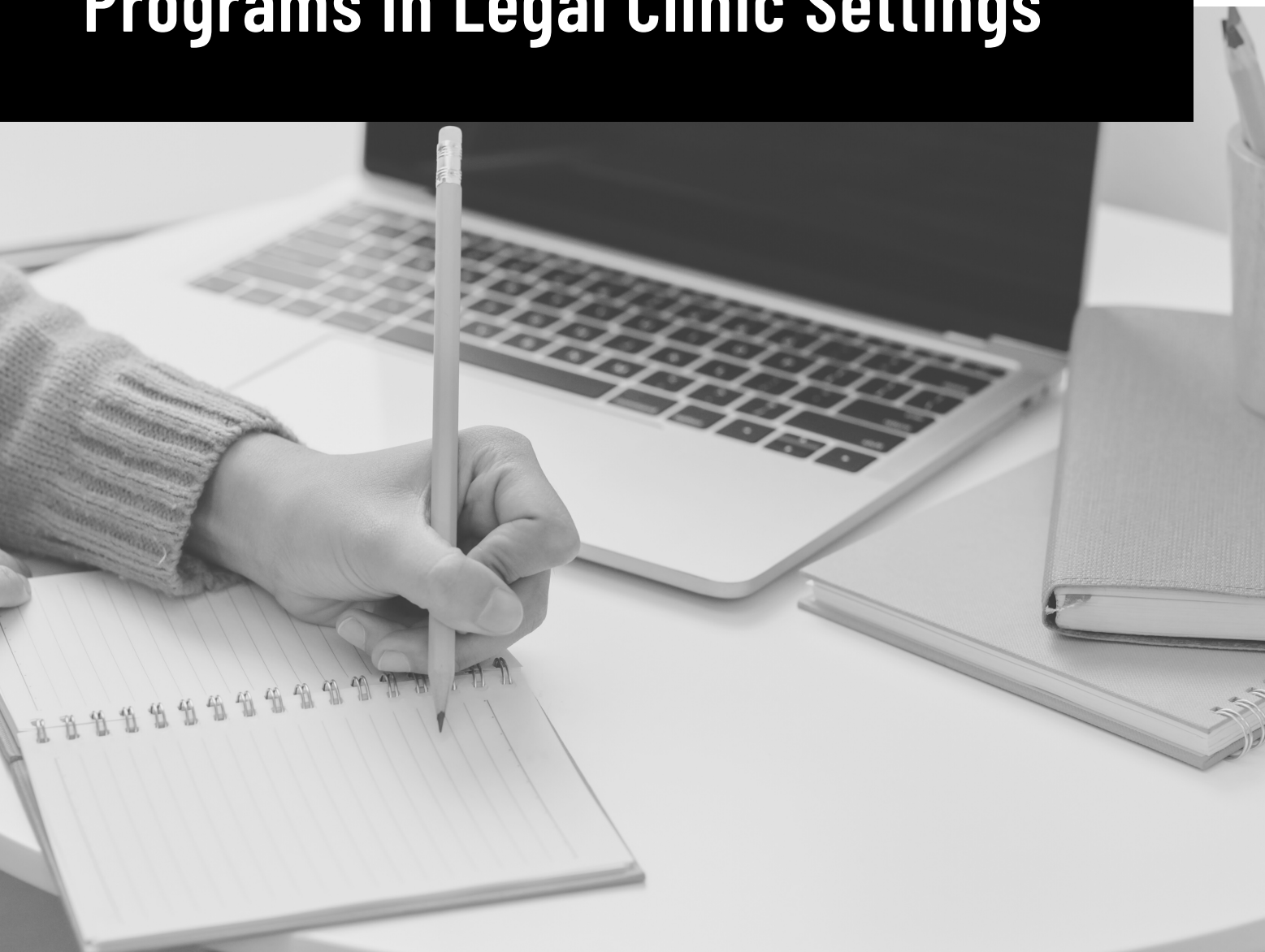


SERVING THE WHOLE PERSON

Toolkit for Social Work Student Programs in Legal Clinic Settings



Scarborough
Community
Legal Services



WEST SCARBOROUGH
COMMUNITY
LEGAL SERVICES
EQUAL ACCESS TO JUSTICE SINCE 1988



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About SCLS

Scarborough Community Legal Services (SCLS) is a community legal clinic that assists low income individuals and groups in East Scarborough access justice and protect their legal rights by providing free legal services and working to change systems to benefit people living in poverty. We work with community members, organizations, and social justice groups to achieve our mission. Our four key strategies are: legal services, legal education, community development, and law reform.

About the Toolkit

This toolkit is designed to assist community legal clinics across Ontario who engage social work students in their clinics. It should be read in conjunction with the accompanying report which summarizes our findings and recommendations regarding considerations for social work student programs in legal clinic settings. This toolkit provides resources which may assist clinics as they develop or review their own social work student programs. Although these resources were developed to meet the specific needs of SCLS, we hope that they can serve as a useful starting point for others and can be modified as necessary to suit the needs of community legal clinics across the province.

You will find the following resources in this toolkit:

- **Social Work Student Onboarding and Orientation Checklist:** Proper orientation and onboarding processes are critical to the success of a social work student placement in a legal clinic. To ensure we met our onboarding goals, we developed a checklist of orientation activities and resources for new students.
- **Social Work Referral Form:** Each clinic will need to determine how best to identify clients who can benefit from social work services and refer them to the social work student. At SCLS, when a legal caseworker identifies a client who could benefit from social work services, they complete a social work referral form and send it to the student's field placement supervisor. The supervisor reviews the referral form to ensure that it meets our social work case criteria and, if so, forwards it to the student. In this way the supervisor is able to manage the student's workload and ensure that the referrals sent to the student were appropriate given their level of skill and knowledge.

- **Intake Assessment Form:** We developed an intake assessment form to be used by the social work student when first interviewing new clients. This form provides guidance and structure to the social work student as they engage with clients for the first time. It also serves as a central repository of key information and can be reviewed by the social work student as necessary over the course of the file.
- **Brief Assessment for Community Supports:** We also developed an assessment for community supports form. This form is to be used by the social work student early in their work with new clients. It provides a structured way to inquire about the client's needs and identify community resources that may help support the client.
- **Service Agreement:** During the course of the project, we developed a service agreement for student social work services. This agreement is separate from any retainer that the client may have signed regarding the legal services they will receive from the clinic. The service agreement outlines the rights and responsibilities of the client and can be helpful in providing clarity to the client about the social work services they will receive.
- **Privacy Acknowledgment:** As discussed in the accompanying report, conflict between the professional obligations of social workers and lawyers can arise in an interdisciplinary setting. Further, social work clients often discuss very personal and sensitive information with the social work student during the course of their file. This led us to develop a privacy acknowledgement which can help clients better understand their rights regarding privacy and confidentiality.
- **Consent to Disclosure and Collection of Personal Information Form:** Further to the issue of privacy discussed above, a signed consent form is required to disclose or collect personal information regarding any social work client.
- **File Transfer Memo Template:** In order to facilitate a smooth transfer of files from the outgoing to the incoming student, we developed a file transfer memo template. This provides structure to the student as they prepare to wind down work on their files and hand them off to a new placement student.

We share these materials in the hope that they will be useful for other clinics considering incorporating social work students in their clinics. They were developed after consultation with and consideration of materials shared by the West Scarborough Community Legal Services, Hamilton Community Legal Clinic, Peterborough Community Legal Centre, Downtown Legal Services, and Legal Assistance of Windsor. We are grateful to these organizations and their staff for their support in developing these materials.

Social Work Student Orientation and Onboarding Checklist for Scarborough Community Legal Services (SCLS)

1. SCLS Internal Orientation

1. Orientation meetings with the Executive Director, Administration Manager, and field placement supervisor
2. One-on-one meetings with a caseworker from each legal team (housing, immigration, social assistance, employment) to review the services provided and the type of work undertaken by the team
3. Attendance at weekly/bi-weekly Legal Team Meetings and monthly Staff Meetings
 - Students attend a minimum of one team meeting for each legal team
4. Attendance at staff trainings as applicable
5. Review all clinic policies, and specifically:
 - Review and sign our Confidentiality Policy and Workplace Violence and Harassment Policy; and
 - Review our Pandemic Policy*
6. Complete online Health and Safety training
7. Review the SCLS' CIMS guides
8. Review working from home guidelines*
9. Review SCLS' Strategic Plan
10. Review most recent SCLS annual report
11. Review "Paths to Collaboration" Report (2017) – this is a report commissioned by SCLS and WSCLS to better understand the community we serve and poverty trends in Scarborough.

*Note: implemented as a result of the COVID-19 pandemic and are not part of usual clinic processes.

2. Reading List:

1. Deck, P. (2016). Law and Social Work: Reconciling Conflicting Ethical Obligations Between Two Seemingly Opposing Disciplines to Create Collaborative Law Practice. *Western New England Law Review*, 38(2), 261-284.
2. Galowitz, P., (1999). Collaboration Between Lawyers and Social Workers: Re-Examining the Nature and Potential of the Relationship. *Fordham Law Review*, 67(5), 2123-2154
3. Abramowicz, L. (2004). Critical Characteristics of Community Legal Aid Clinics in Ontario, *Journal of Law and Social Policy*, vol. 19, Fall 2004; pp. 70ff

3. Introduction to Clinic System Resources

- The Source - consolidates Legal Aid Ontario resources of interest to clinics in one place
 - <http://thesource.lao.on.ca/clinic/>
- KnowledgeNOW – online portal to share resources between clinics; managed by the ACLCO (Association of Community Legal Clinics of Ontario)
 - www.legalclinicresources.ca
- Clinic Resource Office website – online and searchable repository of information accessible only to approved users
 - www.cro.on.ca
- CanLii – website offering free access to case law and legislative databases, including decisions from administrative tribunals:
 - Landlord and Tenant Board: <https://www.canlii.org/en/on/onltb/>
 - Social Benefits Tribunal: <https://www.canlii.org/en/on/onsbt/>
 - Human Rights Tribunal of Ontario: <https://www.canlii.org/en/on/onhrt/>

Social Work Referral

Social Work Services

Date: _____ Caseworker: _____

Client Name: _____ CIMS case # (if multiple files open): _____

Language(s): _____ Interpreter required: Yes
 No

Accommodations (if any): _____

Hearing date (if any): _____

Client consents to social work referral Client consents to working with social work student

Type of assistance requested

(check all that apply):

- Support to Obtain Services/Benefits
- Support at Hearing
- Problem Solving with Client
- Warm Referral
- Other

Summary of client and case (include demographic information, main legal issues):

Assistance requested (include dates/timelines if applicable):

Proposed goal or outcome of social work services (specific and measurable, date/timeline if applicable):

For social work team

Referral accepted: Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Docket reviewed	<input type="checkbox"/> CIMS case opened
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Intake Assessment

Social Work Services

Date:
Worker:

Basic Information

Name:	
D.O.B:	
Phone #:	Leave Message: <input type="checkbox"/> Yes <input type="checkbox"/> No
Email:	
Contact info if no phone or email:	
Preferred language:	
Culture/traditions:	
Disability Accommodations:	
Social Work Service Agreement:	<input type="checkbox"/> Reviewed <input type="checkbox"/> Signed
Social Work Services Privacy Statement:	<input type="checkbox"/> Reviewed <input type="checkbox"/> Signed

Background Information

Relevant Legal Context:

Health (including physical, mental, emotional wellbeing):

Living Situation (including amount of time in current situation, previous situations, members of household including dependents):

Family/Social Relationships (supports, stressors):

Education/Employment History:

Daily Living/Leisure Activities:

Community Agencies/Involvement:

Other Information (including relevant aspects of identity i.e. religious observance, cultural and gender identity):

Areas of Assistance

Does the client want assistance with any items below? *(Check all that apply)*

- a) Income maintenance _____
- b) Taxes _____
- c) Arrears (rental or debt) _____
- d) Shelter/housing _____
- e) Domestic violence/safety planning _____
- f) Food _____
- g) Medical care _____
- h) Mental health and/or addictions care _____
- i) Identification _____
- j) Employment _____
- k) Settlement services _____
- l) Transportation _____
- m) Clothing/furniture _____
- n) Supports for kids/other family members _____
- o) Criminal matters (victim or accused) _____
- p) Other _____

Bringing it All Together

Ask the Client the following questions:

If you were to wake up tomorrow morning and your life was exactly the way you wanted it to be, what goals would you have achieved?

What are the biggest barriers that are interfering with your ability to achieve the goals you have identified?

What personal strengths could you use to achieve your goals?

Clinical Impressions:

Plan:

Brief Assessment for Community Supports

Social Work Services

Date:	
Worker:	
Client Name:	
D.O.B:	
Phone #:	Leave Message: <input type="checkbox"/> Yes <input type="checkbox"/> No
Email:	
Contact method if no phone or email:	
Language:	
Disability Accommodations:	

Resources currently being accessed by client:

- 1.
- 2.
- 3.

Problem/Need for Support identified:

Notes:

Service Agreement

Social Work Services

I, _____ or, _____,
(Client Name) (Substitute Decision Maker)

consent to receiving support from a social work student with *Name of Clinic*.

Furthermore, I understand and agree to the following:

- My participation is voluntary.
- I will participate in determining appropriate services, activities, and goals.
- I have a responsibility to ensure the Clinic has up-to-date contact information for me.
- My information will be kept private and confidential as described in the privacy consent form.
- Information about me may be used for research, planning, and advocacy purposes. Reports based on aggregate data may be made public but information will not be used in any way that would allow me to be identified.
- This service agreement will end and my file will be closed:
 - a) when the agreed upon actions and services are complete;
 - b) when my needs and/or the supports I require exceed the capacity, services provided, or the role of the social work student and all other clinic staff;
 - c) if I do not stay in contact with the Clinic (for example, failing respond to phone calls, emails, or other contact attempts) and the social work student or clinic staff have been unable to contact me despite reasonable efforts; or
 - d) if I choose to discontinue services.
- The social worker student cannot provide legal services.
- I have been informed about social work services and confidentiality issues, and I have had any questions answered.
- I understand that I can bring any complaints or concerns regarding service to the Clinic's staff social worker or the Executive Director.

I hereby freely give my consent to have and participate in the following social work support with *Name of Clinic*:

- 1.
- 2.
- 3.

Signature of Client or Substitute Decision Maker:

Signature of Social Work Student Caseworker:

Date:

Privacy Acknowledgement

Social Work Services

The *Name of Clinic* respects your privacy. Your information will not be shared with anyone outside of the Clinic without your consent, unless required by law. We will explain this privacy acknowledgment to you and you may have a copy of this form if you wish.

I, _____, agree to working with the **Social Work Team** of *Name of Clinic*, and understand that the **Social Work Team** will:

- Only collect information required for social work services.
- Only share my personal information, including health related information, with my permission (this will require a separate signed consent form).
- Keep my personal health information private and secure.
- Retain and dispose of my records as required by law.
- Notify me of any incidents that may threaten my personal health information.
- Respect my wishes to refuse or withdraw consent to share my personal health information by providing a notice of withdrawal.

Limits of Confidentiality when working with the Social Worker:

My information including my personal health information may be shared without my consent when disclosure is allowed or required by law (e.g. in the event of imminent risk of serious bodily harm to self or others).

My signature below indicates that I have been informed of my privacy rights. I understand that I can bring any complaints or concerns regarding service to the staff Social Worker or the Executive Director.

Signature of the Client:

Date:

**CONSENT TO DISCLOSURE AND COLLECTION OF
PERSONAL INFORMATION**

I, _____
(Name of Client)

Of _____
(Address)

Authorize the disclosure and collection of any documents, records, or information concerning myself between:

(Name of person/agency)

and _____
(Name of Clinic)

With regards to:

(Name of Client) _____
(Date of Birth)

I agree to release both parties named above from any and all liability which may be occasioned by the release of any such documents, records, or information.

I understand that I may withdraw this authorization at any time in writing.

Dated this _____ day of _____, 20____

Name of client/SDM – please print

Name of witness – please print

Signature of client/SDM

Signature of witness

File Transfer Memo
Social Work Services

Prepared by:
Date:
Brief summary of case
<ul style="list-style-type: none">• Date and reason for original referral• Communication with client<ul style="list-style-type: none">○ Method (phone, in person, email, writing)○ Language/interpreter required• Original case plan• Main developments and work completed (i.e. external referrals completed, changes to case plan etc.)
Next Steps
<ul style="list-style-type: none">• Include any work to be completed
Upcoming Deadlines
<ul style="list-style-type: none">• Include all specific information for any upcoming deadlines or important dates such as:<ul style="list-style-type: none">○ Hearing date(s)○ Upcoming appointments
Clinical Impressions
<ul style="list-style-type: none">• Include relevant medical and/or psychological information, support network, areas of strength and struggle, and living situation and members of household



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