

### Family Legal Health Program at SickKids: Partnering with Pro Bono Lawyers to Promote Social Justice



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### Focus

- SETTING THE CONTEXT: THE SOCIAL DETERMINANTS OF HEALTH**
  - Models of health and the mechanisms by which social factors "get under the skin" to cause illness
  - Rationale for a lawyer at SickKids
- FAMILY LEGAL HEALTH PROGRAM AT SICKKIDS**
  - Video
  - Planning and Development
  - Operation – Education, Service and Systemic Issues
- EMERGING ADVOCACY ROLE**
- EVALUATION**



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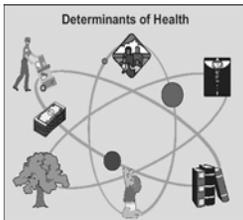
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### Social Determinants of Health

• “....remarkable sensitivity of health to the social environment and to what have become known as the social determinants of health.”  
(WHO, The Solid Facts, 2003)



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## World Health Organization

“The social determinants of health are the social conditions in which people live and work. Good medical care is vital, but unless the root social causes that undermine people’s health are addressed, the opportunity for well being will not be achieved.”

(WHO Commission on the Social Determinants of Health)

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## Social Determinants of Health in Canada

- Aboriginal status
- Early life experiences
- Education
- Employment and working conditions
- Food security
- Health care services
- Housing
- Income and its distribution
- Social safety net
- Social exclusion (race, sexual orientation, disability, etc.)
- Unemployment and employment security



(Consensus Conference, York University, 2002)

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## Reasons for Poverty?

• Do people become poor because they lack education, have low motivation, adopt deviant lifestyles, or choose to live in situations where they receive little community support?

• Or, do people become poor as a result of public policies that create unjust and inequitable distribution of economic and social resources?

Raphael, D., (2007) *Poverty and Policy in Canada*



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### A growing consensus....

- An increasing body of scholarship suggests that government decisions about how to allocate and distribute resources are the primary determinants of poverty rates.

(Brady, 2003)



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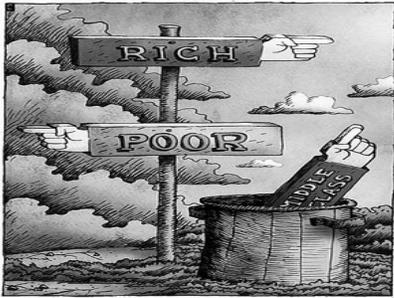
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### Increasingly two solitudes....



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### The growing income divide in Canada...

*From 1995 to 2005, GDP per capita in Canada grew by 27% in real dollars.*

- The highest 20% of families saw after-tax incomes grow by more than 22%.
- The lowest 20% saw gains of 9%.

Campaign 2000, Summoned to Stewardship (2007)

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**Poverty in Toronto**

- 28.8 % of families in Toronto live in poverty
- > 50% of single parents live in poverty

United Way, (2007). Losing Ground: The Persistent Growth of Poverty in Canada's Largest City

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**Root cause of social problems... (?)**

- A single root cause... Inequality?
- It is not absolute levels of poverty that create social problems and health inequities, but the differentials in income between rich and poor.



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**Poverty and Health**

The link between *poverty and health* is clear

*Poverty* ↔ *Health*

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### Defining Health

- World Health Organization defines health as follows:  
"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."



Commission on  
Social Determinants of Health

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### Models for Understanding Health

- Biomedical
  - Genetics, microbiology, medical care, etc.
- Lifestyle/Behavioural
  - Weight, alcohol use, diet, smoking, exercise, etc.
- Social determinants of health
  - Political, economic and social factors

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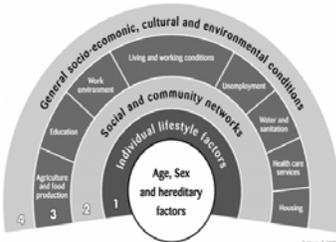
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### How does poverty "get under the skin?"

- Materialist approach
- Neo-materialist approach
- Social comparison approach



September 8, 2009  
Commission on Social Determinants of Health  
Report of the Commission on Social Determinants of Health  
© World Health Organization 2009

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**From the field of psychoneuroimmunology....**



“An explosion of research over the last two decades... has documented the mechanisms through which stressful emotions alter white blood cell function...”

“Stress diminishes white blood cell response to viral infected cells, cancer cells, and some types of autoimmune disease... vaccination is less effective, wounds heal less readily...”

(Littrell, 2008)

(The stress hormone, cortisol, rises most when people face the evaluation of others. )

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**Conceptual framework for practice**



**Understand the child in context**

- **Social determinants of health**
- **Family centred care**
- **Interprofessional practice**  
→ expanded to include a lawyer!!

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**Goal in partnering with Lawyers...**



- **To combine the best efforts of clinicians and lawyers in the pursuit of improved child health outcomes**



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**Why a lawyer?**

- Some social problems and issues have a legal dimension
- Legal and social problems often found in 'clusters' – one problem can trigger other problems

(Ab Currie, Canadian Department of Justice)

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**The conclusion in the US...**

**“MEDICAL INTERVENTIONS, WHEN NOT COMPLEMENTED BY EFFORTS TO ENSURE FAMILIES’ LEGAL AND SOCIAL STABILITY, HAVE LIMITED EFFECTIVENESS FOR VULNERABLE POPULATIONS.”**

(MEDICAL-LEGAL PARTNERSHIP WEBSITE)

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**Access to Legal Services**

- Health Equity
- Social Justice



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### Social, legal, personal....

- Unresolved civil legal problems often create great personal hardship.
- Every group of Ontarians has civil needs, but the poorest and most vulnerable experience more frequent, more complex and inter-related civil legal problems.

(Ontario Civil Legal Needs Assessment, Final Report,  
Pro Bono Law Ontario)

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### The skills of a lawyer are needed

- They are trained in legal strategy and can navigate legal framework that underpins government and corporate systems
- Their involvement commands attention (especially true with pro bono lawyers with Bay Street letterhead)
- Opposing parties represented by counsel – their involvement on behalf of families levels playing field
- Early legal intervention can prevent further hardship

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### History of Medical - Legal Partnerships

- Chief of Pediatrics at Boston Medical Center recognized a growing number of social problems needing legal advocacy that impacted children's health
- Program began in 1993 with support of 8 local law firms
- Currently 38 states with over 75 Medical-Legal partnerships in 180 hospitals/health centres
- Funded by foundations e.g., Kellogg, Robert Wood Johnson and many others

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**Planning Process for FLHP**

- Began discussions in summer 2007
- Identified key issues and stakeholders
- Pilot cases began late 2007
- Proposal for funding to Law Foundation of Ontario submitted in summer 2008
- FUNDED !!
- Triage lawyer on site (May 2009)
- Formal launch of Canada's first and only FLHP (November 2009)

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**Family Legal Health Program at SickKids**

Key components of the program

1. Education and training for clinicians
  - Legal issue spotting
2. Direct legal assistance
  - Consultation and referral
3. Systemic advocacy
  - Addressing/resolving issues of systemic nature that may impact the lives of multiple children

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**Family Legal Health Program**

- Program partners/roles:
  - Pro Bono Law Ontario (program management)
  - SickKids (program site; referrals)
  - Law firms McMillan and Torkin Manes (pro bono legal services)
- Other key stakeholders:
  - Legal Aid Ontario (legal services)
  - Dalla Lana School of Public Health, University of Toronto (evaluation, research)
  - Law Foundation of Ontario (pilot funding)

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## Key highlights of planning

- CONSULTATION!!
- Ellen Lawton/Lauren Smith → Medical/Legal partnerships
  - > Executive Director /Medical Director of National Center for Medical- Legal Partnerships
- Professor Lorne Sossin → Legal/Ethical issues
  - > Faculty of Law, University of Toronto
- Memorandum of Understanding
  - > Terms of the partnership and working protocols

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## Organizational structure

- Program administered through Pro Bono Law Ontario
  - Steering committee
    - × Law firms (McMillan + Torkin Manes)
    - × PBLO
    - × SickKids
- Services located on site at SickKids
  - Triage lawyer (consultation and referral)
  - Matrix reporting to PBLO and SickKids

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## FLHP cases summary

**350+ referrals since May '09**  
**550+ pro bono hours**

- Immigration
- Family law
- Education (school) rights
- Healthcare coverage/access
- Consent/capacity
- Landlord/tenant
- Debt/creditor issues
- Employment
- Access to social benefits
- Tax Wills/estates
- Human rights



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### Case referrals

- Patients/family members referred by SickKids clinician
- Most referrals to date from social workers
  - Triage Lawyer located in Social Work department
  - Social workers immediately grasped role to be played by lawyers

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### Case examples – legal issues can directly or indirectly impact child health

- Isolated parents required legal assistance to arrange for grandmother to come to Canada to support them while they cared for sick child
- A parent was unable to take time off work to attend to sick children without facing job loss
- A child did not receive appropriate accommodation in school with respect to illness/disabilities

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### Case examples (cont'd)

- An adolescent with a chronic illness needed help accessing funds left by her deceased parents, when the Executor refused to provide her any money.
- A father came to Canada as a permanent resident but faced the 3-month wait period for OHIP. Just prior to 3 months, his daughter required emergency surgery and admission to SickKids. The surgeon and doctors waived their fees knowing the family would be unable to pay. But when the father turned to his insurance plan for the \$13,000 incurred for the hospital stay, the insurer denied him coverage on the grounds that SickKids did not "meet its guidelines as a legally operated medical institution."

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### Systemic Issues

Funding	Access /Procedural
<ul style="list-style-type: none"><li>• OHIP – 3 month wait</li><li>• Assistive Devices Program<ul style="list-style-type: none"><li>○ Helmets</li><li>○ Braces, splints, neck collars</li></ul></li><li>• Northern travel grants<ul style="list-style-type: none"><li>○ One parent only</li><li>○ Northern regions only</li></ul></li><li>• Ontario Disability Support Program &lt; age 18</li><li>• Special Services at Home – funding hiatus (20 months)</li><li>• Special Diet Allowance</li></ul>	<ul style="list-style-type: none"><li>• CAS &gt; age 16</li><li>• Wait times for ACSD, Section 8, Trillium Drug Program</li><li>• Residential substance abuse ; mental health wait lists, etc.</li><li>• Health services in school</li><li>• Subsidized day care</li><li>• CCAC services and supplies</li></ul>

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### Systemic Issues Initiatives

*Examples of initiatives*

- OHIP – 3 month wait test case
- Child and Family Services Act Review - submission
- Special Diet Allowance - submission
- Ontario Disability Support Program – exploring a possible test case

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### Strategies for Advocacy

1. **SYSTEMIC ISSUES COMMITTEE**
  - a) Community based committee
  - b) Hospital consultation group
2. **PARTNERSHIPS FOR ADVOCACY**
  - a) Ombudsman
  - b) Office of the Child Advocate
  - c) Justice for Children and Youth
3. **WRITTEN SUBMISSIONS/PRESENTATIONS**
  - a) Child and Family Services Act
  - b) Special Diet Allowance
  - c) Health services in schools

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## Evaluation

- “Pilot Study of Medical-Legal Partnership to Address Social and Legal Needs of Patients”
  - This study suggests that adding an attorney to the medical team increases awareness of and access to social and legal services.
- Dalla Lana School of Public Health, University of Toronto
- Examining procedures and outcomes; consulting multiple stakeholders



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## Planning for the Future

### Sustainability!!!

- Locate secure source of continuing funding

Where will Canada's next FLHP be?



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