

Family Legal Aid Expansion Engagement

Safe, Heard and Protected: What We Heard Report

Published on the traditional unceded territory of the Coast Salish peoples, including the territories of the x^wməθk^wəy əm (Musqueam), Skwxwú7mesh (Squamish), and səl'ílwətał (Tsleil-Waututh) Nations.



List of Abbreviations and Terms

2SLGBTQIA+	Two-Spirit, Lesbian, Gay, Bisexual, Trans, Queer, Intersex, Asexual and additional sexual or romantic orientations and gender identities
BC	British Columbia
BCSTH	BC Society of Transition Houses
CFCSA	Child, Family and Community Service Act
CFE	Centre for Family Equity
ESDC	Employment and Social Development Canada
FLS	Family Law Services
FTAC	Family Tariff Advisory Committee
GBA+	Gender-Based Analysis Plus
IA	Income assistance
IPV	Intimate partner violence
JAC	Justice Access Centre
LABC	Legal Aid BC
LSS	Legal Services Society
MBM	Market Basket Measure
MCFD	Ministry of Children and Family Development
PWD	Person with disabilities
The Act	Family Law Act, SBC 2011, c 25



Terms

Association of Legal Aid Lawyers (ALL)	The society that supports its members of BC legal aid lawyers through advocacy for increased funding, and educating the public, legislators and policymakers about the need for properly funded legal aid services for British Columbians. ⁱ
Co-locate	To locate two or more entities in the same space or facility.
Coercive control	A pattern of abusive behaviours during a relationship, and/or following separation, used to control or dominate a family member or intimate partner, including intimidation, minimizing and denying the abuse, isolation, emotional abuse, economic abuse and control, stalking and monitoring. ⁱⁱ
Collaborating partner	An official community partner, legal or other support service, with an intersectional equity lens.
Eblast	A single email sent to a large group of people.
Family poverty	Families living at the poverty line or below the poverty line, based on the Census Family Low Income Measure (CFLIM) after tax. ⁱⁱⁱ
Family Tariff Advisory Committee (FTAC)	A group of family law legal aid lawyers that are members of the Association of Legal Aid lawyers (ALL) who provide information and advice to LABC in relation to the tariff revision process, lawyer and/or service initiatives, experiences of lawyers providing legal aid services, and any other areas where LABC seeks consultation and feedback from members.
Family violence	Includes, with or without an intent to harm a family member, physical abuse of a family member, sexual abuse of a family member, attempts to physically or sexually abuse a family member, psychological or emotional abuse of a family member, including intimidation, harassment, coercion or threats, unreasonable restrictions on, or prevention of, a family member's financial or personal autonomy, stalking or following of the family member, and intentional damage to property, and in the case of a child, direct or indirect exposure to family violence. ^{iv}
Focus group	A facilitated group interview involving two or more participants.
Intersectionality	The complex, cumulative way in which the effects of multiple forms of oppression (such as racism, sexism, and classism) combine, overlap, or intersect especially in the experiences of marginalized individuals or groups. ^v
Legal Aid Lawyer	A lawyer that is contracted to work for Legal Aid BC who performs legal services and provides information to clients provided under the Legal Services Society Act, S.B.C. 2002, c.30.
Legal service provider	An organization or clinical program that provides legal services.



Lethality	Lethality is how capable something is of causing death. In the context of this report, it is how capable the abuser ¹ is of causing death of the client and/or dependent children.
Market Basket Measure (MBM)	Refers to Canada’s official measure of poverty based on the cost of a specific basket of goods and services representing a modest, basic standard of living developed by Employment and Social Development Canada (ESDC).
Neurodiversity	The variation in the human brain regarding sociability, learning, attention, mood and other mental functions (e.g. Attention Deficit Hyperactivity Disorder (ADHD), autism, and Obsessive-Compulsive Disorder (OCD)).
Private Bar Lawyer	A lawyer who is a member in good standing of the Law Society of British Columbia, holds a Law Society of British Columbia practising certificate, and who LABC deems eligible to accept contracts.
Service provider	An entity that provides basic living, family care, social or psychological services.
Situation Table	Also known as a Hub, Situation Tables are municipal-level groups that help front line staff from the public safety, health, and social service sectors to identify vulnerable people and collaboratively and rapidly connect them to services before they experience a negative or traumatic event (e.g., victimization, overdose, eviction, etc.). ^{vi}
Survivor	Survivors are those who are going through the recovery process when discussing the short- or long-term effects of violence. ^{vii} For the purposes of this report, “survivor” refers to those with lived experience of family violence, are low income, and experience barriers accessing BC’s family law system.
Systemic barriers	Defined as attitudes, policies, practices or systems that result in individuals from certain population groups receiving unequal access to or being excluded from participation in employment, services or programs (e.g., through discrimination, racism, sexism, homophobia, transphobia, ableism, etc.). These barriers are systemic in nature, meaning they result from individual, societal or institutional practices, policies, traditions and/or values that may be “unintended” or “unseen” to those who do not experience them. They can have serious and long-lasting harmful impacts on individuals, such as on their physical and mental health, emotional well-being, life expectancy, physical safety, job and financial security, and career progression. ^{viii}
Warm referrals	To refer clients to support services or a specific contact in a support service organization that is confirmed to have the capacity to serve the client and is ready to address the client’s need. This is a type of referral that typically takes more effort on the part of the person connecting the client to the service as there is a need to build relationship with a network of services and be ready to refer the client to the right organization or individual at the right time. ^{ix}

¹ The choice to use the terms ‘abuser’ or ‘abusive behaviours’ and ‘survivor’ in reference to instances of family violence is informed by a GBA+ and IPV perspective that decenters ‘perpetrator-victim’ language, which can signify solely physical violence, be construed as an identity rather than a set of behaviours by one or more individuals, and as totalizing or patronizing descriptions. See <https://www.canada.ca/en/women-gender-equality/gender-based-violence/intimate-partner-violence.html>



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2. Executive Summary

In April and May 2024, Legal Aid BC (LABC) in collaboration with the Centre for Family Equity (CFE) carried out a series of engagement sessions with survivors of family violence, and legal and other service providers that support them (collectively referred to below as “engagement participants”) to advise on the expansion of family law legal aid services in British Columbia. The expansion includes a new multidisciplinary, trauma-informed family law clinic model (Clinic Model), changes to the eligibility requirements for accessing family law legal aid, and for clients with a new contract issued on or after April 1 2024, an additional 25 hours of family law legal aid services to eligible clients served by family law legal aid lawyers without the requirement of a formal opinion letter. The Clinic Model will have up to two physical locations with some services delivered virtually, and will be staffed by the equivalent of eight lawyers, eight navigators/advocates, four paralegals and four administrative support staff. It is expected to be operational by the end of 2024.

The engagement participants were invited to share their perspectives regarding who should have quickest access to the Clinic Model, what to consider in determining the clinic locations, and what to consider in designing the service.

Throughout the engagement sessions, the following key themes emerged:

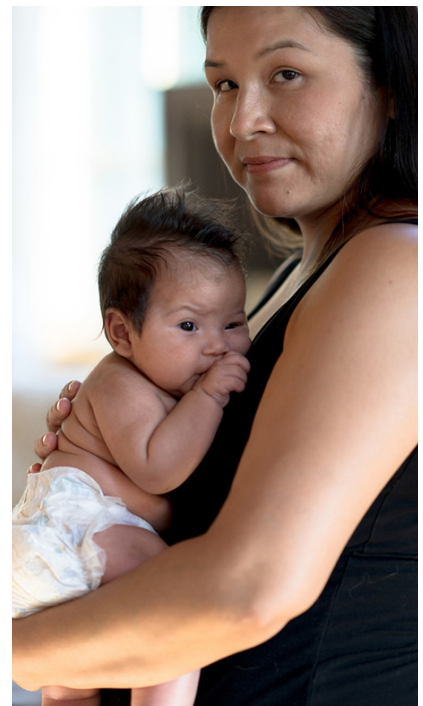
Safety needs arising from the trauma of family violence and removing barriers to accessing services are key to understanding who should receive quickest access, where to locate the clinic, and the design of the service. The risk of lethality and violence experienced by survivors increases when they seek legal aid to address their family law problem, so the risk can escalate during the intake process. Services and intake processes should prioritize safety over procedural requirements of the clinic. Procedures should be in place to prevent survivors from being retraumatized as a result of accessing the clinic services, including processes to gather eligibility and case details through partner organizations that might already be supporting the client.



The clinic ought to be designed to **serve the underserved**, including women, women with children, Indigenous peoples, and others experiencing systemic barriers. Clients who should be considered for quickest access include survivors living with disabilities especially those with traumatic brain injury, racialized people, newcomers, refugees and those who are at highest risk of lethality, with complex scenarios of multiple legal issues. Clients need to be assessed with a trauma-informed approach for quickest access based on the full definition of “family violence” according to the [Family Law Act](#), and specialized screening is needed for survivors who face disproportionately more systemic barriers or discrimination.

When deciding on **clinic location(s)**, LABC should consider the **levels of poverty and domestic violence** in a particular location, **the needs of rural and remote areas**, areas where there are **limited services**, and areas where there are more **newcomers and cultural diversity**. Population density, the supply of family law lawyers, wait times for legal aid, availability of support services and accessibility of a given location to either surrounding communities or survivors within the community were highlighted as key factors to enable successful outcomes, and therefore inputs for location decisions. Given that accessing legal aid increases the risk of lethality for survivors, locations need to be safe to access for survivors, accessible by bus and not publicly advertised. The design and distribution of virtually delivered services are interdependent with any physically located services.

Accessibility of services can be increased through clinic staff having the option to travel or the clinic operating a mobile service. Virtually-delivered services can increase the accessibility of the service through reduction of travel time, flexibility of meeting scheduling, ability to better record meetings and case details, and in some scenarios reducing the dependency on childcare where the survivor has dependent children. However virtually delivered services should be provided with safety considerations that prevent or limit the opportunities for survivors to be stalked, to meet the needs of survivors with low technology literacy and consider accessibility of the service in communities that have low connectivity and limited access to internet.





The service should deliver a trauma-informed and multi-disciplinary service, according to the **unique needs and barriers experienced by survivors of family violence**. Frequently, survivors are experiencing physical impacts of violence, traumatic brain injury, neurodivergence or mental health challenges including anxiety or Post-Traumatic Stress Disorder (PTSD). The impacts of trauma on the brain result in survivors often experiencing days of “trauma brain” where a survivor will have limited ability to participate in meetings, to fill out detailed and complex forms or tracking their own case details. Serving clients experiencing the impacts of violence require **flexible services**, more hours to be ready for any court appearances, and related navigator/advocate training and experience.

Often survivors are accessing legal aid services while residing with their abuser. Survivors cannot predict a safe time and place to access legal aid services. Flexible service therefore encompasses many aspects, including scheduling meetings, channels of communication and safe devices to access the services of the Clinic Model.



Survivors eligible for legal aid often experience **food insecurity, housing insecurity, unemployment, poverty**, limited access to any family funds, and barriers to accessing basic needs. This is often a barrier for survivors to be able to attend to their legal problem and follow up on their case. Connecting the survivor with basic needs will be critical to advancing their case and achieve meaningful stabilization. The role of navigators/advocates is important to delivering a client-centered and trauma-informed service and should be designed to ensure the service meets the trauma-, violence- and poverty-related needs of survivors.

To better **meet the unique needs of survivors**, the service design should consider providing childcare or warm referrals to childcare, **warm referrals to support services** through community partnerships, staff training in trauma-informed service delivery, in cultural safety, in family violence, and serve those experiencing a disproportionately higher rate of systemic discrimination and barriers to services. Staff roles should be strategically designed to leverage the team for a **sustainable and client-centered service**. How the service is governed should be connected to a vision and mission that relates to its unique capacity and delivery of a service not available elsewhere to survivors, and given the complexity of client needs, the service should prioritize the legal outcome over measures of efficiency.



3. Introduction

The *Safe, Heard and Protected: What We Heard Report* was prepared by LABC with input from CFE and the Province. LABC is a provincial Crown Corporation, which was created by the *Legal Services Society (LSS) Act* in 1979 to provide legal information, advice, and representation services to British Columbians who are experiencing barriers accessing the legal system.

The CFE is a membership-based organization of low-income parents and caregivers, the majority of whom are lone mothers, located in more than 41 locations in British Columbia (BC). The CFE carries out community-engaged research and legal action and proposes evidence-based public policy solutions to address family poverty in BC.

LABC is currently leading an expansion of the family law legal aid services. A key priority is to listen and learn from survivors of family violence as well as the organizations that support them. Through a series of engagement sessions which were held in April and May of 2024, survivors and legal and other service providers from across the province were asked for input on the following topics:

1. Who, from among the eligible population, should have the quickest access to the clinic.
2. What criteria should be applied in deciding where up to two physical clinics (including virtual options) should be located.
3. Service design considerations regarding the supports that should be considered to get the best possible outcomes for the client.



A total of 71 survivors of family violence, and 216 individuals from 85 legal and other service organizations participated in the engagement. Participants were from the Lower Mainland, Fraser Valley, Vancouver Island, the Interior of B.C., and Northern B.C. This report summarizes the comments and feedback of survivors and service providers on these topic areas. The stories and knowledge shared with LABC during the engagement sessions will inform the design of a new Clinic Model.



4. Background

In February 2024,² the Province of British Columbia (the Province), LABC and CFE announced changes to the family law legal aid system that will increase fast and free legal assistance for people experiencing family violence. The Province is investing \$29.1 million over the next three years to support the expansion of the legal aid eligibility criteria, and improved access to legal aid services, including legal representation through a new family law Clinic Model. The expansion of Family Law Services (FLS) includes the following:

- A new multidisciplinary, trauma-informed family law Clinic Model which will be delivered by LABC;
- Changes to the eligibility requirements for accessing family law legal aid; and,
- For clients who are issued a contract for family legal aid service from a private bar legal aid lawyer on or after April 1 2024, an additional 25 hours of family law legal aid services to eligible clients upon certification by the legal aid lawyer assigned to the file, and without a formal opinion letter. The requirements of this certification are as follows:
 - (a) The lawyer is not aware of the client having improved their financial situation since their most recent financial eligibility determination by LABC;
 - (b) The client is experiencing family violence (as defined in the BC Family Law Act) and one or more additional family law issues covered by LABC's standard representation services; and



- (c) The client needs these additional hours to achieve stabilization of their family law matters.

The Clinic Model will have up to two physical locations, and provide both in-person and virtual services to clients who are:

- financially eligible for LABC family law standard representation services;
- experiencing Family Violence; and
- experiencing one or more family law issues, in addition to Family Violence, covered by LABC's standard representation services.

The Clinic Model will be staffed by the full-time equivalent of eight lawyers, eight navigators/advocates; four paralegals; and four administrative support staff. The Clinic Model is expected to be operational before the end of the year (2024).

² See [\\$29 million legal aid expansion for people experiencing family violence | BC Gov News](#)



5. Guiding Framework

LABC has an ongoing mandate to adopt the Gender-based Analysis Plus (GBA+) lens to mitigate inequitable impacts of its services on the gender identities served, and to ensure gender equity is reflected in its operations and programs.^{xi} As such, the engagement of survivors and legal and other service providers regarding the Clinic Model, as well as the analysis and report writing was carried out under a GBA+ Guiding Framework.

GBA+ is an analytical process used to assess how different women, men and gender diverse people may experience policies, programs, and initiatives. It requires an intersectional lens of how identities of race, gender and sexual orientation, disabilities, and other characteristics protected by the Canadian Charter of Rights and Freedoms and human rights law impact systemic and individual needs.^{xii}

The teams that planned and implemented the engagement, the engagement participants, the analysis and report writing team included survivors of family violence, single mothers who experienced barriers accessing family law legal aid, women, people who self-identify as Indigenous, racialized, immigrants, English language learners, gender diverse, sexually diverse, and disabled people. Having staff with lived experience contributing to the engagement throughout the project helped to mitigate unconscious bias in the implementation of the engagement, identifying key themes and summarizing what we heard into this report.





6. Overview of the Engagement Process

The engagement sessions were held with survivors of family violence and legal and other service providers, collectively referred to as “engagement participants” in this report. LABC and the CFE worked collaboratively to identify and engage key legal aid and other service providers from across British Columbia. For the purposes of the engagement and for this report, survivors of family violence are defined as those with lived experience of family violence, are low income, and experience barriers accessing BC’s family law system. Legal and other service providers are defined as belonging to one or more of the following groups:

- Legal aid family law lawyers who had accepted five or more legal aid contracts in the last year;
- Legal service providers and those providing legal advice or representation to British Columbians who are survivors of family violence;
- Support service providers including housing, food, income assistance, childcare, advocacy, sector capacity building, and health services.

Invitations to participate in the engagement activities were sent via email to CFE’s membership base of 405+ low-income families in 41 locations throughout B.C. Invitations were also distributed by the following collaborating partners Rise Women’s Legal Clinic, BC Society of Transition Houses, Quesnel Women’s Resource Centre and the Prince George and District Elizabeth Fry Society.



Two hundred and eighty-seven people from across the province participated in the engagement activities. The categories and number of participants are listed in Table 1 – Engagement Participants below:

Table 1 – Number of Engagement Participants

Category	Number of Participants
Survivors of Family Violence	71
Individuals from Legal and Other Service Provider Organizations	153
Legal Aid Lawyer survey respondents	50 ³
Family Tariff Advisory Committee members	13
Total Number of Engagement Participants	287

The 153 engagement participants of legal and other service providers were from 85 organizations that support survivors of family violence. Fifteen of the organizations were legal service providers, and 70 were non-legal support service providers.

More information on the engagement participants is available in Appendix 10.1 **Engagement Participant Information**.

All engagement participants received high level background information about the Clinic Model, which included background on the project, client eligibility, service type, engagement question topics and a personal information collection notice that detailed LABC's privacy and confidentiality policies permitted under Section 26(c) of the [Freedom of Information and Protection of Privacy Act](#). Service providers engaged received this in the form of an information sheet (please see Appendix section 10.2 "Pre-Engagement Information Sheet for Service Providers").

³ Legal aid lawyers who had taken five or more contracts in the past year.



7. Engagement Activities

LABC applied a flexible and adaptive approach to engagement so that a range of engagement options were available to participants. Engagement activities were carried out in-person and virtually in B.C.'s five official health regions (i.e., Northern, Interior, Vancouver Island, Vancouver Coastal, and Fraser Valley) to ensure equitable regional diversity with regards to rural, remote, and urban participation.

Engagement formats included:

- Focus groups in various regions of B.C. made available both online and in-person.
- One-on-one engagements scheduled at the times that worked for participants.
- An anonymous online or paper survey.

Honoraria were also made available for engagement participants.

To lower barriers for survivors to participate in engagement activities, CFE offered emotional after-care, translation resources, as well as culturally appropriate supports.

Members of the Association of Legal Aid Lawyers (ALL) who also represent the Family Law Tariff Advisory Committee participated in two focus groups.

The total number of engagement sessions is listed below in **Table 2 – Number of Engagement Sessions and Count of Survey Participants:**

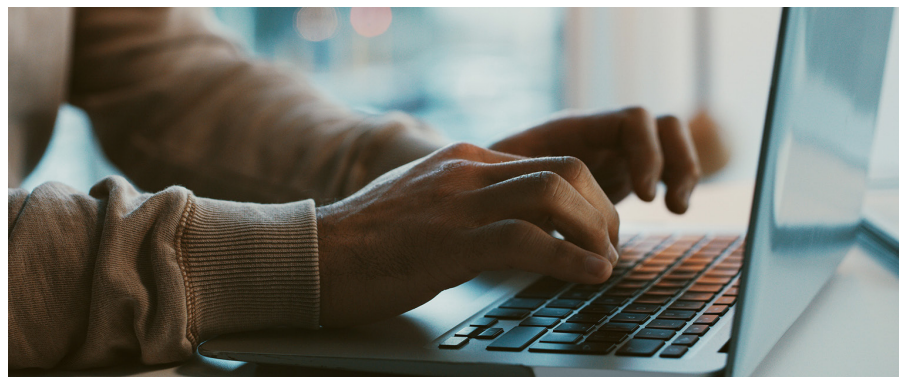




Table 2 - Number of Engagement Sessions and Count of Survey Participants

Method	Service provider	Legal service provider	Survivors of Family Violence	Region
Number of Interview Participants	5	6	26	Northern, Interior, Vancouver Island, Coastal and Fraser Valley
Number of Focus Groups	13	11	1	Vancouver Coastal
Number of Survey Participants	N/A	50	41	Northern, Interior, Vancouver Island, Coastal and Fraser Valley

More information on engagement and related communications activities is available in Appendix 10.3 Communications and Engagement Activities.

Following the conclusion of engagement activities, interview and focus group session notes and transcripts as well as survey responses were coded and analyzed. The coding and analysis were based on three key areas: client criteria, clinic location and service design. These key areas also have been used to categorize the input from engagement participants in the next section of this report.





8. What We Heard

The stories, comments and feedback collected during engagement describe important considerations in meeting the unique needs of survivors of family violence in the Clinic Model. With permission from survivors, the report presents quotes of survivors captured during their engagement sessions that further illustrate considerations for the Clinic Model and is intended to help centre the voices of those with lived experience in the design of the service. The following is a summary of what we heard.

8.1 Client Populations to Consider for Quickest Access to the Clinic Model

One of the key questions considered during engagement activities was whether certain populations or scenarios would trigger “quicker access” to or an escalation of services from the Clinic Model. Among the groups identified as potentially needing faster access to services are women, pregnant women, and single mothers with children, Indigenous peoples, individuals with disabilities and/or chronic illness, individuals with multiple legal concerns such as immigration in addition to family violence, and individuals living in rural communities and physically isolated areas.



“People with disabilities should also be prioritized. We are disproportionately stuck in abusive relationships and often have very little to no actual personal income due to the fact that we lose our own money the moment our partner starts to earn. We can’t get married without risking financial abuse, and if we get married before disability, and disability strikes, we often land in positions that are not advantageous and are in fact breeding grounds for resentment, hostility, and abuse to be aimed at the disabled and now “burdensome” partner. That’s what happened to me.” – Family violence survivor

Engagement participants shared that those facing systemic barriers should be considered for quicker access to the clinic, as often systemic barriers also limit their access to legal aid. Survivors of family violence who are living with disabilities, including mental health challenges, [traumatic brain injury](#), being racialized, experiencing anti-Black or anti-Indigenous racism, and gender-based discrimination often have service needs best suited for a trauma-informed clinic. Other considerations regarding those facing systemic barriers include:

- Support survivors to overcome barriers unique to those who are English language learners and newcomers to Canada.
- That the experience of barriers of language and cultural differences often leads to low awareness of one’s rights, the existence of legal aid, or being able to demonstrate eligibility for legal aid in the screening process.



- Meet the needs of survivors who are in scenarios where the abuser has more English language skills than the survivor, controls access to a survivor's identification and other documentation, or has coerced a survivor into signing away their rights based on false information.
- Support newcomers and English language learners who experience cultural and language barriers to feeling comfortable enough to disclose their experience of family violence.
- Address the increased risk of isolation for survivors who are away from their country or community of origin.
- Provide services that meet the unique needs of fathers, grandparents, or other caregivers, as well as non-binary and 2SLGBTQIA+ survivors of family violence.

"I feel like mental health is still not accepted especially when it relates to women who have children because you don't want to come forward. My PTSD was found out by accident, but you run the risk of getting help because you lose your children. So how do we take out that stigma? How do we have a legal aid system where women can talk about this without the fear of losing their children and a lawyer who still has an obligation to report, but [might think] 'this woman is unstable because she has a mental health problem' and wonder if her kids are okay. There is really not a lot of education [on mental health and trauma]. I function great with my children... And honestly, I feel the terror of women. I really feel that mental health, we judge women really harshly especially women with children." – Family violence survivor

8.1.1 Client Scenarios to Consider for Quicker Access to the Clinic Model

In addition to the scenarios provided in Section 8.1 Client Criteria, engagement participants provided examples of when clients may require quicker access to the Clinic Model because of a threat to life, complexity of legal needs and/or financial implications. Some examples are below:

Higher Risk of Lethality

- Clients and/or dependent children who are at the most risk of lethality or serious harm.
- Survivors of family violence that require a protection order, have interrelated criminal matters, are dependent on their abuser, and are at risk of losing access to their children.
- Clients who may not understand the level of risk of lethality they and their dependents are facing or the risk that is likely imminent as a result of seeking legal aid.





Complex Legal Needs

- Clients with multiple types of interrelated legal issues, including criminal, child protection, foster care, or child welfare, immigration or refugee matters.
- Cases with financial abuse, litigation abuse, with Supreme Court matters, harassment, existing legal aid clients with above average case timelines, and who have been through multiple changes of counsel.
- Family violence legal aid clients who often reach their limit of legal aid hours before their matter is resolved, and subsequently must represent themselves in seeking meaningful stabilization of their family law legal problem.
- Cases where the abuser uses the legal system to control and coerce the client (e.g., concealing wealth to reduce the client's entitlement to child support or property division, or by obstructing access to a survivor's citizenship or residency information).
- Additional factors that impede the client's ability to participate in court process, such as language barriers, mental health barriers, older age, and addiction.

Financial Abuse

- Situations where an abusive partner controls the finances, leaving the survivor without access to much needed funds. Depending on how their assets are shared, the individuals may be unable to prove their financial eligibility during the intake process, which in turn limits their ability to fight for parental rights, secure housing and afford basic needs.

8.1.2 Challenges or Limitations of Prioritizing Clients

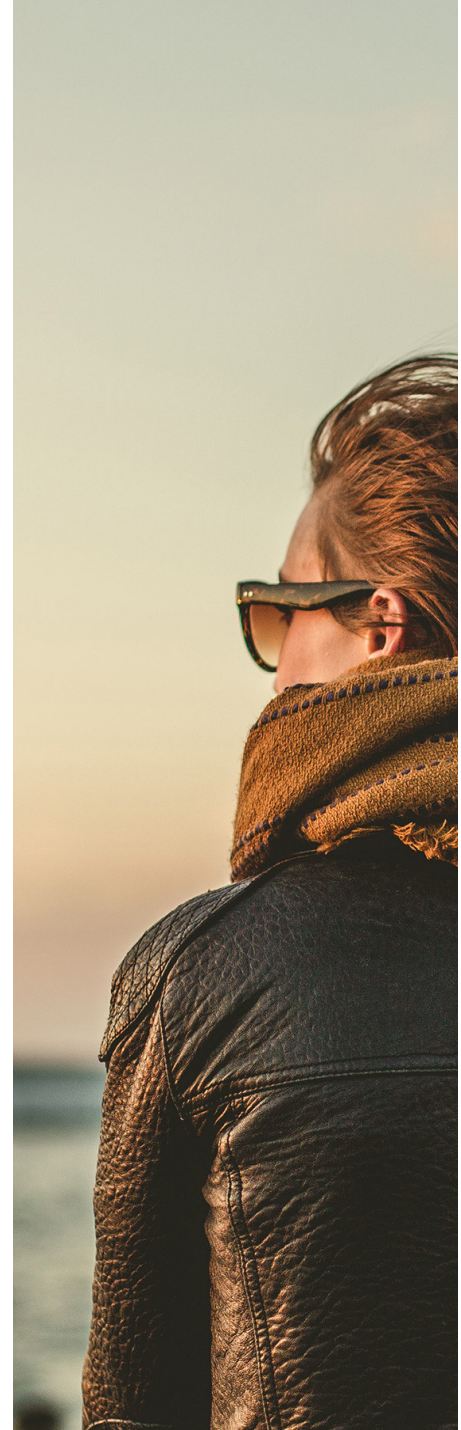
When asked whether the Clinic Model should be operated under a “first-come, first-served,” basis and/or have a mechanism to escalate or triage services for clients that are higher risk, engagement participants, in general, supported the idea but also shared some reservations, including:

- Concern about the ethics of quickly making services available to some eligible survivors experiencing violence and trauma, and not others.



Screening for who should receive quickest access to the Clinic Model is challenging because of the impacts of trauma that an eligible client experiences. The screening process itself can feel dehumanizing and the eligible client may not realize the risk they are in nor present the key indicators of the level of risk of lethality. Systemic barriers result in some eligible clients facing disproportionately high rates of discrimination in the legal system. Additional screening processes for quick service may make accessing legal aid even more difficult. Engagement participants discussed the following additional challenges:

- When survivors leave an abusive relationship or seek legal aid, the level of risk of lethality increases. While a survivor may have left an abusive situation, there is significant risk of post-separation abuse escalating rapidly. Therefore, it is important to consider not only the immediate safety risks but also the potential for escalation, such as in cases involving protection orders or where there are dependent children.
- Applying risk assessment tools as a method to prioritize clients can carry risks itself. Risk assessment tools designed for the general population instead of equity-denied groups can result in some forms of violence being overlooked or perpetuate systemic bias and barriers instead of reducing them. The systemic barriers of living with disabilities, including mental health challenges, and [traumatic brain injury](#), being racialized, experiencing anti-Black or anti-Indigenous racism, gender-based discrimination, barriers of first language spoken, or being [newcomers to Canada](#) lead to disproportionately high rates of discrimination in the legal system.^{xiv} Survivors with these types of systemic barriers internalize the discrimination they have experienced which can impact their likelihood to present the true extent of their experience of family violence. This often translates into not being appropriately screened for eligibility for legal aid services and therefore requires consideration in the approach to determining who gets quickest access.





- In the approach to identifying who gets quickest access, cultural sensitivity is a key factor to interpret the level of risk. This is because it is important to contemplate community context and the extent of available supports a survivor has access to and may be a specific or unique need for the cultural context of the survivor.
- Engagement participants shared concern for barriers uniquely experienced by survivors who identify as men, or non-binary or 2SLGBTQIA+. Barriers are perpetuated by services often being based on a man-woman gender binary, with socially embedded assumptions of males as abusers, and cis, straight females as survivors of family violence. Those who experience family violence and do not fit with a stereotype of ‘survivor’ can face additional barriers accessing the same level of supports and services, and maybe less likely to connect with the Clinic Model.
- Given the limitations to screen equitably for those with lived experience of family violence with complex needs, cases with lower complexity are often taken on more frequently in the legal aid system than more complex cases. Systemic barriers should be mitigated to establish a caseload of clients with the complexity of legal need that is best suited for the Clinic Model.

More comments on eligibility, screening and quickest access criteria are available in Section 10.3 “Service Design Considerations.”





8.2 Clinic Location

Engagement participants were asked to provide input on considerations on where to locate the two physical locations of the new Clinic Model.

8.2.1 Clinic Location Considerations Shared By Survivors

When asked to consider criteria for the new family law clinic location(s), survivors of family violence shared the following considerations:

- Locations where there is a high level of poverty and domestic violence.
- Locate where there is the most need.
- Consider proximity to underserved communities.
- Locate in rural areas because they are already left out of a lot of other support services.
- Locate in areas where there is limited service to avoid duplication of services.
- Locate in areas where there are a lot of newcomers.
- Locate where there is cultural diversity.

“I think consideration needs to be given to the number of clients that can be served through each clinic. Geographical placement should consider how the clinics can be accessible to those in regions of vast rural or semi-rural populations.” – Family violence survivor



8.2.2 Clinic Location Criteria

The input of legal and other service organizations reflected that of survivors and included the following considerations on determining the physical location(s) of the new clinic:

- The geographic distribution of client population; population density; the extent of backlog in the family court system; proximity to a provincial court or Justice Access Centre (JAC); the length of wait time for eligible clients to be connected to a legal aid lawyer; the availability of support services; the availability of public transportation; accessibility of the location to rural and remote clients; and, the supply of qualified local family law lawyers.
- The interdependence of location decisions with:
 - any criteria of which groups should get quickest access to the Clinic Model; and
 - the design of virtual services.

In addition, service providers shared that the decision of where to locate a clinic or clinics is challenging, and that there is no perfect location.



8.2.3 Urban and Rural Location Considerations

Engagement participants discussed whether the new family Clinic Model should be in a major urban center or other community. Among the considerations that were discussed, the following was raised about the benefits of locating a clinic in the Lower Mainland:

- The high population density and demand for family law legal aid;
- The greater numbers of family law lawyers who accept legal aid contracts;
- The availability of services to support stabilization of the client's family law legal problem;
- The numbers of family law students that could potentially be leveraged to expand the capacity of the clinic.



The following key points were raised about the benefits locating a clinic outside of a major urban centre:

- Locating a clinic in communities with declining numbers of local family law lawyers could potentially lower barriers to services in these communities. Survivors described experiences of wait times of up to six months to connect to a legal aid family law lawyer. Where this is the case, a clinic could help reduce barriers to service and potentially reduce wait times to accessing legal aid.
- [Rural and remote communities in B.C. face disproportionately high barriers](#) of travel time, limited or no public transportation networks, and inadequate internet and phone connectivity. Issues faced by isolated communities are further compounded by the barriers to accessing other support services such as affordable housing, income assistance, and other non-legal services. This could make the impact of a clinic significant for these communities.
- Survivors and service providers in northern BC and on Vancouver Island face long commutes to attend in-person meetings, such as appointments with the Ministry of Children and Family Development (MCFD) and court proceedings.
- To lower barriers of physically isolated communities, the clinic could be located in communities that are the most geographically central to the greatest number of rural communities or hubs such as Kelowna, Prince George, Cranbrook, Terrace, Prince Rupert, Williams Lake or Nanaimo.



- There are risks to locating family violence services in a hub setting or co-locating with too many essential services. A clinic located in a hub could lead to the client's abuser frequenting the location to access essential services, increasing the risk of further violence or stalking for the survivor, and making the clinic location unsafe for clients.

8.2.4 Accessibility and proximity to other support services

Survivors and organizations serving people experiencing family violence discussed the unique needs of those experiencing family violence, poverty and accessing in-person services. Among the considerations that were discussed:

- Have accessible childcare (e.g., drop-in childminding services) on site or nearby for survivors to help clients discuss the details of their case during in-person or virtual clinic appointments, without their children present.
- Provide clients with access to services that address their interrelated needs such as housing, food, income assistance, and health services to increase the likelihood of stabilizing the clients' family law legal problems. Given the service navigation barriers clients face, consider co-locating services with community partners or service providers that support interrelated needs of housing, food security, income support, or health services.
- Consider the benefits of having the family law clinic be physically separate and independent from other legal aid and community service offices, which could support clinic staff building distinct relationships in wider communities rather than attached to existing LABC or other government services.



8.2.5 Mobile Services

To address the challenges of providing legal and other support services to those experiencing family violence in rural and remote parts of the province, service providers discussed a model where in-person appointments are delivered through a mobile service. The following service mobility measures would further lower barriers to accessing the service:

- Clinic Model staff travel periodically to rural and remote communities to deliver in-person services, similar to provincial [circuit courts](#).
- Navigators/advocates would be mobile within a hybrid or virtual service model to support in-person service connections in rural and remote communities where the lawyer is not required in-person.
- Building awareness and relationships with local service providers to ensure clients receive the help they need to stabilize their family law legal problems.



Service providers that participated in the engagement from rural and remote communities offered their office spaces to host mobile clinics should LABC decide to set up mobile family law clinics.

8.2.6 Safety

Survivors of family violence and their dependent children are vulnerable to physical violence and the risk of harm from the abuser(s) is likely to increase as the client advances through the steps of addressing their family law legal problems.

Engagement participants share the following comments on safety considerations in determining the location of the clinic:

- Consider the safety of the client and any dependent children, both while at the clinic and travelling to and from the clinic.
- The clinic location should be well lit and have easy access to/from the front door and emergency exit.
- The clinic's location should not be widely advertised.

In addition, survivors suggested the clinic should feature a “safe space” for clients’ legal aid appointments that is modelled after community support and mental health services, rather than a more traditional and legal office space. A dedicated room for remote meetings could provide clients with a safe space to talk by phone or via computer about their family violence matter.

“I actually really struggle with the idea of pop-up clinics in remote communities. Coming from a remote community myself in which it is constant changeover of mostly non-Indigenous people coming into our communities to set up a service once a month or once every six months. I think it makes more sense to work with members in the community and have them figure out a way to provide access to the resources so members of the community can build that trust and connect with the clinic versus just showing up in regard to accessibility.” – Family violence service provider





8.2.7 Virtual Services

To increase access to legal services for survivors of family violence throughout the province, engagement participants discussed virtually delivered family law services in the Clinic Model. A key theme was that virtual services would increase access to legal aid services for eligible clients including for disabled clients, clients with dependent children who are disabled; those with significant travel times to access a clinic, clients with complex work schedules and childcare responsibilities. Online meetings can also be easier to record and document client's case details and could offer more flexibility to the client in accessing the clinic services as a client's needs change.

Key considerations for delivering virtual family law services for survivors included:

- To access virtually delivered services, survivors need adequate connectivity and secure technology. Limited connectivity and stalking behavior by abusers perpetuate barriers to accessing virtually – delivered clinic services and non-legal supports.



“...with my ex, I had a problem with his stalking behaviours. And I was also worried that, in the early stages of divorce, or getting legal help or advice, I was afraid that I was being tracked. And I was afraid that because my communications were being monitored...he had access to my emails, my phone...I didn't feel safe using my phone or my car to get to these offices or individuals.”- Family violence survivor

- Survivors would require a secure phone or tablet, email account, and software accounts to prevent the abuser(s) from being able to stalk them or steal their data. The clinic could increase safety and lower barriers to service by supplying clients with technological tools, such as a phone or tablet device, to safely access virtual services.
- Survivors would require safe spaces to participate in virtual or phone meetings, including protection of their privacy, translation services, and flexibility in terms of appointment rescheduling, in-person or remote meetings and technology platforms.
- Not all clients will have the technology literacy, privacy and safety awareness to be able to use virtual services. Elders and English language learners will also typically face more barriers using virtual services to solve their family law legal problems. They would therefore need additional language or other support to have equitable access to virtual services.
- To increase access to services and a safe space, virtual services could be delivered in collaboration with other local community organizations.



8.2.8 Hybrid Clinic Model

Engagement participants suggested that a hybrid model of in-person and virtual services, and community partnerships would help to maximize the caseload capacity of the new family Clinic Model. For example, a hybrid model could involve first meeting the client in-person, then building a relationship, and once a working relationship is established, follow-up meetings could be virtual. Further comments on this theme are provided in the next section “Service Design Considerations.”

8.3 Service Design Considerations

Survivors of family violence and legal and other service organizations were asked for their input on service design with consideration to client needs, the support necessary to achieve legal outcomes, staffing, and non-legal support services.

The following four key areas were raised for consideration in the design of new family law Clinic Model:

- 1) **Client needs** with regards to safety, accessibility and inclusivity, flexibility, meeting basic needs, childcare, types of legal issues covered, and addressing systemic barriers.
- 2) **Community connections** which includes multidisciplinary services and community partnerships to build better connections to local and regional support services.
- 3) **Staff roles and training** in terms of trauma-informed and culturally safe services, navigators/advocates, training, and staff safety and burnout.
- 4) **Governance and Policies** inclusive of intake referrals and considerations, clinic goals, policy and governance.
- 5) **Raising awareness** of the clinic.

The following is a summary of survivor and service provider input on service design, with a focus on comments that do not appear in previous sections of this report.



8.3.1 Client Needs

Safety

Once a survivor seeks legal aid, the risk of lethality can increase. In order to prioritize safety, the services should be designed to anticipate and mitigate the risk of increased family violence experienced by survivors and any dependent children. This includes the following:

- Prioritize safety of the survivor over any procedural requirements of the service;
- Follow up with survivors within 24 hours of their first contact with the clinic, and when this is not possible during busy periods, to alert any support service providers;
- Allow survivors to leave a message and tell Clinic Model staff when it is safe for them to be contacted by the clinic;
- Stay in contact with the client and other support services during the triage process to support safety planning;
- Build survivor awareness of the forms of family violence and safety risks;
- Have a worker or navigator accompany clients to appointments or meetings;
- Provide transportation from trusted companies (e.g., taxi, shuttle bus service to and from the clinic for any in-person meetings or accessing virtual appointment locations);
- Provide safe devices and software accounts to mitigate the risk of stalking, cyberbullying and privacy breaches;
- Provide virtual services from safe and secure partner organization locations.

“I totally think it’s important for women to have a housing advocate...So you need a permanent base, some place to call home, some place to feel safe. And for many of these women, they haven’t had a place to be safe. So, safety is like a key issue before you can start doing all this legal stuff.” – Family violence survivor

Further Family Violence – Specific Needs

The clinic will provide trauma-informed service, as trauma is one of the impacts and often a barrier to accessing services. The service design should seek to address both the physical and mental impacts on survivors of family violence by considering the following:

- Build trust in a way that works for those that have been impacted mentally and physically by trauma;
- Deliver a legal aid service and design processes for those surviving active abuse and in need of safety planning;
- The role and responsibility of navigators could be to provide a ‘bridge’ to lawyers/legal work particularly where a client has high trauma levels;
- Provide trauma-informed advice and representation, understanding of different types of abuse and how trauma manifests differently in different people;
- Connect survivors with lawyers who are experienced with family law and understand trauma and PTSD;



- Designate a ‘safe space’ for in-person service delivery. Try to create space more defined by a mental health and community support space rather than ‘government cubicles’ and a clinical office environment;
- Accommodate the needs of neurodivergent families and neurodivergent, autistic, ADHD – affirming supports that are not tied to behavioural or applied behavioural analysis-based organizations, following the parameters of the [Therapist Neurodiversity Collective](#);
- Mental health support for children dealing with domestic violence.



Client-Centered Flexibility

Flexibility in service delivery emerged as a key design feature for many reasons. Neurodiversity and mental health challenges are prevalent among survivors of family violence. Offering a flexible service can reduce barriers for survivors who are neurodiverse and/or experience mental health barriers to accessing services, and do so by considering the following:

- Offer survivors flexible and safe options in relation to scheduling and re-scheduling appointments, location of meetings, channels of communication and methods of communication with the clinic (e.g., phone calls, emails, text, Facebook, WhatsApp), and Family Wizard;
- Maintain the ability of clients to change meeting formats from in-person to phone to virtual video meeting as the client’s safety and barrier-related needs may require;
- Pivot from legal service or intake process to safety planning to connection to basic needs as the survivor and any dependent children indicate a change in risk level of lethality or family violence or food insecurity and homelessness;
- Accompany survivors to appointments or meetings to support any service connection needs, trauma-related needs, or documentation of case details;
- Support virtual services with necessary in-person legal services such as affidavits, court appearances, notarization, or other service access needs;
- Operate the clinic services outside of regular office hours during evenings and weekends.



Poverty-Specific Needs

Along with the family violence, survivors that would be eligible for legal aid are often experiencing food insecurity, housing insecurity, poverty, and barriers to accessing the supports to address their poverty. These barriers often amplify other barriers to accessing legal aid and prevent the client from remaining engaged with their lawyer. To mitigate this, the service should consider connecting clients to basic needs by:

- Expediting safe access to basic needs including food, housing, and basic supplies for their children from the first point of contact between the clinic and the client;
- Assigning a navigator/advocate to each survivor;
- Establishing “warm referrals” such that any support service organization the clinic would refer them to would guarantee follow-up within a specific period of time;
- Providing financial support on a temporary basis while clients are in the initial stages of service or intake, until their basic needs are met.

“And so for me like not only would I have needed it to be virtual, but I would also have needed it to be not like in ‘real time’...emailing back and forth works a lot better for me than having to sit down and do a conversation all at once or a chat because I do have some slower processing especially when I’m like in [a] traumatic situation.”
– Family violence survivor

Childcare

Survivors of family violence who have dependent children often seek legal aid while accompanied by dependent children. This can lead to the survivor having to attend legal aid meetings with their children. This can be a barrier to the survivor fully disclosing the violence they experienced to prevent traumatizing their children and to prevent any dependent children having to hear the account of their caregiver’s experience.

Providing clients with access to safe, drop-in childcare during their in-person or virtual appointments will reduce barriers while mitigating the risk of traumatizing dependent children. Childcare may be provided or referred through co-location, partnerships, or referrals.

“...warm referrals, [that are] not just here’s a phone number, here’s a link, go and do it. [Instead] you’re going through it with them.”
– Family violence service provider



Types of Legal Issues Covered

The clinic should consider delivering a service that covers issues interrelated with family violence (e.g., financial abuse, property division, as well as child and spousal support payments). Given the unique capacity of the clinic, there should be consideration to prioritizing scenarios of abuse that are particularly resource-intensive to gather evidence, demonstrate a pattern and prove to achieve meaningful stabilization and safety for the client. Financial abuse, psychological abuse, emotional abuse, and coercion should all be recognized and coverable family violence issues. Coverage of these issues, along with property division, and child and support payments could support clients to overcome barriers of poverty to meaningful stabilization such as parenting arrangements.

Addressing Systemic Barriers

To mitigate and lower barriers to accessing services, the service should consider raising awareness with key agencies, specialized screening for family violence survivors and dependents who are members of a systemically oppressed group, providing an accessible and inclusive experience, and staff training in how biases and oppressive practices perpetuate harm.

Indigenous, Black, and other racialized survivors experience being blamed and not believed about their experience of family violence at higher rates than non-racialized survivors. Further to this, survivors who experience mental health challenges and other disabilities face more complex barriers to accessing family legal aid services and participating in legal processes. For example, neurodivergent survivors and survivors with “trauma brain” experience memory limitations and the ability to recall details of one’s case or fully participate in legal processes. These survivors would benefit from clinic staff being trained to recognize these signs, repeat information and format information into simplified point-form or “bite-sized” amounts.

“The staff should be culturally sensitive, they would understand the gravity of the risks, and because in my case, it wasn’t just my ex, it was also his cousins, his relatives, all involved... In Indian culture, you don’t marry the man you marry his family. Married all his parents, brothers, sister, cousins. You name it. You marry his milkman.” – Family violence survivor





Survivors whose first language is not English, who are refugees or immigrant would benefit from having immigration and translation services in place for both in-person and virtual services at the clinic. Barriers such as complex, text intensive forms could be mitigated by providing form filing and “warm referrals” through a support worker at either the clinic or partner organization.

8.3.2 Community Partnerships

Connects to community and delivering services in partnership with community organizations was a key theme that emerged from the engagement. Feedback frequently included:

- Support legal outcomes with connections to support services through partnerships with non-legal service providers.
- Build clinic staff knowledge and reciprocal relationships with community partners that provide warm referrals to safe housing, childcare, trauma counseling, income assistance, child benefits, tax filing services, disability benefits, counselling, and employment skills training and retraining opportunities.
- Local organizations can provide more tailored, trauma-informed, violence-informed and trustworthy support services than larger organizations, which can be “structure-based and rigid” and may not be able to accommodate individual needs.
- Indigenous survivors may prefer spiritual programs and spiritual lodges.
- Peer support networks are frequently cited for their success in providing connections among survivors while accessing legal aid services.
- Embed community partnerships in the Clinic Model design through dedicated phone lines for service provider referrals, established reciprocal relationships with community organizations, and knowledge-sharing with local and regional partners about the service.

“Abuse has robbed me out of a life I was living before I was a full-time working mother. The abuse takes away so much from you that I know I will never be the same. I know I have to live with this every day. But a little bit of support can go a long way in retraining the mothers and making them employable or self-sufficient.”
– Family violence survivor



- Clients with complex cases often experience a range of legal problems outside of family violence matters and require specialized legal advice and coordination between lawyers. For example, a survivor who is also a refugee or immigrant would need legal advice from an immigration lawyer, in addition to family law lawyer.
- Liaising with [Situation Tables](#) could help the Clinic Model intake team to identify clients who should be considered for quicker access and other supports to achieve their legal outcomes.
- Once a client is connected to the clinic for service, it would also be important to avoid referrals to support services without adequate navigation/advocate support, as referrals themselves can be complex for clients to manage.
- Do not over rely on referrals from partners as a way to connect with clients as this can create or perpetuate a barrier to accessing the service.



8.3.3 Clinic Model Staff Roles and Training

Training and alignment between the roles and skills of clinic staff to meet client needs was a key area of feedback on the design of the service. This included training on delivering trauma-informed services, culturally safe and culturally competent services, the roles of lawyers, the role of navigators, and preserving staff safety while preventing burnout.

Delivering a trauma-informed service

Providing a service that builds trust with survivors of family violence through trauma-informed service delivery including empathy, patience, and flexibility should take into consideration the following:

- Survivor’s potential previous interactions with law enforcement, the courtroom and legal processes can be an oppressive experience and re-traumatize survivors. Survivors may be deterred from seeking help, disclosing the full scope of their experience of family violence, proving their case, or getting further support unless the service is successful in providing trauma-informed care. Clients are often re-traumatized by having to retell their experiences of family violence and be subjected to oppressive myths and stereotypes perpetuated through their interactions with the legal system. These barriers are disproportionately higher among survivors from systemically oppressed groups.
- Survivors continue to face the impacts of family violence after a legal outcome is achieved, which can adversely affect the client’s perception of the legal outcome being a “success.” Clinic staff should be trained to support the survivor to reduce their experiences of harm throughout the process towards meaningful stabilization.



- Clinic staff should be trained, have skills to anticipate, understand and be responsive to how trauma, particularly as a result of family violence, impacts survivors mentally and physically, and how a client's experience of active abuse may impact the legal aid service delivery process and the related safety planning needs.
- Survivors would benefit from the clinic having the knowledge and relationships in communities to give clients access to family violence and trauma-trained navigators/advocates, and lawyers, as well as other service providers (e.g., mental health workers, trauma counsellors, victim services workers and social workers).

Clinic staff should be trained in how to conduct intake processes and family violence screening for all of the types of family violence as defined by the Act, without requiring the survivor to re-tell traumatic experiences if they are already documented by support workers of community partner organizations and the survivor consents to sharing information.

Cultural safety and competency

Engagement participants shared that there are considerations for those surviving the effects of systemic racism and mitigating the impacts of trauma as clients advance through the legal process. This included the following considerations:

- Incorporate Indigenous cultural competency, cultural humility, and cultural safety in the Clinic Model.
- Provide cultural supports by having an Elder or advocate accompany a survivor to meetings to mitigate the impacts of colonization including isolation from geographic or cultural communities, loss of language, loss of identity and intergenerational trauma.
- Retain legal aid lawyers that are trained and capable of meeting the standard of service required, and work to address the power-imbalance that shapes the client-lawyer relationship. This includes ensuring clients are not subject to negative stereotyping, racism, gender binarism, homophobia, ableism or transphobia that can negatively impact their access to legal aid services.
- Provide self-awareness training and unconscious bias training.





Senior staff lawyers

Given the experience required to navigate and develop legal strategies to achieve meaningful stabilization for survivors of family violence, the service design should consider the role that senior staff lawyers could play to help guide junior or less experienced staff lawyers in developing the best legal strategies for their clients, while managing case loads at the clinic.

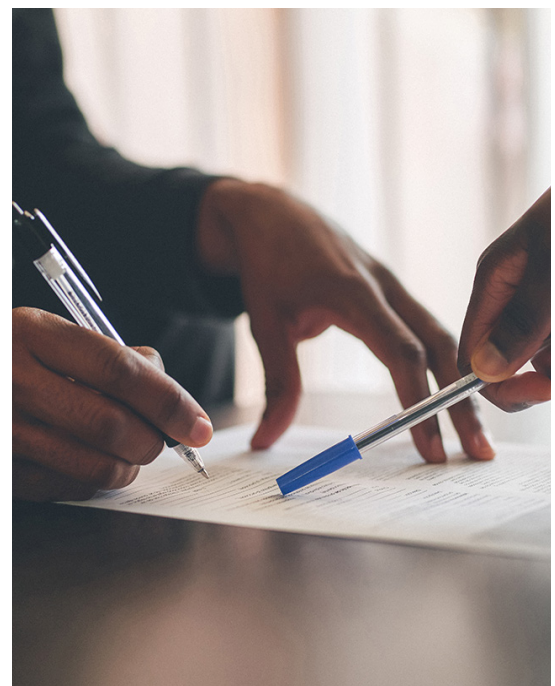
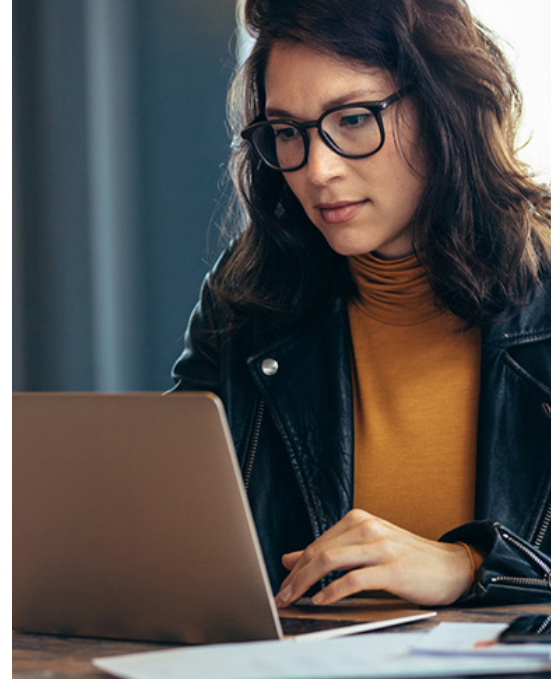
When going to trial is necessary, senior lawyers with the relevant experience with developing the legal strategies to respond to changes in family violence and achieve stabilization for survivors. Therefore, they may be in a better position to achieve the best legal outcomes for the client (e.g., if there is an elevated safety risk for the client and dependents).

Lawyers will be best positioned to serve clients from systemically oppressed groups when they come with the experience to recognize when the legal system is discriminating against their client and has the expertise of how to “push back” when this hinders the outcome of meaningful stabilization.

Navigators / Advocates

Navigators/advocates have a significant role to play in the clinic to ensure it is trauma-informed, client-centered, and supportive of the unique barriers faced by family violence survivors. Navigators/advocates can:

- Provide empathetic, clear, transparent, and consistent communication.
- Advocate on the behalf of clients’ unique needs, provide emotional support, and connect survivors to non-legal support services. The non-legal support service providers can then work to address support service connections that support meaningful stabilization for the client.





It was noted that in some clinic models, the navigators/advocates are also paralegals. Under the supervision of senior lawyers, the paralegals help increase the lawyer caseload capacity by providing clients with a lighter level of service such as summary advice.

To achieve meaningful stabilization for clients with the needs best suited for the clinic, service providers recommended that the role of paralegals and lawyers be kept separate due to the family violence legal strategy expertise needed to achieve the legal outcome.

Additional Training Considerations

While some forms of abuse are easier to recognize than others, coercive control is often overlooked, which impacts the success of achieving meaningful stabilization for the client. Therefore clinic staff should be trained to recognize all forms of family violence as defined by the BC Family Law Act, including emotional abuse, psychological abuse, financial abuse, and physical abuse.

Additional training and tools recommended include:

- Training on best practices to serve clients that self-identify as Indigenous and/or racialized and experiencing poverty, as they are more likely to experience systemic discrimination;

“Having processes explained and other things explained so that I could pick up where my lawyer left off more easily would have been huge. I felt totally defeated and was tempted to go back to capitulating to my ex because I didn’t know how else to manage him, and his threats.”
 – Family violence survivor

- Training on anti-oppressive practices and addressing anti-Black and anti-Indigenous racism, homophobia, transphobia, intersectionality, and gender-based violence;
- Meeting the unique needs of cisgender men who experience family violence;
- Motivational and emotional interviewing techniques (e.g., supporting clients and staff with breathing techniques as a tool for de-escalation and emotional self-regulation);
- Delivering a psychological safe service for survivors particularly for those experiencing mental health barriers such as anxiety and trauma.

Staff Safety and Burnout

The risk of vicarious trauma and burnout is significant when family law staff are engaged in collecting testimonials of family violence, and supporting clients who are struggling with systemic barriers and a system that feels like it is working against them.

Clinic staff that support in-person and virtual services will need supports in place to reduce the risk of burn-out and ensure staff safety.

This includes:

- Safety assessments and supports;
- Health and wellness tools e.g., allocating time and space for debriefs with other clinic staff; and
- Work-life balance supports.

8.3.4 Governance and Policies

Engagement participants shared considerations for the goals, policies, governance, and awareness raising activities of the clinic model to support successful outcomes for clients.



Clinic goals

The new family law Clinic Model may be designed to deliver services to a distinct type of client and have different goals and performance measures than the current model.

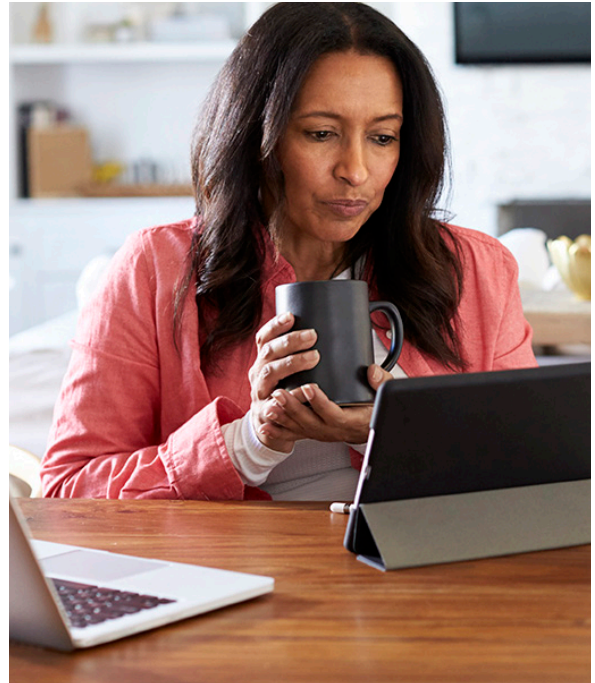
Pursuant to the Family Law Tariff, legal aid lawyers serve their clients within the limits of hours of the standard representation contract (i.e. 35 hours with an additional 25 hours for complex cases if approved for Extended Family Services). Lawyers often provide services beyond those limitations to deliver the legal outcomes needed for the client, which is not sustainable. The family law Clinic Model may consider unlimited hours and less limits on family law legal issues.

The Clinic Model may develop its own performance measures of safety and meaningful stabilization of a client's family and legal situation. "Meaningful stabilization" can be collaboratively defined with the client while being connected to legal outcomes such as final orders being in place. In scenarios where the desired form of stability is not achieved, it would be best if the service design clarifies for the client what legal outcome that is most meaningful to the client will be sought.

Legal outcomes would be a better basis than cost-effective or resource-efficient service in light of recommendations for more complex clients and resource-intensive cases being better suited for the service. The service design should clarify meaningful stabilization in terms of the legal outcome for the client, and how this would be collaboratively determined.

Policy and governance

The Clinic Model would benefit from developing a governance model and related policies that are unique to the family legal aid expansion project as this would help address the need for



transparency, fairness and equity for clients. Any policies developed should reflect a defined vision and mission for the clinic. Defining such a vision and mission should take into consideration the unique capacity of the clinic and the opportunity to deliver a service that is not available elsewhere to survivors of family violence.

There should be clear process and guidelines for how staff lawyers would determine their allocation of hours to one case over another, as well as clear processes for clients with options if they find themselves in a situation where they do not agree with their outcome achieving meaningful stabilization of their family law problem. It can be challenging to predict how many hours are necessary to achieve legal outcomes for clients with multiple and complex barriers, and as such the Clinic Model will need to support lawyers in their decisions on allocation of hours while maintaining reasonably-sized caseloads.



8.3.5 Raising awareness

Raising awareness can increase the success of identifying clients that receive quickest access to the service, managing the expectations of clients and service providers about the purpose and scope of the clinic. By targeting awareness raising with partners, the survivors who need it the most might be easier reached through referral networks that center the client needs and mitigate their barriers in accessing service.

Communications about the new Clinic Model should:

- Distinguish the new Clinic Model from the tariff legal aid lawyer model.
- Be shared in places where eligible clients are most likely to see (and hear) them. For example this could be flyers posted on community boards and around transit hubs, radio and transit advertisements, and on social media, such as single moms' groups on Facebook.
- Engagement participants voiced concerned or cautioned about widely broadcasting the Clinic Model location(s) over concerns of client and staff safety. Rather, communications should be distributed through service providers as well as other community organizations (e.g., Ministry of Children and Family Development social workers and advocates, local transition houses, treatment centres, welfare offices, food banks, faith-based organizations, libraries, community centers and thrift stores).



9. Acknowledgement and Thanks to Engagement Participants

On behalf of Legal Aid BC (LABC), I want to thank the survivors of family violence who took the time to share their experiences with us as well as the service providers who support them. We are so grateful for the insights and feedback, which will inform the development of the new family law Clinic Model.

Having led a portion of the engagement sessions with service providers, I had the unique and privileged opportunity to experience firsthand the wealth of knowledge and dedication of those who support and walk alongside survivors of family violence.

I would like to thank the 71 people who came forward to share their harrowing stories of family violence. Even though I did not have an opportunity to attend the engagement sessions with survivors myself, I want to thank the survivors who took the time and invested the emotional labour to share their experiences for the advancement of this service.

I hold gratitude and appreciation for the survivors and service providers who participated in the engagement, as well as for the opportunity LABC is about to embark on. I reflect back on the thoughtful discussions I had and am humbled by the strength of those who shared their experiences about seeking safety from family violence. This engagement process, which has impacted me deeply, will help all of us at LABC better understand the needs of family violence survivors.

While the establishment of up to two in-person clinics as well as some virtual services is a good start, our hope is to deliver a Clinic Model that leads to support for additional clinics in the future.

At LABC, we know we can't do this important work alone. We will continue to listen and learn from survivors of family violence and the service providers who support them as we progress towards implementation of this new service.

Survivors deserve the best of our collective capacity to be safe, heard and protected. Because of your bravery and insights, LABC is now in a better position to deliver on the important work ahead.

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10. Appendices

10.1 Engagement Participant Information

10.1.1 Survivors of Family Violence

1. Summary

- Sample size of 71 participants.
- 26 one-on-one interviews + 1 focus group (4 participants).
- 41 survey respondents
- Participants from 24 locations throughout BC.
- 41% of the participants are living on fixed provincial government incomes (either PWD or IA) than the number that are working (22%).

10.1.1.(a) Racial identity

	%
White	57%
Racialized	33%
Indigenous People	10%

Note: These categories are not mutually exclusive.

10.1.1.(b) Gender identity

Female	94%
Non-binary	3%
Male	3%

**10.1.1.(c) 2SLGBTQIA+ identity**

Yes	15%
No	70%
Did not disclose	15%

10.1.1.(d) Age Composition

18 - 24 years old	6%
25 - 34 years old	9%
35 - 44 years old	48%
45 - 54 years old	31%
55 - 64 years old	6%

10.1.1.(e) Regional Distribution

Interior BC	12%
Lower Mainland	64%
Northern BC	6%
Vancouver Island	13%
Fraser Valley	4%

10.1.1.(f) Newcomer status

No	78%
Yes	22%

10.1.1.(g) Family structure

Single parent	55%
Single	21%
Partnered	16%
Other	8%

10.1.1.(h) Primary source of income

Employment	22%
PWD	28%
Income assistance	13%
Casual work/gig work	13%
Self-employment	3%
Other	21%

10.1.1.(i) Household income

Less than \$10,000	8%
\$10,000- 20,000	27%
\$20,000- 30,000	42%
\$30,000- 40,000	10%
\$40,000- 50,000	8%
\$50,000- 60,000	4%
\$60,000- 70,000	1%



10.1.1.(j) Reliable access to the internet

Yes	75%
No	25%

10.1.1.(k) Primary mode of transportation

Own a car	48%
Access vehicle through family & friends	16%
Public transit	25%
Bike	6%
Walk	4%

10.1.1.(l) Access to childcare

No	28%
Yes	15%
Sometimes	31%
Not applicable	18%

10.1.1.(m) Number of engagement sessions

Method	Number
1-1	26
Focus Group	1



10.1.2 Legal and Other Service Providers

10.1.2.(a) Number of organizations engaged

	Legal	Service	Total
Organizations Invited	30	108	138
Organizations Engaged	15	70	85

10.1.2.(b) Number of engagement sessions

Method	Service provider	Legal service provider
1-1	5	6
Focus Group	13	11 ⁴

⁴ Includes 2 focus groups with the ALL FTAC.

**10.1.2.(c) Schedule of engagement sessions**

Date	Number of participants	Organization Type	Region
4/25/2024	1	Service	Vancouver Island
4/25/2024	9	Legal	BC-wide
4/26/2024	5	Service	Vancouver Island
4/30/2024	3	Legal	Interior
4/30/2024	5	Legal	BC-wide
4/30/2024	6	Service	Lower Mainland
4/30/2024	2	Service	Lower Mainland
5/1/2024	19	Legal	BC-wide
5/1/2024	19	Service	Interior
5/1/2024	2	Service	Northern
5/2/2024	10	Legal	BC-wide
5/2/2024	12	Service	Interior
5/2/2024	1	Legal	Lower Mainland
5/3/2024	2	Service	Lower Mainland
5/3/2024	1	Legal	Vancouver Island
5/6/2024	4	Service	BC-wide
5/6/2024	1	Legal	Northern
5/7/2024	29	Service	Vancouver Island, Lower Mainland, Fraser Valley
5/7/2024	5	Legal	Lower Mainland
5/8/2024	11	Service	Interior
5/8/2024	5	Service	Interior
5/9/2024	3	Service	Interior & North
5/9/2024	10	Legal	BC-wide
5/9/2024	4	Legal	Lower Mainland

**10.1.2.(d) Schedule of Interviews**

Interviews			
Date	Organization Name	Organization Type	Region
4/23/2024	Rise Women's Legal Centre	Legal	BC-wide
4/25/2024	Haven Society	Service	Vancouver Island
4/29/2024	BC Society of Transition Houses (BCSTH)	Service	BC-wide
5/1/2024	Battered Women's Support Services (BWSS)	Legal	BC-wide
5/3/2024	Archway	Legal	Northern
5/9/2024	Campbell River and North Island Transition Society	Service ww	Vancouver Island
5/9/2024	Nicola Valley Advocacy Centre (NVCJSS)	Legal	Interior
5/9/2024	West Coast LEAF	Legal	BC-wide
5/10/2024	Society for Children and Youth of BC	Legal	BC-wide
5/10/2024	Ksan Society	Service	BC-wide
5/10/2024	Ending Violence Association British Columbia (EVABC)	Service	BC-wide
5/10/2024	Quesnel Women's Resource Centre	Service	Interior

**10.1.2.(e) Geographical distribution of Organizations Engaged**

Region	Organizations Engaged	Legal Service Organizations (being updated)	Service Provider Organizations	Lawyer Survey Respondents ⁵	FTAC Lawyers
Interior BC	37%	13%	42%	12%	N/A
Lower Mainland	39%	74%	32%	44%	70%
Northern BC	11%	0%	13%	8%	23%
Vancouver Island	13%	13%	13%	36%	7%

2. Geographic Distribution of Legal Aid Lawyers Survey⁶

Region	Invited	Responded
Lower Mainland	198	22
Vancouver Island	52	18
Interior BC	44	8
Northern BC	21	5
Total	318 ⁷	50 ⁸

⁵ 50 is the total number of respondents (two lawyers input multiple regions for their location).

⁶ Lawyers who have taken five or more Family Law files in the last year were invited for the survey.

⁷ Three lawyers had “Other” selection for this attribute of region.

⁸ 50 is the total number of respondents (two lawyers input multiple regions for their location).



Section 2: List of Organizations engaged & consented to be named	Region
Agreement Makers: Mediation and Conflict Management Services	Interior BC
Kamloops Immigrant Services	Interior BC
Kamloops United Church	Interior BC
Kelowna Women's Shelter	Interior BC
Ki-low-na Friendship Society	Interior BC
Lower Similkameen Community Services Society	Interior BC
Mamas for Mama's	Interior BC
Metis Community Services Society of B.C.	Interior BC
Milne Mediation	Interior BC
Nicola Valley Advocacy Centre (NVCJSS)	Interior BC
Penticton & Area Access Society (The Access Centre)	Interior BC
Archway Society for Domestic Peace	Interior BC
PovNet	Interior BC
RDCO RCMP Victim Services	Interior BC
South Okanagan Women In Need Society	Interior BC
Tkemplups te Secwepemc	Interior BC
Canadian Mental Health Association - Kootenays	Interior BC
Canadian Mental Health Association - SOS Branch	Interior BC
Canadian Mental Health Association (CMHA)	Interior BC
Community Connections Society of Southeast BC (Cranbrook)	Interior BC
Family Dynamix	Interior BC
Robson Valley Community Services	Interior BC
Hope & Area Transition Society	Interior BC
Kamloops Aboriginal Friendship Society	Interior BC
Kamloops Elizabeth Fry Society Family Law Advocacy Program	Interior BC



Jenkins Marzban Logan LLP	Lower Mainland
Aunt Leah's	Lower Mainland
DIVERSEcity Community Resources Society	Lower Mainland
Ending Violence Association BC (EVABC)	Lower Mainland
Immigrant Services Society - Immigration and Refugee Legal Clinic	Lower Mainland
Ishtar Women's Resource Society	Lower Mainland
MOSAIC BC	Lower Mainland
North Shore Community Resources	Lower Mainland
North Shore Crisis Services	Lower Mainland
Options	Lower Mainland
Pacific Immigrant Resources Society	Lower Mainland
PGS Law	Lower Mainland
QMUNITY	Lower Mainland
Rise Women's Legal Centre	Lower Mainland
SARA for Women	Lower Mainland
Sources Community Resources Centre	Lower Mainland
Tricity Transitions Society	Lower Mainland
West Coast LEAF	Lower Mainland
YMCA BC	Lower Mainland
YWCA Metro Vancouver	Lower Mainland
BC Society of Transition Houses (BCSTH)	Lower Mainland
Society for Children and Youth of BC-Child and Youth Legal Centre	Lower Mainland
Surrey Women's Centre	Lower Mainland
Bella Coola Legal Advocacy Program / S.H.E.D. Society	Northern BC
Fort St. John Women's Resource Society	Northern BC
Haida Gwaii Society for Community Peace	Northern BC
KSAN Society	Northern BC



Lillooet Friendship Center	Northern BC
Northern Society for Domestic Peace	Northern BC
Phoenix Transition Society	Northern BC
Prince George Native Friendship Centre	Northern BC
Quesnel Women's Resource Centre	Northern BC
South Peace Community Resources	Northern BC
Terrace and District Community Services Society (TDCSS)	Northern BC
KSAN Society	Northern BC
Campbell River Family Services Society	Vancouver Island
Islanders Working Against Violence	Vancouver Island
Kaslo Community Services	Vancouver Island
North Island Community Services Society	Vancouver Island
Tees Kiddle Spencer	Vancouver Island
The Cridge Dovetail Services	Vancouver Island
Victoria Women's Transition House Society	Vancouver Island
Westcoast Community Resources Society	Vancouver Island
Comox Valley Transition Society	Vancouver Island
Haven Society	Vancouver Island
Kaslo Community services	Vancouver Island
Sunshine Coast Community Services Society	Vancouver Island



10.2 Pre-engagement Information Sheet for Service Providers



Safe, Heard, and Protected Engagement
Pre-engagement Information Sheet, April 2024

Safe, Heard, and Protected: Gathering Information on the Needs, Hopes, and Visions for a Holistic Family Legal Aid Clinic Model for Family Violence Survivors in BC

Background

LABC will soon expand family law services, which will include a clinic for clients who experience family violence. LABC is seeking input from service providers who work with survivors of family violence, to inform the development of a clinic model and receive input on client prioritization criteria, where to locate physical/virtual clinics, and service design.

Client Eligibility

The model has some basic criteria for eligibility that may need to be developed further. Currently, the family law clinic will serve clients who are:

- Financially eligible for LABC family law standard representation services;
- Experiencing family violence, as defined in the BC *Family Law Act*; and
- Experiencing one or more family law issues covered by LABC's standard representation services, in addition to experiencing family violence.

Service Type

The family law clinic model will be trauma-informed and multidisciplinary, designed to solve both the immediate crisis and provide a foundation for survivors to rebuild their lives free from abuse.

Outcomes are short- and long-term safety, through legal aid representation and appropriate support services to address a client's needs. Services will be provided both in-person and virtually, through a combination of physical locations and online clinics dedicated to specific localities.

The clinic will be staffed by at least 8 lawyers, 8 Legal Aid Navigators/Family Law Advocates, 4 paralegals, and 4 administrative staff members. The clinic will be housed in up to 2 physical locations; future expansion is not restricted but is pending provincial funding.



Engagement Question Topics/Examples:

1. How should LABC design the service for a family law clinic?
2. What criteria should LABC consider in determining physical and virtual locations, and why?
3. What additional needs beyond legal representation do survivors of family violence have, and how should LABC consider these needs when designing the clinic model?

Collection Notice

We are asking for your input into legal aid service design. The information we collect will inform a final “What We Heard” report. We are collecting [personal information](#), meaning recorded information about an identifiable individual other than contact details that relates directly to and is necessary for the administration of LABC programs and activities. Our collection of your personal information is permitted under Section 26(c) of the [Freedom of Information and Protection of Privacy Act](#). The information we collect will be stored securely and shared on a “need to know” basis with LABC employees and contractors working on this project. If you have any questions about our collection of your information, please contact LABC’s Privacy Officer at privacy@legalaid.bc.ca.



10.3 Communications and Engagement Activities

Information about engagement activities was shared in a variety of formats and the engagement team responded to questions in a timely manner.

10.3.1 Communications Activities

All engagement participants received high level background information about the Clinic Model and a personal information collection notice that detailed LABC’s privacy and confidentiality policies permitted under Section 26(c) of the Freedom of Information and Protection of Privacy Act. Service providers engaged received this in the form of an information sheet (see Appendix Section 10.2.2 “Pre-Engagement Information Sheet for Service Providers”).

The schedule of communications activities is provided in Table 3 below “Communications Activities Schedule.”

TABLE 3 – COMMUNICATIONS ACTIVITIES SCHEDULE

Date	Type of Communication	Method of communication	Audience
April 5 2024	Invitation to be an engagement collaborating partner	Email	Invitation letter to collaborating partners (an official partner with an intersectional equity lens) to do outreach and help enrol participants for the survivors of family violence engagement in any of three formats: interview, focus group or survey, and to alert service providers that there will be an opportunity for them to directly participate.
April 5 2024	Eblast (to send an email to many people at the same time) invitation to participate in the engagement	Email	Invitation to CFE members to enrol participants for the survivors of family violence engagement.
April 19 2024	Invitation to participate in the engagement	Email	Invitation to CFE collaborating partners and organizations identified by LABC as providing either support services or legal services to survivors of family violence in B.C.
April 22 – May 10 2024	Pre-engagement information sheet	PDF attachment to email	Any individual working for a legal or other service provider organization enrolled for an engagement session.
April 24 2024	Invitation to participate in the engagement	Email	Members of the ALL Family Tariff Advisory Committee (FTAC).
May 2 2024	Invitation to participate in survey	Email	LABC Private Bar Lawyers who had accepted at least 5 contracts in the past year.



Endnotes

- ⁱ Source: Association of Legal Aid Lawyers website <https://www.bclegalaidlawyers.ca/> accessed on 12 June 2024
- ⁱⁱ Peter G. Jaffe, Ph.D., C. Psych., Nicholas Bala, L.S.M., J.D., LL.M., F.R.S.C., Archana Medhekar, LL.B. LL.M., AccFM, Katreena L. Scott, Ph.D., C. Psych., and Casey Oliver, M.A. Making appropriate parenting arrangements in family violence cases. Justice Canada report. (February 2023). <https://www.justice.gc.ca/eng/rp-pr/jr/rib-reb/mpafvc-capcvf/index.html>
- ⁱⁱⁱ First Call BC: Child and Youth Advocacy Society. (2024). *2023 BC Child Poverty Report Card*. First Call BC. <https://firstcallbc.org/wp-content/uploads/2024/02/First-Call-Child-Poverty-Report-Card-2023.pdf>
- ^{iv} https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/11025_01#section1
- ^v Crenshaw, K. W. (2006). Intersectionality, Identity Politics and Violence Against Women of Color. *Kvinder, Køn & Forskning*, (2-3). <https://doi.org/10.7146/kkf.v0i2-3.28090>
- ^{vi} <https://www2.gov.bc.ca/gov/content/justice/criminal-justice/policing-in-bc/collaborative-public-safety-program/situation-tables>
- ^{vii} <https://rainn.org/articles/key-terms-and-phrases>
- ^{viii} [Best Practices in Equity, Diversity and Inclusion in Research \(sshrc-crsh.gc.ca\)](https://www.sshrc-crsh.gc.ca/best-practices-in-equity-diversity-and-inclusion-in-research)
- ^{ix} PHO Rounds: Warm Referrals. A trauma- & violence-informed approach to supporting clients' engagement with community services (publichealthontario.ca)
- ^x \$29 million legal aid expansion for people experiencing family violence | BC Gov News
- ^{xi} https://legalaid.bc.ca/sites/default/files/2023-07/LABC_2023-24_Mandate%20Letter.pdf
- ^{xii} <https://www.cspc-efpc.gc.ca/gbap-acsp-eng.aspx>
- ^{xiii} <https://www.bwss.org/colour-of-violence/report/>, <https://www.cbabc.org/Newsroom/In-The-Media/2023/Systemic-discrimination-has-deep-roots-in-our-law>, <https://bchumanrights.ca/publications/scorpa/>, https://www.justice.gc.ca/eng/rp-pr/jr/laf-ljdf/docs/RSD_RR2019_The_Impact_of_the_Lack_of_Legal_Aid_in_Family_Law_Cases_EN.pdf,
- ^{xiv} <https://www.bwss.org/colour-of-violence/report/>, <https://www.cbabc.org/Newsroom/In-The-Media/2023/Systemic-discrimination-has-deep-roots-in-our-law>, <https://bchumanrights.ca/publications/scorpa/>, https://www.justice.gc.ca/eng/rp-pr/jr/laf-ljdf/docs/RSD_RR2019_The_Impact_of_the_Lack_of_Legal_Aid_in_Family_Law_Cases_EN.pdf,
- ^{xv} <https://www.bwss.org/colour-of-violence/report/>