I would like to see a little more contact with clients. I sometimes only get to deal with them by telephone.

## 7.0 Findings: Parent Interviews

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This section presents findings from interviews with 23 parents. It describes the client/family background, the child's health issues and impacts, the legal problems and their impacts, and the services they received from the program and their outcomes.

### 7.1 Client/Family Demographics

Client/family demographics serve both to characterize the respondents included in the survey and to help determine the representativeness of the sample of parents/clients involved. It should be stressed that the primary intent of this survey was to explore the experiences and opinions of parents/patients who had been referred to a pro bono lawyer (even if they also received services from the triage lawyer, clinician, or other organizations). Thus, of the 23 respondents in this survey, 17 (74%) had received services from one of the pro bono lawyers.

Table 28 presents eight sets of client demographics. In brief, the table shows:

- A large majority of survey respondents were mothers of the patient;
- Slightly over half lived in the Greater Toronto Area;
- For a significant majority (61%), the patient was under six years of age;
- Over half of the respondents had two or more children (including the patient);
- Over half of the patients were living with a single parent (usually the mother);
- Slightly over half of the families/patients were full-time or part-time employed; only 22% had two employed parents; slightly under half were on some sort of income or benefit assistance;
- Almost two-thirds (63%) had an annual family income in the previous year of less than \$30,000. Only one family had income exceeding \$65,000;
- Two of the 23 respondents (9%) had immigrated to Canada within the past five years.

This collective picture is of respondents of modest means and family circumstances that could contribute to increased vulnerability in the face of additional health and/or legal problems. In this respect they clearly fit the profile of the population targeted by the project.

A comparison of the demographics of this sample with those presented in Section 4.1 and 4.2 (Tables 8 and 10) for the entire population of PBLO cases shows that the sample is slightly different from the population but is not severely skewed in any demographics. Table 8 shows 64% of the population was from the Greater Toronto Area. In this survey it is slightly lower at 52%. Fifty-two percent of the overall child patient population was aged 0-5; in this sample it is slightly higher at 61%, and other age categories quite closely reflect those in the population. There is lower representation of one-child families in this sample (43% versus 60% in the population) and correspondingly higher representation of families with two or more children.

**Table 28. Parent/Patient Demographics**

DEMOGRAPHIC	FREQUENCY	PERCENTAGE
Respondent's family role (N=23)		
Child's mother	18	78%
Child's father	4	17%
Patient	1	4%
Location (N=23)		
Within Greater Toronto Area (GTA)	12	52%
Outside GTA	11	48%
Age of child (N=23)		
0-5	14	61%
6-10	3	13%
11-15	3	13%
16-19	2	9%
20+	1	4%
Number of children in family (N=23)		
1	10	43%
2	4	17%
3	6	26%
4	2	9%
Adult child, lives alone	1	4%
Who child is living with (N=23)		
Mother	11	48%
Father	2	9%
Both parents	8	35%
Other family member	1	4%
Adult child, living on own	1	4%
Main source of income (N=23)		
FT or PT employment: mother	3	13%
FT or PT employment: father	4	17%
FT or PT employment: both parents	5	22%
FT or PT employment: patient	1	4%
Income Assistance	3	13%
Employment Insurance	3	13%
Student Loan	2	9%
Other non-employment income (not disclosed)	1	4%
Savings	1	4%
Approximate family income before taxes (N=22; NR=1)		
Under \$20,000	10	45%
\$20,000 – under \$30,000	4	18%
\$30,000 – under \$45,000	0	0%
\$45,000 – under \$65,000	7	32%
\$65,000 +	1	5%
Has family immigrated to Canada within past 5 years?		
No	21	91%
Yes	2	9%

Note: Percentages do not necessarily total 100% due to rounding.

## 7.2 Children's Health Conditions and Their Impacts

The patients referred to in these 23 interviews all had severe and often multiple problems. The following condensed list of 28 conditions is simply intended to characterize that seriousness:

- Kidney failure, transplants (4)
- Cardiomyopathy or other heart condition; heart transplant (4)
- Cancer (4)
- Asthma (3)
- Neurological conditions/epilepsy/autism (3)
- Liver condition; transplants (3)
- Cleft palate (2)
- Vision deterioration/blindness (2)
- Severe allergies (1)
- Abdominal surgery (1)
- Sexual abuse (1)

Parents/patients were asked six questions that explored various impacts that the health conditions have had on the family. In some cases the question did not apply to the family's situation (e.g. one or other parent was not employed or was no longer in a relationship with the respondent, or children were not of school age). However, in applicable cases the responses show clear impacts:

- A majority of parents (68%) need to assist with the child's treatment.  
This assistance with treatment ranged from administering an inhaler as needed (asthma - 1) or an Epi-pen injection (allergies -1), to antibiotic injections (kidneys - 2), supervising administration of medicine several times per day (6), to maintaining cleanliness of the child's palate (cleft palate - 1), managing feeding tubes (4), gastric tubes (3) or PICC intravenous lines (4).
- The mother (87%) and/or father (62%) is not able to continue working regularly or to work at all.  
Of the 13 months whose work was affected, four quit work entirely, one used all her vacation time to be with her child, and the remaining eight either took formal leave of absences or periods of time off ranging from one week to 18 months. One of the latter group said she returned to her job in a part-time position rather than her former full-time one.  
  
Of the eight fathers, two were fired when they tried to take time off or work shorter shifts, one quit, and five took leaves or time off ranging from a few days to many months.
- No school-age children are able to attend school on a normal basis.  
One child could not attend at all, and the other eight were able to attend an average of 60% of the time.
- Over one-third of families have had four or more visits to the emergency room in the past year.
- 96% of families reported significant stress on the family as a result of their child's condition. Only two respondents rated the stress at less than a 7 on a 7-point scale.

**Table 29. Impacts of Health Condition**

IMPACTS	FREQUENCY	PERCENTAGE
Whether parent participates in or helps support treatment of her child (N=22; NR=1, i.e. not applicable to child's condition),		
No	7	32%
Yes	15	68%
Has the child's medical condition affected the ability of the mother (or female guardian) to work? (N=15; NR=8, i.e. mother not employed or not in relationship)		
No	2	13%
Yes	13	87%
Has the child's medical condition affected the ability of the father (or male guardian) to work? (N=13; NR=10, i.e. father not employed or not in relationship)		
No	5	38%
Yes	8	62%
(For children of school age) What were your child's attendance patterns at school in the past year? (N=9; NR=13, i.e. not of school age)		
Child unable to attend school at all	1	11%
Child able to attend school some of the time	8	89%
Child attended school on a normal basis	0	0%
Approximately how many visits to the emergency room have been made in the past year to get medical help for your child? (N=23)		
None	7	30%
1 – 3	8	35%
4 – 7	3	13%
8 – 12	2	9%
13 +	3	13%
(Mean = 5.2)		
How much stress has your child's condition caused your family? (On a 7-point scale, 1=very little stress/worry; 7=a great deal of stress/worry)		
Rating of 1 – 3	0	0%
Rating of 4	1	4%
Rating of 5 – 7	22	96%
(Mean rating = 6.8)		

### 7.3 Parents'/Patients' Legal Problem and Their Impacts

The legal problems described by the parents in this survey comprised the following:

- 4 respondents in each of health, education, employment, income security and family matters
- 2 respondents with tax problems
- 1 respondent with a civil litigation matter

The five matters with four respondents each are all in the top seven legal problem types for the overall project, as listed in Section 4.3 (Table 14). Tax and civil litigation matters are identified in the pro bono lawyer survey (Section 6.1, Table 24). Thus the types of issues identified in this parent sample can be seen as reflecting the most common issues in the population. The one exception is the absence in the parent survey of immigration/refugee cases, which are the single largest category in the overall client population.

Parents were asked if they or anyone else in the family had tried to get help for any of their legal concerns before they went to the lawyer's office at SickKids. None of them had done so. This response confirms and extends the clinician's assessment of this issue, reported in Section 5.3, and emphasizes that the project is truly addressing important needs of a new client group.

Table 30 shows the level of impact the respondents felt these legal problems were having on various aspects of their lives. The impact was felt most strongly in two areas of their lives: first, the level of stress and worry they were experiencing and, secondly, in their financial situation. There were significant minorities of respondents (approximately a third in each category) that felt there were major impacts in the areas most closely associated with their child's health – i.e. in the problem itself, in their ability to take care of their child, and in their ability to support the child's treatment. In part, this dual response can be interpreted as saying that the parents continued to attend to their child as their first priority, but prior to the legal intervention had been suffering impacts in terms of their finances and their own emotional health.

### 7.4 Outcomes of the Legal Services that were Provided

As noted in Section 7.1, the survey was intended primarily to obtain feedback on cases that were referred to pro bono lawyers. As shown in Table 31, 17 of the 23 respondents (74%) received service from a pro bono lawyer. However, almost all respondents acknowledged receipt of several legal services including preliminary information from a clinician (who had consulted the triage lawyer), the triage lawyer herself and, in a small number of cases, from other organizations.

Of the five respondents who were referred to other services (apart from the pro bono lawyer) three said they followed up on the referral. Although three out of five cases (60%) is too small a sample to be considered reliable on its own, this result adds a degree of confirmation to the observations by clinicians in Section 5.3 (Table 19), 58% of whom felt that parents/patients usually follow through on external references and 13 % of whom felt they sometimes follow through.

In addition to services or referrals from PBLO, two out of the 23 respondents also tried to get help for their legal concerns externally on their own. One went to a lawyer friend for advice, the other went to duty counsel and legal aid (both without success).

**Table 30. Parent/Patient Perceptions about the Impact of Legal Problems on their Family**

TYPE OF IMPACT OF THE LEGAL PROBLEM	RATING OF IMPACT (on 7-point scale where 1=has not affected this aspect of the family at all; 7=has affected this aspect a great deal)				
	Ratings in the following ranges:			Average Rating	Number of Respondents
	1 – 3	4	5 - 7		
Your child's health problems or medical conditions	12 52%	3 13%	8 35%	3.5	23
The level of stress and worry in your family	0 0%	2 9%	21 91%	6.5	23
Your ability to take care of your child in the way you feel is required	11 52%	2 10%	8 38%	3.5	21 (NR=2)
Your family's financial situation	5 22%	3 13%	15 65%	5.3	23
Your ability to support the treatment of your child	12 57%	3 14%	6 29%	3.3	21 (NR=2)

**Table 31. Types of Legal Service Received by Parents/Patients**

TYPE OF SERVICE	FREQUENCY	PERCENTAGE OF RESPONDENTS WHO GAVE THIS ANSWER
Respondent asked the clinician for information and they provided it to him/her	17	74%
Respondent talked with the Triage Lawyer who provided advice and/or information	20	87%
Respondent talked with a pro bono lawyer	17	74%
Respondent was referred to other services or programs by the Triage Lawyer or the pro bono lawyer	5	22%

Note: The 23 respondents gave 59 responses, so total percentages exceed 100%.

#### 7.4.1 Parents' Assessment of Service Outcomes, Impacts and Quality

Table 32 shows that the rate of total resolution of problems for completed issues in this sample is 59%, and 50% for cases referred to pro bono lawyers. The rate of total resolution for clients is lower than that reported in the more complete data set in Table 15 (Section 4.3). Non-resolution of problems in this survey sample is also higher than in Table 15. These lower resolution rates for the sample could be expected to produce slightly more negative satisfaction measures than might exist for all cases involved in the project.

**Table 32. Degree of Resolution of Legal Problems for Clients in Parent Survey**

DEGREE OF RESOLUTION OF COMPLETED ISSUES	TOTAL FOR ALL COMPLETED ISSUES (N=22; NR=4)	TOTAL FOR REFERRALS TO PBLO (N=14; NR=3)
All problems/issues have been resolved, brought to a conclusion	13 59%	7 50%
Some legal problems or aspect of problem resolved, but some problems/aspects remain	4 18%	3 21%
Legal problem not resolved at all	5 23%	4 29%

Note: The NR refer to issues that are still pending. There were 22 issues in the 19 completed cases overall, and 14 issues in the 13 cases referred to the PBLO. Percentages refer to the percentage of issues resolved

Table 33 shows that the lowering of stress or worry in the family, and improving the family's financial situation are the two areas impacted the most by the legal interventions. The areas that are more closely related to the child's health or to the parents' ability to help maintain the child's treatment received lower average ratings. Nonetheless, even in those areas approximately half the respondents gave ratings of between 4 and 7 on the 7-point scale, indicating that there was moderate to significant improvement in these areas. The impact in any area is of course mediated both by the nature of the legal case, and the perceived outcome. Some cases – e.g. education or health insurance – will more directly impact the child's well-being, whereas tax or employment cases may impact the financial situation. Just having a case being addressed may reduce stress even if the matter is still pending, but a pending case may not impact the health of a child or care that the parent can provide.

**Table 33. Parent Perceptions about the Degree to which Legal Services Contributed to the Types of Improvement**

AREAS OF POSSIBLE IMPROVEMENT AS A RESULT OF LEGAL SERVICES PROVIDED	DEGREE OF IMPROVEMENT IN THIS AREA (on a 7-point scale where 1=did not contribute to improvements at all; and 7=contributed to significant improvements)				
	Ratings in the following ranges:			Mean Rating	Number of Respondents
	1 – 3	4	5 - 7		
Lowering of stress or worry in the family	4 17%	4 17%	15 65%	5.4	23
The family's financial situation	8 35%	4 17%	11 48%	4.3	23
Improvements to the child's health or helping the child's health to remain stable	13 57%	5 22%	5 22%	3.0	23
The ability of the parents to maintain the treatment required for the child (if applicable)	9 50%	6 33%	3 17%	2.9	18 (NR=5)
The ability of the family to take care of the child	11 50%	4 18%	7 32%	2.4	22 (NR=1)

Note: Percentages do not necessarily total 100% due to rounding.

Table 34 deals with the parents' perception of service quality. For all areas listed in the table the service quality is rated extremely positively. This exceptionally high assessment is repeated in the parents' response to the question, "If a friend or family member had a child at SickKids, would you suggest that they use the PBLO at SickKids if you knew they had a legal concern or problem?" On a 5-point Likert Scale (Definitely – Probably – Not sure – Preferably No – Definitely Not), 22 (96%) respondents replied "definitely," and one (4%) "definitely not."

**Table 34. Parent Rating about the Quality of the Service Received Through the Project**

ASPECT OF QUALITY THAT WAS ASSESSED BY THE RESPONDENT	RATING OF THIS ASPECT OF THE PROJECT (on a 7-point scale where 1=poor; and 7=excellent)				
	Ratings in the following ranges:			Mean Rating	Number of Respondents
	1 – 3	4	5 - 7		
The fact that the project was located in the hospital	0 0%	0 0%	23 100%	6.9	23
Whether the triage lawyer explained things to you in a way that you could understand	0 0%	0 0%	20 100%	6.9	20 (NR=3)
How quickly the triage lawyer was able to help you	0 0%	0 0%	22 100%	6.7	22 (NR=1)
The focus and attention that were given to your legal problem by the triage lawyer	1 5%	0 0%	19 95%	6.6	20 (NR=3)
Whether the pro bono lawyer explained things to you in a way that you could understand	0 0%	0 0%	17 100%	6.6	17 (NR=6)
How quickly the pro bono lawyer was able to help you	0 0%	0 0%	17 100%	6.5	17 (NR=6)
The focus and attention that were given to your legal problem by the pro bono lawyer	1 6%	1 6%	15 88%	6.2	17 (NR=6)

Note: Only 17 respondents were referred to the pro bono lawyer, which is why there are fewer responses.

At the conclusion of the interview, parents were asked to sum up the one aspect of the services provided by the PBLO project (in the hospital or the pro bono lawyer) that helped them the most. Two respondents where problems did not get resolved felt there was no such aspects. The remainder – even in situations that were not successfully resolved - were highly appreciative, and commented on four primary areas:

- *The fact that their problem got resolved and brought them relief, or the hope of relief.*  
E.g. hope of getting health coverage; getting a teacher for their child in the hospital; giving step-by-step advice; sending three letters; providing necessary documentation; sending a letter which reversed a school district's decision.
- *The immediacy of the service (i.e. location in the hospital).*  
E.g. "the fact that I didn't need to see an outside lawyer;" "having the lawyer in the hospital – I don't know where I would have gone to find out my rights is she hadn't been there;" "the fact that Lee-Ann was right there in the hospital;" "having a lawyer right there in the hospital – I didn't know where to look for help or what to do. I had no idea there was such a thing as a lawyer in a hospital."

- *The compassion, clarity and competence of the triage and/or pro bono lawyer.*  
E.g. “everybody at SickKids was very helpful to me and took the time to talk to me and explain things and get the ball rolling;” “the pro bono lawyer was awesome. She understood the matter and put everything into perspective;” “the way she talked to me and explained things to me – so clearly and so effortlessly. It was just like two ordinary people sitting down and talking – not like a lawyer’s office at all. It was very comforting;” “Lee-Ann was so calming and reassuring. She took care of the problem so quickly. She was just amazing;” “just the support she gave me at a time I was feeling so overwhelmed.”
- *The fact of being connected to a pro bono lawyer whom they could not normally afford, or would be afraid to seek out.*  
E.g. “I really appreciate how Lee-Ann connected me with the other (pro bono) lawyer;” “connecting me with the pro bono lawyer ... he helped me so much – he was awesome!” “I had no idea how to counter OHIP’s denial of coverage or how to access a lawyer because we never could afford one. Now we have some hope!” “We would never have known what to do or known that we had rights if not for the social workers who identified the problem and the hospital lawyer who referred me to a wonderful pro bono lawyer. It was so good to be educated. I could never have afforded a lawyer in Toronto.”

## 8.0 Conclusions

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The findings from the file review and three sets of surveys support an assessment that PBLO at SickKids is a highly successful and effective project. Specifically:

- *The families served are ones in social/financial need.*
  - Although client income data is not routinely recorded in project files, this need is shown in family income and employment data in the parent survey (p.53), parents' description of impacts of their legal problems on their financial situation (p.57), the complexity and vulnerability of the hospital's client population described by clinicians (pp. 39, 41-42), and the impressions of the pro bono lawyers (p. 47).
- *The families have children with chronic health problems.*
  - This is self-evident not only because of the inherently serious nature of problems emanating from the referring department at SickKids (p. 26), but also from a review of descriptions of health problems (p. 32) and the descriptions by parents of how the health problems are impacting their lives (p. 55).
- *The project works extremely well in a clinical setting at the hospital and enjoys the full confidence of hospital clinicians.*
  - The on-site location is virtually unanimously endorsed by clinicians (p. 40) and although of lesser importance to pro bono lawyers, the location is seen by them as helpful (p. 48). Parents rate this location extremely positively (p. 59).
  - Almost half the clinicians say they have increased their rate of consultation with the program (p. 35). Clinicians' confidence in identifying legal problems has increased, as has their estimate of their overall awareness of the program (p. 37). The 13 highest referring departments have all increased the volume of referrals in Phase II, and the overall numbers of participating departments has increased (p. 26). Clinicians unanimously agreed that the program reduces the stress of the child's health problems on the family, and they gave many poignant examples of this effect (pp. 38-39).
- *The program has steadily enlarged its service capacity.*
  - The volume of cases is impressive and compares favourably with patient numbers (on a per-hospital basis) in the US, cited in Table 6 (pp. 16-17). The volume of clients per month, percentage of overall clients who meet in person with the triage lawyer, and the number of clients per month who are referred to a pro bono lawyer have all increased substantially (p. 28). The triage lawyer has a large network of agencies to which she referred clients for additional assistance with problems (pp. 28-29).
- *The program has a good record of achieving resolution to clients' legal problems, which in turn has created significant impacts for families.*
  - Although data is not available for almost half the cases because of the resources that would be necessary to track all outcomes, the program has achieved resolution or partial resolution of the vast majority of cases for which data has been recorded (p. 33).
  - Almost two-thirds of parents gave ratings indicating the program significantly reduced stress or worry in the family (p. 58), complementing the opinions of clinicians mentioned above; half gave similar ratings indicating improvements in their financial situation. At least moderate improvements were indicated by half the parents in relation to the child's health or ability of the family to care for the child. Parents rated all aspects concerning the quality of the program extremely highly (p. 59), and almost all would "definitely" recommend the program (p. 59).

Three other issues of specific interest to PBLO were addressed in the report, and the conclusions are as follows:

- *It was not possible to effectively assess whether there was a relationship between the complexity, severity or multiplicity of a family's legal problems and the severity of the child's illness and/or the parents' capacity to cope with the illness.*
  - This inability was a result of a lack of file data and of agreed indicators of medical and legal severity. Development of such measures and of a system to record them would require both increased project and evaluation resources.
  - Lawyers were asked to assess this issue subjectively, and gave a divided response (pp. 48-49).
- *There was strong support for the conclusion that in a large majority of cases, PBLO was the first entry point to legal services for families' legal problems and that the project therefore was addressing significant unmet needs.*
  - All 23 family respondents said PBLO was the first time they or anyone in their family had tried to get help with their legal problem (p. 56). Sixty percent of clinicians felt PBLO was usually the first time clients had tried to get help, and an additional 30% felt clients sometimes had and sometimes hadn't sought help previously.
- *Clinicians feel that the PBLO model at SickKids can be applied in other hospitals, but applicability also depends on several characteristics of the model, clientele and setting.*
  - Clinicians were unanimous in stating that the model works well at SickKids. The particular strengths of the model are the family-centred and innovative orientation of the hospital, support from management, resources (particularly social workers) of the hospital, the vulnerable population it serves, and the exceptional personal and professional qualities of the triage lawyer (pp. 41-42).
  - Although half the clinicians felt the model could work equally well in other settings, the other half felt it would depend on whether some or most of the key factors at SickKids exist in other hospitals (pp. 41-42)

**Appendix 1: PBLO at SickKids Client File Data Collection Template**

**PBLO at SickKids  
Client File Data Collection Template**

**I. File ID Data**

7. Case code # \_\_\_\_\_
8. Date intake: \_\_\_\_\_  
(month / year)

**II. Demographic Data**

9. Location:  
 In Greater Toronto Area → postal code: \_\_\_\_\_  
 Outside GTA
10. Does the patient's family have a fixed address?  
 NO  
 YES  
 No data
11. Does the family have language barriers?  
 NO  
 YES
12. Gender of patient:  
 Male  
 Female
13. Age of patient:  
 0 - 5  
 6 -10  
 11 -15  
 16 – 19  
 20+  
 NA
14. Number of children in the family (including patient): \_\_\_\_\_  
 Unknown

**III. Referral and Service Data**

15. Who was seeking the service?
- Patient's mother
  - Patient him/herself
  - Patient's father
  - Both parents
  - Grandparent(s)
  - Other
16. Who referred the patient/family?
- Social worker
  - Nurse
  - Physician
  - Other (describe): \_\_\_\_\_
17. What was the type of service provided by PBLO? (both questions 'c' and 'd' can be checked, if both are applicable).
- a.  Clinician consulted triage lawyer – no direct follow-up with client
  - b.  Client or family met with triage lawyer, provided with brief service/ advice/information – no referrals
  - c.  Client referred to PBLO
  - d.  Client referred to other organization(s):
    - Legal Aid
    - Child Advocacy project
    - Private bar
    - HALCO
    - Refugee law office
    - Other (describe): \_\_\_\_\_
18. Referring department:  
Check department(s) involved in the referral. More than one department may be checked if there is more than one medical problem. If clinician works in more than 1 department and you are not sure which one generated the referral, check those possible, and write "NS" ("not sure") after each checkmark.

Department	Involved in referral? (check if yes)
Cardiology	
Adolescent Medicine (including Tots & Teens, eating disorders)	
Complex Care/General Pediatrics, incl. out-patient clinic	
Oncology	
Cleft Lip & Palate	
Transplant	
Neurology & Neurosurgery	
Gastroenterology	
Respiratory Medicine	
Rheumatology	

Department	Involved in referral? (check if yes)
Trauma	
Urology	
Critical Care	
Ophthalmology	
Burns/Plastics	
Nephrology	
Psychiatry	
Neonatal ICU	
Suspected Child Abuse	
HIV/AIDS/Infectious Diseases	
Ear, Nose and Throat	
Other	

#### IV. Legal Problems: Description and Category

19. Number of specific legal problems: \_\_\_\_\_
20. Category of legal problems (if possible, briefly describe the type of problem(s) in the space provided).

	Category of Legal Problem	Description from summary
1.	Family (divorce, custody, access, guardianship)	
2.	Immigration / Refugee	
3.	Education (including, accommodation if school related)	
4.	Employment	
5.	Income Security (including Social Assistance, death benefits)	
6.	Housing (including Landlord/Tenant)	
7.	Administrative Law	
8.	Health Law	
9.	Civil Litigation (including malpractice litigation)	
10.	Criminal Law (excluding family/domestic violence)	
11.	Child Welfare	
12.	Tax Law	
13.	Consumer Law (including debtor/creditor issues, consumer protection)	
14.	Estate Law	
15.	Contract Law	
16.	Human Rights	
17.	Family/Domestic Violence	
18.	Other:	

21. Level of resolution of legal problems:

- All legal problems are still being addressed - pending
- All legal problems have been resolved
- Some but not all legal problems have been resolved; others still pending
- Some but not all legal problems have been resolved; others could not be resolved
- None of the legal problems could be resolved.
- No data or unknown

**V. Description of Health Issues**

22. Summary of medical or health issues (if available)

Issue #1: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Issue #2: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Issue #3: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Appendix 2: PBLO at SickKids Clinician Questionnaire**

## PBLO at SickKids Clinician Questionnaire

### I. General Background

1. Name of respondent: \_\_\_\_\_  
Last / First

2. Type of respondent:

- (1) Social Worker
- (2) Nurse
- (3) Doctor

3. Department(s) in which respondent is located (check all that apply):

<input type="checkbox"/> Cardiology	<input type="checkbox"/> Rheumatology
<input type="checkbox"/> Adolescent Medicine (including Tots & Teens, eating disorders)	<input type="checkbox"/> Trauma
<input type="checkbox"/> Complex Care/General Pediatrics	<input type="checkbox"/> Urology
<input type="checkbox"/> Oncology	<input type="checkbox"/> Critical Care
<input type="checkbox"/> Cleft Lip & Palate	<input type="checkbox"/> Ophthalmology
<input type="checkbox"/> Transplant	<input type="checkbox"/> Burns/Plastics
<input type="checkbox"/> Neurology & Neurosurgery	<input type="checkbox"/> Nephrology
<input type="checkbox"/> Gastroenterology	<input type="checkbox"/> Psychiatry
<input type="checkbox"/> Respiratory Medicine	<input type="checkbox"/> Neonatal ICU
	<input type="checkbox"/> Suspected Child Abuse

### II. Consultations and Referrals to Pro Bono Lawyers

4. Overall, regarding how many families have you held consultations with the Triage Lawyer (Lee Ann Chapman)? (approximate number is sufficient) \_\_\_\_\_

4(a) (If 4 or under in Q. 4) Is there a reason you have not referred more cases?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4(b) ( If 5 or more in Q. 4) Has the frequency of consultations in the past year been:

- (1) increasing
- (2) decreasing
- (3) staying about the same

4(c) (If 1 or 2 in Q 4b) What are the reasons for any increase or decrease in consultations (e.g. respondent only started in department on a certain date; respondent moved to a different department)?

N/A (no change): \_\_\_\_\_

Reason for increase: \_\_\_\_\_

Reason for decrease: \_\_\_\_\_

4(d) (All) Approximately what % of your consultations with the Triage Lawyer have been by phone? \_\_\_\_%

5. How confident are you about your ability to identify that a family at SickKids has a potential legal problem that could be addressed by PBLO? (1=not confident at all; 7=very confident)

Response: \_\_\_\_\_

5(a) If response is 1 – 4, what, if anything, would help increase your confidence?

\_\_\_\_\_  
\_\_\_\_\_

6. To what degree has the PBLO program made clinicians - including social workers, nurses and doctors - more aware that the resolution of family legal problems can contribute to improvement in the child's health and/or the ability of parents to care for their child? (1=has not increased awareness at all; 7 = has significantly increased awareness)

6(a) Reason for response (probe for differences in ratings for different types of clinicians)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. In the cases you've dealt with, do you have the impression that this is the first time the parent(s) have identified the legal problem and sought assistance, or have they previously tried to get help?

- (1) PBLO is usually the first time
- (2) Have usually tried to get help before
- (3) Both (1) and (2)

7(a) Do you get feedback from clients about whether they follow through on advice or referrals made by the Triage Lawyer (not including referrals to the pro bono lawyer)?

- (1) No, don't get feedback, or very seldom
- (2) Yes, get feedback in some cases
- (3) Yes, get feedback in most or all cases

7(b) If (2) or (3) to question 7(a) what is the result?

- (1) They usually or always follow through
- (2) They sometimes follow through
- (3) They seldom or never follow through

Comments: \_\_\_\_\_

8. When you consult with the triage lawyer about the legal problem of a patient's parents, is the information clearly explained to you so that it can be passed on to the parents? Please respond on a 7 point scale, where 1 = not clearly at all; 7= very clearly.

Response: \_\_\_\_\_

Comments: \_\_\_\_\_

9. To what degree do you feel the PBLO program at SickKids helps reduce the stress of the child's health problem on the family? (7-point scale, where 1= hasn't reduced the stress at all; 7 = has reduced the stress a great deal)

Response: \_\_\_\_\_

9(a) Reason for response: Examples? \_\_\_\_\_

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**III. On-Site Model**

10. How essential to the success of the model is it for the Triage Lawyer to be on-site? (1=not important at all; 7=completely essential)

Response: \_\_\_\_\_

10(a) Reason for response: \_\_\_\_\_

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11. Are there ways the on-site service could be improved or expanded?

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**IV. Applicability of Model to Other Hospitals**

12. The PBLO model combines two components: (1) an on-site triage lawyer for consultations, advice and referral of cases, and (2) a pro bono lawyer service for low-income families requiring representation or more in-depth service.

**Please think** about how this model works at SickKids, and compare it with other hospitals in which you may have worked or with which you are otherwise familiar.

(a) Are there specific aspects about the structure, staff, policies or other factors at SickKids that makes the model work especially well?

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(b) Are there aspects of SickKids that make the model work less well than it might in other settings?

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(c) In general, do you feel this model would work equally well, less well, or better in other hospitals?

- (1) Equally well
- (2) Less well
- (3) Better
- (4) Depends on the hospital

(d) What are the reasons for your response? (Probe for factors about hospital staff, policies and structure or client type that might impact success, and basis for their knowledge).

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**V. Recommendations**

13. Are there any recommendations you would like to make that would improve any aspect of the PBLO program at SickKids hospital?

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### **Appendix 3: PBLO at SickKids Lawyer Questionnaire**

## PBLO at SickKids Lawyer Questionnaire

### I. General Background

1. Name of lawyer: \_\_\_\_\_ / \_\_\_\_\_  

Last / First
2. Firm: \_\_\_\_\_
3. Approximately how many referrals have you received from PBLO:
  - (a) from the beginning of the PBLO project? \_\_\_\_\_
  - (b) since July 2010? \_\_\_\_\_

4. What areas of law have these cases dealt with? (Check as many as apply.)

<input type="checkbox"/> Family (divorce, custody, access, guardianship)	<input type="checkbox"/> Civil Litigation (including malpractice litigation)
<input type="checkbox"/> Immigration/Refugee	<input type="checkbox"/> Criminal Law (excluding family/domestic violence)
<input type="checkbox"/> Education (including accommodation if school related)	<input type="checkbox"/> Child Welfare
<input type="checkbox"/> Employment	<input type="checkbox"/> Tax Law
<input type="checkbox"/> Income Security (including Social Assistance, death benefits)	<input type="checkbox"/> Consumer Law (including debtor/creditor issues, consumer protection)
<input type="checkbox"/> Housing (including Landlord/Tenant)	<input type="checkbox"/> Estate Law
<input type="checkbox"/> Administrative Law	<input type="checkbox"/> Contract Law
<input type="checkbox"/> Health Law	<input type="checkbox"/> Human Rights
<input type="checkbox"/> Family/Domestic Violence	<input type="checkbox"/> Other:

### II. Relationship with PBLO Triage Lawyer

5. How satisfied have you been with the PBLO Triage Lawyer's assistance in regard to the following? (Scale of 1-7: where 1=very dissatisfied; 7=very satisfied.)

Item	Rating	Comments (if necessary)
(a) Providing clients with realistic expectations of the service that can be provided		
(b) Providing you with an accurate understanding of the case you were being asked to take		
(c) Helping to ensure that clients had necessary documents or information at hand for the first meeting with you		
(d) Responsiveness to your concerns if problems or issues arose with the case or client (Note: mark NA if not applicable)		

6. Overall, how satisfied have you been with the cases that have been referred to you in terms of the following? (Scale of 1-7: where 1=very dissatisfied, 7=very satisfied; if results vary from case to case, ask respondent to average the different ratings.)

Item	Rating	Comments (if necessary)
(a) Degree to which the case(s) have made good use of your skills and experience		
(b) The legal merits of the cases		
(c) The fit with the time you have available		
(d) The likelihood of success in the cases		
(e) Your sense that the client is genuinely of limited means		

### **III. On-Site Location**

7. The PBLO model at SickKids is where the Triage Lawyer is actually on-site at the hospital, as opposed to being in a separate office. For you as a recipient of a referral, is there any particular advantage to the Triage Lawyer being on location at the hospital? (Scale of 1-7: 1=no particular advantage; 7=a great advantage.)

Item	Rating	Comments (if necessary)
(a) In terms of the appropriateness of the referral itself		
(b) In terms of any contacts with the client following the referral		

### **IV. Relationship of Severity of Legal Problem and Severity of Child's Illness**

Note: Respondents may not feel they can answer this question if they have only had one referral.

8. Have you seen any evidence that there is a relationship between the complexity, severity or multiplicity of a family's legal problems and the severity of the child's illness and/or the parents' capacity to cope with the illness? Please explain why you feel there is, or is not, a relationship of this type.

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9. Have you noticed, or have clients or clinicians mentioned to you, any impacts that addressing a legal problem has had on the ability of the family and/or child to deal with the illness?

NO

YES

11(a) (If yes) what types of impacts?

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10. Are there any recommendations you would like to make that would improve any aspect of the PBLO program at SickKids hospital?

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## **Appendix 4: PBLO at SickKids: Client (Parent) Questionnaire**

## PBLO at SickKids Client (Parent) Questionnaire

### I. Client/Family Data

6. Name of respondent: \_\_\_\_\_  
Last / First
7. Respondent's role in the family:
- Child's (patient) mother
  - Child's (patient) father
  - Other family member (describe): \_\_\_\_\_
  - Guardian / Foster parents
  - Other: \_\_\_\_\_
8. Location:
- In Greater Toronto area
  - Outside GTA – Postal Code (first three digits): \_\_\_\_\_
9. Age of child (patient):
- |                                 |                                  |
|---------------------------------|----------------------------------|
| <input type="checkbox"/> 0 – 5  | <input type="checkbox"/> 16 - 19 |
| <input type="checkbox"/> 6 – 10 | <input type="checkbox"/> 20 +    |
| <input type="checkbox"/> 11-15  | <input type="checkbox"/> NA      |
10. Number of children in the family (living in the home) including the child (patient): \_\_\_\_\_
11. Who is the child (patient) currently living with?
- Mother
  - Father
  - Both parents
  - Other family members
  - Guardian or foster parents
  - Child is in hospital
12. What is the **main** source of income for the family?
- Mother – employment (full or part time)
  - Father – employment (full or part time)
  - Both parents (employment full or part time)
  - Main source of income not described above (see question 8B)
8. What is the **main source** of income that helps support the family not described in Question 7?
- Income Assistance
  - Disability payments
  - Employment insurance
  - Pension
  - Other: \_\_\_\_\_

9. Approximate family income level last year, before taxes.

- Under \$20,000 / year
- From \$20,000 to under \$30,000 / year
- From \$30,000 to under \$45,000 / year
- From \$45,000 to under \$65,000 / year
- \$65,000 / year or more
- Unknown

10. Has the child's illness or medical condition affected the ability of the mother or (female) guardian to work? (E.g. missed work, losing job).

- N/A
- NO
- YES → Describe: \_\_\_\_\_

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11. Has the child's illness or medical condition affected the ability of the father or (male) guardian to work?

- N/A
- NO
- YES → Describe: \_\_\_\_\_

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12. Has your family immigrated to Canada within the past five years?

- NO
- YES – If YES, how would you describe your ability to understand English?
  - Very good/good
  - Have some problems with understanding
  - Have many problems with understanding

**II. Child's Health Issue(s) and Impacts**

13. Please describe the main health problem(s) or condition(s) of your child that led him/her to being treated at SickKids.

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

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14. Do you or the other parent participate in or help support the treatment of your child (e.g. changing dressings, handling feeding tubes, giving injections)?

- NO
  - YES. Briefly describe: \_\_\_\_\_
- 

15. What was your child’s attendance pattern at school (in the community) in the past year?

- N/A – child is too young to attend school
- Child was unable to attend school at all in the community in the past year.
- Child was able to attend school some of the time (describe percentage of time able to attend school) \_\_\_\_\_%
- Child attended school on a normal basis

16. Approximately how many visits to the ER have been made in the past year to get medical help for your child? \_\_\_\_\_

17. How much stress (e.g. worries, financial stress) has your child’s health condition caused your family?

- 1 = very little stress/worry
  - 7 = a great deal of stress/worry
- 

**III. Description of Legal Problems and Their Resolution**

18. Please briefly summarize the primary legal issues or concerns that brought you to the PBLO (or lawyer office) at SickKids:

- (1) \_\_\_\_\_
- \_\_\_\_\_
- (2) \_\_\_\_\_
- \_\_\_\_\_
- (3) \_\_\_\_\_
- \_\_\_\_\_

19. Did you or anyone else in the family try to get help for any of these legal concerns **before** you went to the lawyer’s office at SickKids?

- NO
- YES
  - ↳ Who did you ask for or go to for help (e.g. legal aid, private lawyer) ? \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

20. Legal problems and issues can affect families in many different ways. Can you describe how much your legal issue, problems, or concerns have affected your family in the following ways? Please use the rating scale, 1=legal problems have not affected this aspect of my family at all, 7=legal problems have affected this a great deal.

How have your legal problems or concerns affected:	Ratings						
Your child's health problem(s) or medical condition(s)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
The level of stress & worry in your family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Your ability to take care of your child in the way you feel is required	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Your family's financial situation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Your ability to support the treatment of your child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

**IV. Service Outcomes and Evaluation**

21. What legal information or support did you receive from the Pro Bono Project at the Family Health Program at SickKids? (Check all that apply)

- I asked the hospital staff (e.g. doctor, nurse, social worker) for information and they provided it to me/us
- I/we talked with the Triage Lawyer (Lee-Ann Chapman) who provided advice and/or information
- I/we talked with a Pro Bono lawyer (a lawyer located outside the hospital))

I/we was/were referred to other services or programs by either Lee-Ann or the lawyer.  
 Did you follow up on the(se) referrals?  No  Yes (Note: check "Yes" if followed up at least one)

22. **After** you received services from the SickKids project (either through Lee Ann or a pro-bono lawyer) did you or anyone in the family try to get any other kind of help for your legal concerns? (Interviewer: this would be apart from any services received at the PBLO project or to which the project referred them)

- NO
- YES Who did you go to for help: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

23. What were the outcomes of the legal assistance or information help you received through PBLO/ legal project?

Legal Problems (researcher fill in)	Problem/issue has been resolved, brought to a conclusion	Problem/issue is still in process of being resolved	Legal problem or issue was resolved to some degree but problems still remain	Legal problem was not resolved at all
#1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. To what degree did the legal service you received through the PBLO at SickKids contribute to improvements in the following (Rating scale, 1=service did not contribute to improvements at all; 7=service contributed to significant improvements)?

How much did the service received at the PBLO Project at SickKids contribute to the following?	N/A	Ratings						
a) Improvements to child's health or helping the child's health to remain stable	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b) Lowering of stress and worry in the family	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c) The ability of the family to take care of the child	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
d) The family's financial situation	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
e) The ability of parents to maintain the treatment required for the child (if applicable)	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

25. We'd like to ask you about the quality of service you received at the PBLO at SickKids Project. If you feel a certain aspect of the service was poor, please rate this as "1." If you thought it was excellent, please rate it as "7."

Item	N/A	Rating						
How quickly...								
a) the triage lawyer (Lee Ann) was able to help you	a) <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
a) the pro bono lawyer was able to help you	b) <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
The fact that the project was located in the hospital	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

Item	N/A	Rating						
Whether things were explained to you in a way that you could understand a) by the triage lawyer (Lee Ann) in the hospital b) by the pro bono lawyer (if applicable)	a) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) <input type="checkbox"/>	1	2	3	4	5	6	7
The focus and attention that were given to your legal problems a) by the triage lawyer (Lee Ann) in the hospital b) by the pro bono lawyer (if applicable)	a) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) <input type="checkbox"/>	1	2	3	4	5	6	7

26. If a friend or family member had a child at SickKids, would you suggest that they use the PBLO at SickKids Project if you knew they had a legal concern or problem?

- Definitely
- Probably
- Not sure
- Probably not
- Definitely not

Please explain your answer: \_\_\_\_\_

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27. What is the **one** aspect of the services provided by the PBLO project (in the hospital or the pro bono lawyers) that helped you the most?

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## **Appendix 5: PBLO SickKids Phase II Evaluation: Literature References**

## PBLO SickKids

### Phase II Evaluation: Literature References

Adler NE, Newman K. Socio-economic disparities in health: pathways and policies. *Health Affairs*. March 2002;Vol. 21, No. 2:60-76

Birken CS, MacArthur C. Socio-economic status and injury risk in children. *Children Health*. May/June 2004; Vol. 9(5): pp.323-325

Bliss L, Caley S, Pettignano R. An interdisciplinary collaborative approach to wellness: adding lawyers to the healthcare team to provide integrated care for patients. *The International Journal of Health, Wellness and Society*. 2011; Vol. 1(2):129-139

Brandfield J, De Francesco D, Lawton E, Retkin R, Zuckerman, B. Lawyers and doctors working together – a formidable team. *The Health Lawyer*. October 2007; 20.1:33-38

British Medical Association. Social determinants of health: what doctors can do. October 2011([www.BMA.org.uk/images/socialdeterminantshealth\\_tcm41-209805.pdf](http://www.BMA.org.uk/images/socialdeterminantshealth_tcm41-209805.pdf))

Brown C. Medical-legal partnerships – the wave of the future. *The Journal of the Arkansas Medical Society*. 2011;108(4):52

Cohen E, Fullerton DF, Retkin R, Weintrub D, Tames P, Brandfield J, Sandel M. Medical-legal partnership: collaborating with lawyers to identify and address health disparities. *Journal of General Internal Medicine*. 2010;25 Suppl. 2:S: 136-9

Hernandez D. Qualitative legal needs study: executive summary. *National Centre for Medical Legal Partnerships*. 2007-08.

Hum F, Faulkene J. Medical-legal partnerships: a new beginning to help Australian children in need. *Journal of Law and Medicine*. 2009;17(1):105-18

Huston RL. Medical-legal partnerships. American Medical Association. Journal of Ethics. August 2011; Vol. 13(8):555-558

Knight R. Health care recovery dollars: a sustainable strategy for medical-legal partnerships? Medical-Legal Partnership for Children at Boston Medical Center. 2008:1-20

Lawton EM. Medical-legal partnerships: from surgery to prevention? Management Information Exchange Journal. Spring 2007; 37:53

Lawton E, Beck-Coon B, Fung A. Medical-legal partnership/Philadelphia: meeting basic needs and reducing health disparities by integrating legal services into the healthcare setting. Philadelphia Social Innovations Journal

Locke R, Caum J, Bartoshesky L, Musumeci MB, Atkins D. Medical-legal partnerships: lawyers and physicians working together to improve health outcomes. Delaware Medical Journal. 2011; Vol. 83(8):237-245

Locke R, Gaum J, Bartoshesky, Musumeci MB., Atkins JD. Medical-legal partnerships: lawyers and physicians working together to improve health outcomes. Delaware Medical Journal, August 2011; Vol. 83(8):237-245

McCabe HA, Kinney ED. Medical-legal partnerships: a key strategy for addressing social determinants of health. Journal of General Internal Medicine. 2010; 25 Suppl 2:S200-1

Medical-Legal Partnership Network: Annual partnership survey. March 2009

National Centre for Medical-Legal Partnerships. Accessed Jan.6, 2012. Available from: [www.medical-legalpartnership.org/Brochure](http://www.medical-legalpartnership.org/Brochure).

National Centre for Medical-Legal Partnerships. Research and evaluation overview. Accessed Jan.6, 2012. Available from: [www.medical-legalpartnership.org/impact/research-and-evaluation](http://www.medical-legalpartnership.org/impact/research-and-evaluation)

New American Media. For the sick and poor the best medicine may be a lawyer. Accessed Jan.6, 2012. Available from: <http://newamericamedia.org>.

Pai N, Miller W, Chapman LA, Ford-Jones EL, McNeill T, Jackson SF. Tipping the scales: a lawyer joins the healthcare team. *Pediatric Child Health*. 2011; Vol. 16(b)

Paul E, Fullerton D, Cohen E, Lawton E, Ryan A, Sandel M. Medical-legal partnerships: addressing competency needs through lawyers. *Journal of Graduate Medical Education*. 2009: 304-309

Pettignano R, Caley S, Bliss L. Medical-legal partnership: impact on patients with sickle cell disease. *Pediatrics*. November 14, 2011. Accessed Jan.6, 2012. Available from: <http://pediatrics.22publications.org/contnet/early/2011/11/09/peds.2011-0082>

Pilnik L. Practicing preventative law: a day in the life of a medical-legal partnership attorney. *Child Law Practice Newsletter*. March 2008; 27.1:p.14-18

Retkin R, Brandfield J, Bacich C. Impact of legal interventions on cancer survivors. *Legal Health*. 2007

Rodabaugh K, Hammond M, Myszka D, Sandel M. A medical-legal partnership as a component of a palliative care model. *Journal of Palliative Medicine*. 2010; Vol. 13, (1):15-18

Ryan A. Connecting the Dots: Stress, health disparities and legal interventions. Medical-Legal Partnership National Summit, March 25, 2010

Silva C. Medical-legal partnerships receive boost in new bills. American Medical Association. *American Medical Journal*, August 16, 2010. Accessed Jan 6, 2012. Available from: <http://www.ama-assn.org/amednews/2010/08/16/gvsd0816.htm>

Weinrub D, Rodgers JD, Botcheva L et al. Pilot study of medical-legal partnership to address social and legal needs of patients. *Journal for Health Care for the Poor and Underserved*. 2010; (21):157-168

Williams D, Sternthal M, Wright R. Social determinants: taking the social context of asthma seriously. *Pediatrics* 2009;123: S174-S184

Williams DR, Costa MV, Odunlami AO, Mohammed SA. Moving upstream: how interventions that address the social determinants of health can improve health and reduce disparities. *Journal of Public Health Management Practice*. 2008:S8-S17

Wise M, Marple K, De Vos E, Sandel M, Lawton E. Medical-legal partnership network annual partnership site survey – March 2009. *The National Centre for Medical-Legal Partnership*. 2009:1-10

World Health Organization. Social determinants of health. Accessed Jan. 6,2012. Available from: [http://www.who.int/social\\_determinants/en/](http://www.who.int/social_determinants/en/)

Zevon MA, Schwabish S, Donnelly JP, Rodaburgh KJ. Medically related legal needs and quality of life in cancer care: a structural analysis. *American Cancer Society*. June 2007:260-266.

Zuckerman B, Lawton E, Morton S. From principle to practice: moving from human rights to legal rights to ensure child health. *Archives of Disease in Childhood*. 2007;(92):100-101.

Zuckerman B, Sandel M, Lawton E, Smith L. Why pediatricians need lawyers to keep children healthy. *Pediatrics*, 2004;114(1):224-8

Zuckerman B, Sandel M, Lawton E. Morton S. Medical-legal partnership: transforming health care. *Lancet*. 2008; 372(9650):1615-17