Clinical Legal Education
A report on the concept of law clinics
Emil Winkler
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1. What is a law clinic?

The term clinical legal education or law clinic, traditionally refers to a nonprofit law practice usually serving a public interest or group in the society that are in a underprivileged or exposed situation and (for various reasons) lack access to legal system.

1.1 The law clinic concept

The concept law clinic is, as the name suggest, linked in some way to a legal education and regardless of the how the bond to a education entity is structured a law clinic always have some sort of pedagogic objective. It could be everything from a student initiative done on spare time, totally separated from the school environment, to a natural part of a clinical university program. There are also examples of clinics driven by practicing lawyers that are more or less separated from law schools but with law students participating in the form of an externship1.

The use of the word ‘clinic’ prompts the analogy of trainee doctors meeting real patients in their medical clinics2. In the academic context, these clinics provide hands-on experience to law school students and services to various (typically indigent) clients. Many legal clinics offer pro bono work in one or more particular areas, providing free legal services to clients.

Law clinic or clinical legal education is not a term of art; it can mean different things in different contexts. R. Grimes, a well acknowledged author in the field, have tried to define a law clinic by suggesting that a law clinic is:

"a learning environment where students identify, research and apply knowledge in a setting which replicates, at least in part, the world where it is practiced... It almost inevitably means that the student takes on some aspect of a case and conducts this as it would .. be conducted in the real world.”3

In my perspective this definition lack the legal aid and the social responsibility aspect and thus my own definition of a law clinic would be something like: a law clinic is a combination of practical legal education and legal aid.

However there are no set definition of what a law clinic or clinical programs should consist of and the activities carried out by a certain clinic can vary greatly from other law clinics in for example other regions or countries, from

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1 See for example chapter 2.4 below
2 Richard Lewis, Clinical Legal Education Revisited
community legal center in Australia, legal literacy projects in India, Legal Aid clinics in US and clinicas juridicas in Chile.  

Some differences are due to structural factors such as whether law is taught as a undergraduate or graduate course or if postgraduate training is needed before entering law practice. Differences also stem from economic and political conditions that affects the role of a lawyer when it comes to the possibility to address social needs.  

2 Historical background

The emergence of clinical legal education begun in the United States, tightly followed by Canada, Australia and UK. When looking at the development historically it seems clear that it was two major forces that drove the development: an increasing need for legal aid and a need to reform the legal education and bring in a more practical approach to law practice. As we shall see these two forces worked parallel time wise and are highly dependent on each other. However from my point of view it is fruitful to look at the development of the education and the legal aid movement separated from each other since the legal aid movement came to form the clinical legal education to a large extent and thus influenced the educational reform of legal education.

2.1 The access to justice movement

The idea of an equal access to justice has been around for a long time. Even though the access to justice movement didn't take off until around 1960 the concept of lawyers providing free legal service to the poor dates back to at least 1495 when King Henry VII legislated to require a judge to assign a lawyer to the poor when seeking justice. This could be said to be one of the first efforts in strive for equality before the law and the practice was adopted in most part of the great British colonial empire. However back then this type of initiative had a very limited impact and even though the disadvantaged people would have some sort of legal aid when accused of criminal activities they could hardly claim any such aid to enforce other rights against the nobles or the king.

It was not until 1960s and 1970 that endeavors for improved access to justice was able to seriously challenge the current state of legal access.

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4 F.S. Bloch, The global Clinical movement, p.xxii
5 A.a
The new claims for equality of legal access was based on a recognition of that the liberal claim that the justice system ensured “equality before the law” was flawed. Progressive lawyers and academics realized that fundamentally this was merely a formal right, with little substance and limited practical effect. The developing awareness of the barriers facing those seeking access to justice was reinforced by socio-legal research. This research identified systemic barriers like race and gender, examined how and to whom the legal profession delivered legal services, and revealed that there was a great unmet legal need in the community.

As an answer to the critic of the legal system (or the access to it) president Lyndon Johnson declared war against poverty and 1964, as a hands on activity, he launched The Equal opportunity Act. As a direct result from this act OEO (Office of economic Opportunity) funded several legal aid programs in 1970 consisting of law firms placed in poor neighborhoods with employed lawyers and paralegals as staff.

The establishment of legal aid offices in US was only a small part of the global Legal Aid arrangements that were carried out to ensure more equal legal treatment of people. Legal Aid programs were almost simultaneously launched in many other countries (Community legal centers in Canada, UK law centers and Australian community legal centers). As we shall see below in 2.2 this proved to be crucial for the development of clinical legal education in these countries.

2.1.1 Clinical Legal Education and Legal Aid Programs
In the early history of clinical legal education in the United States most law school clinical programs were housed in “legal aid clinics” that served the local low-income population. Similarly, the earliest Australian university clinical programs established in the late 1970s were based in community legal centers. There are many examples of now existing clinical legal education programs that started out as a filial to a Legal Aid center and thus the link between the legal aid centers and clinical legal education is very strong share a lot of common features.

2.1.2 The Legal Aid legacy in clinical legal education
Given the tight bond to the Legal Aid centers as described above, the different direction within clinical legal education has been established based upon the different types of Legal Aid offices and their missions carried out. Legal Aid centers early made a distinction between service and representation. Service in this context is legal aid to private people in general whilst representation is legal aid focused towards a specific community or a defined group of people. These different approaches on how the legal aid is carried out and to whom has lead to the different types of law clinics that are described more extensively in section 3
below. It is also obvious that the distinction between service and representation is still present in the clinical legal education movement of today.

2.2 First wave of clinical education
Already in the beginning of 1900, voices from practicing lawyers in US had been raised regarding the perception that training given to lawyers was insufficient in terms of practical experience. In 1921 Carnegie Foundation for the Advancement of Teaching noted that legal education were lacking practical training in comparison to technical or medical education. This can be said to be the starting point for the educational reform that led to the incorporation of clinical legal education in many US law schools during 1960 and 1970.

2.2.1 Clinical legal education in US
In the early twentieth century, law schools begun to develop in US. Earlier legal education has been taught solely by apprenticeship. These new schools distinguished themselves from that tradition by focusing on analysis of legal doctrine stemming from appellate decisions. There were some early example of universities at the time having some sort of clinical education of law such as Pennsylvania’s Legal Aid Dispensary which was established in 1893, but this form of education was not seen as sufficient and many becoming lawyers continued into apprenticeship afterwards to complete their training7.

In 1921 Carnegie Foundation for the Advancement of Teaching noted that legal education were lacking practical training in comparison to technical or medical education but despite that a massive critic of the legal education and the lack of practical elements in it were given from Carnegie Foundations in 1921 it was not until 1950’s that a more practical legal training such as trial skills courses and clinical programs were included in the curriculum of the law schools. The quality of these clinical programs varied widely and the students were seldom given academic credits.

The modern clinical education in US can be said to been born out of two different determinant. During late 1960 and through 1970 social issues in US such as the demands for poverty and civil rights, women’s rights, and the Vietnam War became a catalysator for a student demand on providing legal services in areas such as poverty law, women’s rights, consumer rights and environmental protection.
During the same time the Ford Foundation decided to fund the Council of Legal Education and Professional Responsibility (CLEPR). CLEPR built the foundation of clinical legal education as it is today by distributing monetary resources to the law schools to set up clinical legal education programs.

7 J. Giddings, R. Burridge, S. A. M. Gaviganand C. F. Klein, The first wave of modern clinical legal education, The United States, Britain, Canada and Australia, p. 5
2.2.2  Canada
In the early 1970’s many law schools supported the creation of law clinics housed in the law schools and funded by provincial legal aid plans. The law students in these clinics were often volunteers and received little or no academic credit for their work. Usually the legal work, including representing low income clients were supervised by staff lawyers with little faculty involvement. In Ontario students solely managed the clinics there as student legal aid society.

In 1971 the federal government provided funding for four community legal clinics, three which were closely linked to law schools: Community Legal Service Inc. of point St Charles in Montreal, Dalhousie Student Legal Aid, Osgood Hall Law School (Parkdale Community Legal Service) and Saskatoon Legal Assistance Society. Each of these clinics had a broader vision of access to justice that conventional legal service and representation by students to low-income society members. The outspoken purpose with these clinics was instead to promote societal change. In 1974 the faculty of law at the university of Windsor created Legal Assistance Windsor (LAW), becoming the fifth legal clinic in Canada at that time. This clinic, as its predecessor, had an expressed commitment to an interdisciplinary approach of law and societal work.

These five clinics can be said to be the first wave of clinical legal education in Canada. It has since then been added several clinical programs. It is obvious that the clinical movement in Canada from a large extent stems from a social justice perspective were theory and practice are integrated to promote societal change.

2.2.3  Southern Africa
Law clinics in Southern Africa are usually referred to as “legal aid clinics” rather than “law clinics” because the service element of the programs is emphasized rather than the teaching and learning of skills.

Modern forms of legal aid clinics were first established at universities in Africa during 1970 and as described above in the United States during the 1960’s the first legal aid clinic arising in Southern Africa in the 1970s was closely linked to access to justice efforts and therefore live client clinics tend to be the norm. Nearly all law faculties and law schools at universities in Southern Africa operate “live-client” law clinics (meaning that they serve external “real” clients) rather than simulated clinics. One of the main reasons suggested is that most African universities are frequently surrounded by a great need of legal aid and at the same time the services provided by national legal aid schemes are negligible.

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8 http://en.wikipedia.org/wiki/Legal_clinic
which leave the clinics with no choice but to participate in the legal aid service in their communities.

Since the element of social justice education tends to distinguish clinical law courses from ordinary practical legal training courses, African legal clinics has been defined as: “teaching legal skills in a reflective social justice context”.

One of the first legal aid clinics was established by law students at the University of Cape Town in 1972. The clinic was managed and staffed entirely by law students, with supervision from legal practitioners from outside the university. The clinics were held in poor neighborhoods during the evenings in churches or town halls. The program differed from later law faculty programs since the university provided no university staff, office space or other facilities. The first real law faculty staff-initiated law clinic were established at the universities of the Witwatersrand and Natal (Durban). The Ford Foundation funded a legal aid conference in South Africa in 1973, which turned out to be a strong promoter of the law clinic movement in the region.

Many of the first law clinics in South Africa were established during the apartheid era and many clinics were primarily established to help the victims of apartheid, and other poor persons whose human rights had been violated, to access legal advice and assistance.

By 1981, law clinics had been established at fourteen Southern African universities. Most of these early initiatives existed without funding from outside donors and relied entirely upon the law faculties providing limited support in the form of office accommodation, equipment, and materials.

Today, clinical law courses are regarded as full courses with the same amount of credit rating as other full LLB courses in most Southern African universities (where clinical law courses are offered). For example The University of Zimbabwe’s law clinic was used as the core component of the final year of the postgraduate LLB degree when first established in 1974. The University of Zimbabwe LLB degree was unique to the Southern African region at the time given that it was the first university to place clinical legal education in the center of its law degree program.

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10 A.a
11 http://en.wikipedia.org/wiki/Legal_clinic
All clinics in the South African region use legal practitioners employed by the clinic to teach legal skills and to supervise the work of the students and for a clinical course to be accredited by the relevant provincial law society, the director of the clinic has to be a qualified attorney (solicitor) or advocate (barrister). The clinics are also usually directed by members of staff who are qualified legal practitioners. Most of the South African law clinics have in-house law clinic manuals, and the Association of University Legal Aid Institutions (AULAI) has sponsored a textbook named *Clinical Law in South Africa*. An *African Law Clinicians Manual* has also been produced with support from the Open Society Justice Initiative.

### 2.3 The rise of Clinical Legal education in EU and some different examples

#### 2.3.1 Britain

Britain shall also be considered as a part of the first wave in the establishment of clinical legal education. During 1970 the social reforms in Britain had led to developments in health and education. To further increase the welfare a review of the legal education was done, aiming to meet an increasing unmet need of legal service in the British society. There were at the time already existing legal advice services within the sphere of legal education but these services were often directed to the students but sometimes to the local community. Nevertheless, none of the advice services were incorporated into the curriculum of the law schools.

1973 the first incorporation of such advice services was done at the University of Kent. The clinical program of Kent was centered upon a law office that provided a full-service to the local community. The university of Warwick introduced a law clinic course in their curriculum in 1975. The course was carried out located at a legal advice center by students and staff in collaboration with local practitioners. In the beginning the service was directed to students only but later in came to include the surrounding community. It begun as a one-year elective course during which students attended local advice sessions with the law school staff but soon it developed into a fully operational live client clinical course. Warwick have from the very start been clear about that the main goal with their clinical education is to provide special legal training rather than just a primarily commitment to provide legal service.

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15 J. Giddings, R. Burridge, S. A. M. Gaviganand C. F. Klein, *The first wave of modern clinical legal education, The United States, Britain, Canada and Australia, The Global Clinical Movement* p. 6

16 A.a
In 1976 the law clinic of the University of Kent were involved in a political struggle between the factions of university and the local legal community about the role the universities should have in giving legal advice in the community. Even though this struggle only was a temporary setback, this encourage several other law clinic in Britain to distance the legal advice service element of the clinic away from campus and university. It seems clear that due to a different political and economical climate in Britain in relation to clinical legal education, the clinics in Britain are not as abundant or specialized as in US. Clinics in Britain prefer using clinical methods such as simulations and role-play rather than live clients. Today there are only eight out of seventy nine universities that have live client clinics and only two who has full representation service. Nevertheless, Street Law (discussed below in section 4) is one of the forms of clinical education that has grown strong in the British tradition on clinical legal education.

### 2.3.2 Eastern Europe

In the aftermath of communism in Eastern Europe the legal system and structures existing there were not able to handle issues such as social justice, human rights, and public interest. Based upon a need for reformation of the legal system, a major focus on reforming the legal profession was put in place at the beginning of 1990s in Central and Eastern Europe, and in the mid-1990s in ex-Soviet Union countries.

Various initiatives sponsored by bilateral and international donor organizations were launched, starting in 1993, to train judges, prosecutors, and practicing lawyers on issues related to human rights, democracy, and rule of law. One of these initiatives consisted of promoting human rights and practice-oriented legal education. Starting in 1996, it developed into decade-long support for the establishment and operation of university practical law courses, called law or legal clinics, where senior law students was set to provide free legal aid. As well as be trained in legal skills and ethics. This initiative received support from many donors active in the region, such as the American Bar Association’s Central European and Eurasian Law Initiative (ABA CEELI) and the Ford Foundation. The primary sponsor and promoter of legal clinics was the Open Society Institute (OSI) and Soros Foundations Network, represented at that time by the Constitutional and Legal Policy Institute (COLPI) and local Soros Foundations.

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17 J. Giddings, R. Burridge, S. A. M. Gavigan and C. F. Klein, The first wave of modern clinical legal education, The United States, Britain, Canada and Australia, The Global Clinical Movement p. 7
Since the late 1980s, OSI and the local Soros Foundations have been implementing and supporting a range of initiatives to advance justice, education, minority rights, public health, and independent media.

A typical legal clinic in the Eastern European region is a one or two semester, in-house elective course for third, fourth, or fifth-year law students. The clinic usually operates as a law office located on or off the university campus and focuses on providing both legal skills and values training to law students and the opportunity to work with real clients. Most clinic clients come from vulnerable or indigent groups, such as refugees, criminal defendants, minorities, women and children, and unemployed. Although legal services vary significantly, law clinics typically provide legal information and advice, court representation, and conflict resolution services in family, employment, administrative, social security, and sometimes criminal matters. Specialization of clinical programs depends to a great extent on the academic and practice interest and specialization of the supervising teacher or attorney. The representation of poor criminal defendants by students is restricted by the formal requirement of membership in the bar, although some clinics, such as those in Hungary and Moldova, have provided legal services to pretrial detainees and prisoners.

The academic component of clinical courses consists usually of sessions on practical knowledge and skills where law students participate in simulated exercises such as interviewing representation and trial advocacy skills. In addition, they are instructed in analytical, research, legal writing and reasoning, and problem-solving skills.

2.3.3 Russia

The story of clinical legal education in Russia is tied intimately to the great changes in the education system following the collapse of the Soviet Union in 1991. The quality of education became an issue immediately. Against this background, a number of law professors, students, practitioners, and human rights activists sought to introduce a more practical and social-oriented system of legal education.

As in most parts of Eastern Europe, the role of donor and partner organizations was critical for implementing the clinical methodology at Russian universities. A partnership program sponsored by the United States Information Agency connected five law schools in the United States with five law schools from the

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18 M. Berbeck-Rostas, A. Gutnikov, B. Namyslowska-Gabrysiak, Clinical Legal Education in Central and Eastern Europe: Selected Case Studies, The Global Clinical Movement, p. 64
19 http://en.wikipedia.org/wiki/Legal_clinic
Russian northwest to provide the first clinical materials\textsuperscript{20}. In the second half of 1990 A handful of legal clinics were established in Russia with direct support by U.S. law schools as well as U.S. law associations such as the one at the Petrozavodsk State University Faculty of Law, which started operation on November 20, 1995 with help of the Vermont Law School, Vermont Association of Lawyers and with further back-up of local Union of Lawyers of the Republic of Karelia\textsuperscript{21}. During the initiative with US schools helping Russian schools to establish law clinics, ABA CEELI (American Bar Association’s Central European and Eurasian Law Initiative) provided technical assistance, with CEELI liaisons making the first steps in teaching Russian clinicians and developing a clinical curriculum. The Ford Foundation supported the training of trainers and an “Academy of Human Rights” for clinical students. The Open Society Institute provided small institutional grants for legal clinics and supported Street Law programs. COLPI (now the Justice Initiative) organized international study tours, exchanges, and internships for clinicians.

During 1998 to 2002 the concept of clinical legal education had spread greatly in Russia and there were large numbers of clinical trainings and workshops, including seminars for potential supervisors, summer and winter schools for clinical students, seminars for drafting curricula, and internships at existing legal clinics.

However in 2002–2006 a survey of Russian clinics revealed many serious problems in both the quality of the services they provided and their educational value for students\textsuperscript{22}. The majority of Russian clinics remained merely “supplementary” to traditional law courses in which law students were taught how to serve the existing legal system, rather than how to think critically about ways to improve the system and how to employ legal mechanisms to achieve much-needed social change.

This more skeptical approach towards clinical legal education changed around 2006 when the development of legal clinics became a part of the state policy. The President of the Russian Federation requested that legal education took on on a more practical nature. In 2009 this directive had lead to that there were more than 150 legal clinics in Russia\textsuperscript{23}.

\textsuperscript{20} M. Berbeck-Rostas, A. Gutnikov, B. Namyslowska-Gabrysiak, Clinical Legal Education in Central and Eastern Europe: Selected Case Studies, The Global Clinical Movement, p. 66
\textsuperscript{21} http://en.wikipedia.org/wiki/Legal_clinic
\textsuperscript{22} M. Berbeck-Rostas, A. Gutnikov, B. Namyslowska-Gabrysiak, Clinical Legal Education in Central and Eastern Europe: Selected Case Studies, The Global Clinical Movement, p. 64
\textsuperscript{23} http://urfak.petrsu.ru/index_en.htm#Clinic
Almost all clinics in Russia are working on various civil matters, such as housing, employment, family law, and social security. There are also clinics that specialize in domestic violence, small businesses, and children’s rights. Most clinics teach a practical course to prepare students for working with real clients, covering professional skills such as interviewing, counseling, case studies, legal writing, mock trials and professional ethics. Clinic students provide various types of legal assistance, counseling, advice, representation before courts and social-legal research, drafting legislation and public education by Street Law programs. Legal Clinic is an elective course in most Russian universities and in St. Petersburg State University the clinic is now mandatory for all students.24

2.3.4 Germany
Although Germany witnessed the first known use of term Juristische Klinik already in 1896 which has to be considered as very early, it was not until autumn 2010 that the first legal clinic in Germany were established at University of Hanover and Heinrich-Heine-University Düsseldorf Faculty of Law. To a large extent the Hannover Clinic follows the model of some legal clinics in US, providing legal help merely to the University's students. The Clinic in Düsseldorf is however open to requests from anyone – but is limited to cases dealing with issues of 700 Euros or less (to limit potential liability). Initial contact, documentation and supervision of the student’s work are done online to allow practitioners to supervise the student’s activities.
In 2011 the student law firm Student Litigators with more than 20 locations was founded. Student Litigators is the first legal clinic, which is independent from universities and is organized as a corporation. The project has more than 70 partners and 3 managing partners.

2.4 Example of CLE in the Nordic region
There appear to be no unified tradition when it comes to clinical legal education in the Nordic region as in for example Southern Africa. There are several Legal Aid centers but those practices are usually separated from the universities and governed by lawyers and structured as organizations rather than clinical legal programs within a university setting. However some legal aid centers collaborate extensively with university and a lot of the staff in these center are actually law students looking for extra work and hands on experiences. There are also Nordic examples of legal aid initiatives that collaborate with universities and that some legal aid activities are given educational credits.

2.4.1 Finland
During 2012 a law clinic linked to the Åbo Academy University has been started. International Human Rights Law Clinic was commenced at the Institute for

24 http://en.wikipedia.org/wiki/Legal_clinic
Human Rights at Åbo Akademi University in September 2012. The law clinic provides pro-bono legal services to human rights NGOs and/or other international institutions located overseas in issues concerning civil and political human rights, implementation of international human rights treaties in domestic legislation, regional and international human rights monitoring mechanisms, international humanitarian law and international criminal law.

Åbo clinical program is structured as a university course of 7-8 academic awards for students specializing in Human Rights. There are right now 7 students attending the law clinic\(^{25}\).

The clinic is directed by Doctoral Researcher Juan Pablo Perez-Léon Acevedo who also acts as the supervisor at the clinic.

The activities of the clinic depend on the specific demands from their partner institutions (NGO’s) when litigating cases or as part of implementation of international human rights standards in national systems. In 2012-2013 the clinic cooperates with Human Rights Network Hurinet (HURINET-U) and Garden Court Chambers (Barrister Mr. Richard Harvey)

### 2.4.2 Denmark

A Danish example are Gellerupparkens Retshjælp. Gellerupparkens Retshjælp are structured as an organization and receives funding from the government as any other legal institution. Each year a budget is set for the activities of the organization.

The daily management is handled by two full-time lawyers, Hanne Marstal and Mona Matten, and is organized in a way that the most experienced lawyer acts as manager and the other as deputy. The ultimate responsibility is handled by a board of directors. The substantial staff consists of law student who are employed by the organization. All the students have a fixed weekly number of hours of training time. There are also a few other part time employed lawyers affiliated with the organizations site\(^{26}\).

### 2.4.3 Norway

In Norway that are two examples of legal aid clinics: JURK and JUSBUS.

JURK is giving legal aid to women and could be seen as a community clinic in that sense. The clinic collaborates extensively with Oslo University and academic credits are given for students working at JURK. JURK is structured as an independent organization and like Gellerupparkens Retshjælp above it has a flat


\(^{26}\) [http://skraeppebladet.dk/blad/2012-06/artikler/gellerupparkens-retshjaelp/](http://skraeppebladet.dk/blad/2012-06/artikler/gellerupparkens-retshjaelp/)
management structure, which means that all employees have the same rights and obligations, and the same participation rights.

The joint meeting is JURK highest authority and is held every third week. All employees are obliged to attend. JURK also have a board that consists of a staff member from each case group and general manager. The board sets the agenda for the joint meeting and takes administrative decisions.

The administration consists of the CEO, legal policy officer, a management consultant and a “central board”. The manager is appointed for a term of three years at a time, and is responsible for the daily operations of JURK, as well as all external activities27.

JUSBUS started in September 1971 in Oslo. From a bus bought and furnished for the purpose, some law students from the University of Oslo offered free guidance on legal issues to residents of the city. The idea was also to, at the same time, make some systematic mapping of people’s legal situation and possibly find out why people are not seeking help to a larger extent to solve their legal problems.

Today JUSBUS are still carrying out their mission and provides free legal assistance in individual cases within the field of immigration law, labor law, family law and issues of debt.

In addition in dealing with individual cases, JUSBUS also attempts to change the legal situation through initiatives in media and statements in the preparation of new laws. JUSBUS also conduct research in relation to the different fields of law that they are active in28.

2.4.4 Sweden

There are several Legal Aid initiatives in Sweden that could be considered as law clinics in one way or another but until February 2013 there were no clinic (as far as I know) that were directly linked to university education. Most legal aid initiatives consist of either students giving legal advices at their spare time (law line, Faktumjuristerna, Studentjuristerna among others) or by practicing lawyers supervising voluntary law students in a legal aid office (Rosengrenska mfl).

In February 2013 the University of Uppsala established a, what I would refer to as a specialization model clinic (see the different models in section 3 below). The law clinic works with bulling on internet and are led by civil law professor Mårten Schultz. It is unclear however, to what extent the clinical work will be integrated in the education and if participation in the clinic will generate some academic credits.

27 http://www.jurk.no
28 http://www.jussbuss.no
2.5 Some concluding thoughts
Throughout this chapter we have seen many different examples of how clinical legal education has developed over the years in different parts of the world. We have also seen how the legal aid movement and the theories of access to justice are intimately linked to today's clinical movement.

First of all it is obvious that different aspects of clinical service has been emphasised in different areas. For example UK and Southern Africa pose a good example on how, on one hand, the educational element of clinical education are seen as the very purpose with the clinic as in many UK clinics, and on the other hand, as in Southern Africa, the legal aid component is the strongest focus. The discussion on legal aid vs educational benefits and the difficulties in balancing these two objectives are a common part of the discussions regarding clinical legal education and it will be further discussed in section 8.1.

Some other differences between the evolvement of the clinics stems from other factors. For example it seems clear that one crucial factor is funding. The practice of law as being one of the cheapest way to educate student (given that lectures are given in big classes and the absence of practical elements) makes it hard to allocate funding for clinical legal education which is more costly given the extensive resources needed for supervision etc. For example, if it wasn’t for the funding that the clinical initiatives where given in both US and Canada the legal clinics in these regions has been way more marginalized than they are today.

Another crucial factor seem to be the level of support in the society. The societal support has a big impact on if and how clinics develop. For instance ABA and other professionals in US has been supportive of clinical legal education whilst that has not ben the case in for example Britain leading to that British clinics are merely focusing on the educational benefits from clinical education rather that implementing strategies for societal change due to the difficulties of handling cases without being a member of the bar association, which is of course never the case with law students.

3 Different directions within the law clinic concept - Models and Features of Legal Aid Clinics

3.1 Individual Service Model
Individual service model legal aid clinics aim primarily to provide traditional legal services to poor or exposed people in general. This is perhaps the most classical model and is widely practiced in for example US and South Africa.
The educational goals of individual service model clinics tend to be more general than with community or specialization clinics (below). Rather than focusing on the legal needs of a particular community or on particular areas of the law the individual service model clinics concentrate the students’ attention on the core issues of law practice, what lawyers do, that come from the experience of working with a client on just about any type of case.

3.2 Specialization Model
The legal aid mission of specialization model clinics is defined by a particular area of legal need, which may be identified by local communities just like the community-based clinics described below. For example, many clinics located in urban areas specialize in housing law, social security and welfare whilst clinics in communities with many immigrants may specialize in immigration law. Specialization clinics can also focus on particular types of legal matters in order to address broader national, or even international, concerns, for example domestic violence or discrimination.

The educational take away for this type of clinic is that the students are consistently exposed to the same legal problem but from new or different perspective. This supports a deeper understanding for the legal complexity of the subject and provides students with a more complete understanding of the legal issues. Specialization clinics are also better prepared to take on more advanced legal aid cases due to their deep knowledge in that specific field.

3.3 Community Model
The key feature of community model legal aid clinics is their focus on geographic or other communities and that they are guided by community priorities and are committed to working together with the communities that they serve and empowering it.

Community law clinics take multiple forms. Some focus on the representation of community enterprises—nonprofit organizations and small businesses primarily serving low-income communities. Others are rooted in particular communities and handle a variety of matters, basing their caseloads on the needs that community members deem most urgent. Some focus on particular problems, such as land or housing issues, or on particular strategies, such as mobilizing communities through the building of coalitions designed to enhance the power of marginalized groups.

The educational benefits from this type of clinic is that typically, community model clinics are located away from the law school building or require students to go out to the communities that they serve. This leads to that the students can experience and see for themselves the different conditions that they are asked to address. To be able to work in a community clinic students need to understand community legal needs from the community’s perspective, which is also a great
benefit from this type of clinic. Given the community engagement required in this type of model students is often being placed in nontraditional lawyer roles for example being a “law teacher” in the community to empower the community members.

Street Law (see section 5) and legal literacy projects that are common elements in many clinical programs around the world, can thus be seen in this sense as community model clinics.

4 Critics of the basic models
As a part of the discussion about law clinics I have noticed some different recurring critics of the three different described above. I will go through the different arguments briefly to just give an general overview of the critic. For further reading on the subject I refer to Ashar, Sameer M, Law clinics and collective mobilization, Clinical Law Review 14 Clinical L. Rev. (2007-2008).

4.1 Critic of the individual model
The individual model has been criticized for prevailing the existing gap between well educated (lawyers) and poor people. There are no participation or inclusion of the poor in the society by just helping them out with random problems. Rather the help element conservs the impression that poor people are unable to help themselves and that they need aid from the better educated people. The model also takes its starting point from that poor people are vulnerable and weak which might not all be the case. In this cases client-centered models reflect this philosophical approach and assume that clients reach the lawyers in a state of defeat, devoid of resistance and easily subject to manipulation29.

Ashar, Sameer argues in his paper that: “As clinicians are beginning to discover, the starting analysis may be defective. The assumption of defeat is an analysis made without looking at the real client in her full context-culturally, politically and economically. It is an assumption made from a position of privilege without considering the counterbalancing force which allows the client to survive under incredibly oppressive conditions. It may simply be that lawyers in a position of privilege, even well-intentioned ones, do not have the tools by which to recognize and measure the skills and the power of resistance.”

He also claims that the individual model disrupts the community rather than create an inclusion of the marginalized people: “The predominant mode of representation taught in law school clinics alienates clients from their progressive

political and racial identifications. Further, it reduces potential political solidarity between law students and their clients to mutual therapeutic validation.

4.2 Critic of the community model
Community model clinics often take on group action cases and sometimes go after big companies or organizations, making the case reach a state of a “high profile case” with great media coverage and societal discussions in general as an effect.

It has been argued that many (in particular US university clinics) take on these type of cases not so much for their urge to help marginalized or exposed community's but rather to improve the profile and achieve acknowledgment of the law clinic, the university as well as for their own persons.

It is also argued that community clinics seldom let the community define their needs. Instead the clinic seeks to find problems and tries to make them legal cases, often with the aim of creating a high profile case as described above.

4.3 Critic of the specialization model
The specialization clinics has been accused of using clients a guinea pigs rather than helping them. Since the model is based upon the idea that students are evolving from encounter the same type of problem over and over again, it lies within the very logic of the clinic that the clients in this type of clinic are seen as experiments that are to be repeated until perfection is made e.g the students becomes specialized in the subject. I’m not sure how widespread this critic are but the argument that clients are used as guinea pigs are common in relation to all three models. The specialization model is however view upon as the most critical model in this sense.

5 Street law

5.1 Historical background
Street law was partly created as an answer to the critic expressed in previous chapter 4. Street law’s primary aim is to promote participation and empowerment within the community were the Street law clinic is active ion. Thus in essence Street Law is a public or community-based legal education.

As we have seen chapter 2 the 1960s and 70s were a time of social change and reflection in the United States. Law was complicated and written in a language

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31 A:a
that made average people feel left out. This historical backdrop provided some of the inspiration for the launch of the first Street Law program.

Street Law began in 1972, when a small group of Georgetown University Law Center students developed an experimental curriculum to teach District of Columbia high school students about law and the legal system. Because of its practical nature, the course was called Street Law. The original course provided information about how to avoid legal problems and what to do when problems arose.

As with the clinical legal education in general, Street law also spread from its origin in US to both Canada, South Africa and UK rather quick after its birth. The origins of Street Law in the United Kingdom can be traced to a pilot project that took place in 1997 at the University of Derby, in which a team of law students guided fifteen-year-olds in an inner-city school through a realistic criminal case. The Street Law program was introduced in South Africa in the mid-1980s when the country was subjected to brutal repression by the apartheid regime. The first Street Law workshop in South Africa occurred on the day the first state of emergency was imposed in that country.

5.2 Features

Street Law shares many of the features of other clinical legal education programs in that it carries a dual benefit of hands-on education for law students while at the same time providing a legal service, usually for those who may be unable to access a lawyer through more conventional means.

It differs from the other clinics in that it is primarily about raising awareness of legal rights and responsibilities (rather than tackling individual problems) through a community-based service.

Street Law programs appear to be most effective when organized and delivered by a law school. The Street Law approach to learning forms a bridge between social action and justice education. For the law student, Street Law is an alternative but complementary way in which the knowledge, skills, and values implicit in the practice of law and in justice education can be studied to practical effect. It provides a setting in which students can address not only the letter of the law, but also the professional and ethical considerations of legal practice and the obligations on—and expectations of—legal practitioners.

In particular Street Law programs focus on the specific and often unmet legal needs of the community and can support otherwise “hard-to-reach” groups.

further feature of Street Law is that it may complement moves to address active citizenship and social inclusion in a wider educational context.

One of the keys to Street Law program sustainability is to build the program with the support of law faculties, local schools, district, regional, state, federal, and national governments, the legal profession, industry, and the wider community. Stakeholders needed for the ongoing support of the program include leading lawyers and judges, law school management, and frontline teachers from the school district and/or community sites where law students will be teaching.

Although Street law was born out of a particular political and social context, it was still based on a clear and proven methodology. One aspect of this is the use of training and teaching manuals and as with every other models, to be effective, Street law require a structured training program so that all participants understand what is expected of them and how the program is to work.

Another feature is that most (if not all) Street Law programs use a manual or textbook that is written in simple language, often produced in two versions, one for the target group, for example, school pupils, and the other complete with notes of guidance for law students and their teachers and supervisors. There are also examples of law students who, under professionally qualified supervisors, produce the manuals and other learning materials. It seems clear from literature on the subject that Street Law program needs to have clear goals and outcomes and a way of achieving this is through the use of lesson plans33.

The student performance may well carry academic credit, in which case the law teachers must assess and grade the student work. Assessment may be by grading oral presentations, assessing preparatory work, evaluating a reflective journal or more conventional essay, by examination.

Whichever approach is used, community feedback is essential to value the worth of the session(s) and the quality of the law student performance. The engagement of the community therefore runs from initial contact through to final feedback.

The amount of contact hours allocated to Street Law varies from university to university depending on whether or not it is an accredited course and what weight is attached to the module. Where Street Law is a credit course, it is usually offered for the same number of hours as other clinical courses and often is treated as any other elective or optional subject. In some universities, the

33 R. Grimes, D Mcquid-Maison, E. O’Brien and Judy Zimmer, Street Law and Social Justice Education
courses run for one semester while in others they continue for the whole academic year. For instance, the Street Law course at the University of KwaZulu-Natal, in Durban, South Africa (UKZN), is a full-credit course offered over two semesters, which requires two contact hours per week plus community service throughout the year.

The UKZN Street Law program in South Africa requires students to write a practical examination (50 percent), produce a reflective journal (30 percent), and develop a mock trial package (20 percent). The examination requires students to prepare unseen lesson plans for designated aspects of the law, human rights, or democracy. They are also asked to analyze a mock trial package with a view to choosing a side and then describing how they would deal with the case, including the questions they would ask in direct and cross-examination.

5.3 Models
As with the classical clinical education models there are several Street Law models that have evolved in different jurisdictions to match the needs of the law school and the community.

5.3.1 The credit-bearing or integrated model
This model is usually a law clinic run by the law school as part of its overall curriculum. It normally includes a structured training and induction program, a weekly seminar, a detailed schedule for delivery of the Street Law sessions, and a transparent assessment process.

5.3.2 The nonclinical, pro bono model
Typically organized by either an enthusiast within the law school or someone working for a nongovernmental organization (NGO) or other type of not-for-profit or voluntary sector body. (Caplow, 2006) Training and technical assistance may be provided, but in essence this model works to satisfy a public interest requirement and is not designed for the legal education.

5.3.3 The law student organizations model
Is simply a clinic started and implemented by a law student group on their own.

5.4 An example of a Streetlaw clinic: Strythclyde
The Strythclyde law clinic was launched in October 2003 in order to provide free legal assistance to people in Glasgow and the surrounding area who are unable

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34 http://law.ukzn.ac.za/StreetLawProgramme.aspx
35 A.a
36 R. Grimes, D Mcquid-Maison, E. O’Brien and Judy Zimmer, Street Law and Social Justice Education

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to obtain legal assistance through other means. The aim of the clinic is to be complementary to existing legal services provided by lawyers and other agencies such as Citizens’ Advice Bureaux. Given that objective the clinic does not act for anyone who can afford professional legal services, or who qualifies for legal aid. Nor does it act in areas like debt or immigration advice where there are already adequate services provided elsewhere.

The Law Clinic is the first and biggest one in Scotland and is built upon a long tradition of student law clinics in other countries. While the Law Clinic prioritizes the community’s needs for legal services and its clients’ interest, it is also recognized that students benefit from their involvement in clinic work by developing legal skills, experiencing law in operation, and reflecting on the ethics and justice of legal practice.

Since its launch, the Law Clinic has taking on over eighty cases in its first year and 2012 it had completed over 900 cases, in many cases achieving notable successes on behalf of clients, both through negotiating settlements and arguing cases in court. There are currently 180 student advisers working in the clinic, and the clinic is now structured into five different projects reaching out to various areas of the community and which are designed to extend the range of advice and assistance provided.

Each project is lead by a 'Project Coordinator', who does not sit on the Law Clinic Committee, and the feedback on projects is provided through the External Officer at any Committee meetings

5.4.1 Examples on different projects

5.4.1.1 Prisons Project

The Prisons Project is a proactive initiative, aiming to contribute to the rehabilitation of offenders. It began in February 2010, piloted in HMYOI Polmont and now also runs in HMP Barlinnie. There are currently sixteen members on the project. The purpose of the project is to provide offenders with information on their rights under the Rehabilitation of Offenders Act 1974. These rights relate to how and when a conviction may become ‘spent’ for the purposes of employment i.e. when a person no longer has to declare their conviction when applying for a job. The period of time it takes for a conviction to become spent is known as the rehabilitation period.

The information is given through a PowerPoint presentation assisted by handouts. Presentations take place approximately once a month and are given by two project members.

A presentation consists of:
1. A brief overview of the law clinic
2. Discussion of specific rights under the Act
3. Consideration of how factors such as age, time of conviction, length of sentence affect calculation of rehabilitation period
4. Various sentence types are covered such as: custodial, probation, Community Service Orders, fines and admonishment.
5. After the main provisions of the Act are covered, specific examples are then of fictional scenarios are worked through with the offenders
6. Offenders are then invited to calculate their own rehabilitation periods
7. Questions are then invited and answered where possible, while making offenders aware that the information is of a general nature and specific advice should be sought from a solicitor.
8. Information on outside resources, such as APEX, are made available to assist offenders in their efforts to find employment upon their release.
9. Law Clinic contact details are also given should the offenders require any advice or assistance in the future.

5.4.1.2 Schools Project
The Schools Project is aimed at taking public legal education into schools. It is a proactive initiative, raising awareness of young peoples’ rights and responsibilities. The purpose of the project is to provide young people with information on the difference between criminal and civil law, employment law, consumer law, the Children’s Hearing System, Anti-Social Behaviour Orders and Sectarianism.

The information is delivered through a series of interactive sessions which will include, mock trials, quizzes and negotiation sessions.

5.4.1.3 Innocence Project
The University of Strathclyde Law Clinic has recently linked up with the Department of Journalism to become part the Strathclyde Innocence Project, Scotland’s first campus-based Innocence Project. This project was set up in 2007-08 by Dr. Eamonn O’Neill, Director of the MSc. in Investigative Journalism at Strathclyde, and is part of the Innocence Network UK (INUUK), which was established in 2004 to act as an independent umbrella organisation to investigate claims of wrongful convictions of factually innocent people.

The Innocence Project is effectively the last resort for those who genuinely believe themselves to be innocent but who have exhausted the appeal process. The role of the Project is to analyse the circumstances of the conviction, the people and documents connected to the case, and search for fresh evidence in striving to achieve access to justice for those wrongly convicted. Following this a submission may be lodged to the Scottish Criminal Cases Review Commission
(SCCRC) detailing the identified points of appeal in the hope that appeal to the High Court will be allowed. However, the Innocence Project will only appeal where the evidence suggests the person is genuinely innocent, rather than merely having technical grounds of appeal.

Currently, eight Law Clinic students are involved with the Innocence Project.

5.4.2 Financing
The Strythclyde law clinic is funded by a mixture of University funds and external sponsoring from outside organizations. In the University, the Law Clinic receives funding from the Law School, the Graduate Association, the Alumni Fund and is currently in receipt of a grant by the University's Knowledge Exchange Fund. It also receives funding from the law firm DLA Piper37.

5.4.3 Insurance
The Law Clinic is insured through Advice UK.

37 http://www.lawclinic.org.uk/how_we_work.php
6 Common clinical methods and activities

Traditional legal aid is likely one of the most common type of clinical education. Students under supervision of lectors provide pro bono legal aid to general public (usually to those, who can’t otherwise afford it).

In the literature many different activities that falls within a law clinic are described and discussed. Besides the traditional legal aid activity there is a wide range of other activities that could be said to fall within the sphere of law clinics or legal education in addition to the more classical activity above. Below I will discuss those that seem to be the two most commons ones.

6.1 Simulations

A way to create a “clinical” environment without facing real clients is through simulations. Simulations could be set up as moot court or could simply consist of negotiation exercises—whereby opposing groups of students learning the art of negotiation, rather than trial court litigation, by being given realistic case files
and asked to resolve them in as economic and fair manner as possible. Other examples could be client-interviewing exercises, transaction exercises-between groups of students such as buying and selling property or with individual students in e.g. drafting a will\textsuperscript{38}.

Simulations can lack the complexity of real client work, and the role play may not create the same demands that exist upon the legal practitioner and are usually used in a clinical legal education setting as a compliment to prepare the students for handling coming real situation.

\subsection*{6.2 Externships}
This activity consists of that the students attending the clinic are sent out to work with practicing lawyers for short periods to encounter real problems, clients, and courts. They are then expected to bring back their experience to the law school and reflect upon it, using it to inform the remainder of their time spent in academic establishment.

Many clinics combine the before mentioned activities. For example, at the beginning of the clinical program the students are thoroughly taught some area of law that the general program may teach only briefly, for example immigration and asylum laws. Later they go through simulations to strengthen their practical knowledge. In the third part, they come to contact with real clients and solve legal issues (this can also be done via placements, for example in NGOs related to the area)\textsuperscript{39}.

\section*{7 Pros and cons with law clinics}

\subsection*{7.1 Pros}
Instead of learning by means of traditional lectures, the students are much more pro-active participants in the learning process since they are "learning by doing". The key is applying the knowledge, not just learning it. Clinical education is also believed to promote reflection and self-examination since it gives students the opportunity to explain why they are taking certain actions and they are able to discuss and reconsider their actions. Legal practitioners themselves rarely have the time or opportunity to do this. Students, by contrast, can examine the legal and social issues in some depth, and they can form the basis for looking at the lawyer's role and at legal ethics within a practical context. The result is that what is learned is far more likely to remain with the student that the knowledge

\textsuperscript{38} See for example Clinical Legal Education Revisited, Richard Lewis and chapter 5 of H. Brayne et al, Clinical Legal Education (1998).

\textsuperscript{39} See for example Clinical Legal Education Revisited, Richard Lewis
crammed for an extremely artificial examination paper\textsuperscript{40}.

Clinical education embraces a skills-based approach which means that students to a larger extent will be educated in the processes associated with legal practice e.g. the structure of a letter, the interview with the client, face to face negotiation – as to the legal content of the rules forming the background to the work done.

In the discussion about the different takeaways with having clinical education, increased student motivation also seems to be a common experience by the supervisors participating in the law clinic. Many articles on the subject confirm that students who work in a legal clinic are enthusiastic about their experience\textsuperscript{41}. They are self-motivated and often highly committed to the work. Another effect seems to be that the students show more responsibility for what they do and how they do it. In theory, the teacher’s role becomes more facilitative – helping students discover solutions for themselves.

Another advantage that are often brought up in discussion about law clinics are the dimension of professional ethics and responsibility. The study of ethics and the professional responsibility and conduct of lawyers are often argued to have been markedly absent from law schools in contrast to medical schools\textsuperscript{42}. However, there has been a growth of interest in this area in recent years, and it is a subject that, arguably, is better dealt with in a clinical context where abstract notions can be given a practical context. The crucible of the clinic allows moral issues to be debated more openly than within the confines of the traditional curriculum.

One other strong argument for schools to have a law clinic is the possibility for the education to get involved with the local community – Not only University’s students but also its staff can be cut off from the local community. A law clinic can help reduce this isolation by making the law school more relevant to that community. Most obviously, the most disadvantaged members of society may gain some means of redress. But in addition the young student may be faced with the problems of those from a different generation and background. This experience can add to their understanding of the position of others in society, and can increase their maturity and sense of responsibility

\section*{7.2 Cons}

In the law clinic discussion many authors have, mostly out of own experience also identified some common problems with law clinics. One of the most usual

\begin{itemize}
  \item \textsuperscript{40} Clinical Legal Education Revisited, Richard Lewis
  \item \textsuperscript{41} Fler källor
  \item \textsuperscript{42} Clinical Legal Education Revisited, Richard Lewis
\end{itemize}
problem that law clinic initiative faces are the struggling with the integration of the clinic within the law school. In many cases the clinic may become isolated from the law school and are not seldom viewed as merely a provider of poverty law service to the community. It is crucial that the introduction of clinics stresses the direction in educational philosophy that lies behind the teaching of skills\textsuperscript{43}.

Another commonly discussed problem is staffing of the clinic. There are usually too few university teachers, who are qualified to practice, and very few of these had actually worked as lawyers for any period of time. This problem is also intimately linked to the fact that law clinics often require that the students must be individually supervised, making the clinical education much more expensive compared to the traditional classes of large groups. Extra resources must therefore be allocated to the teaching and running of the clinic.

Difficulties in supervision and assessment are also commonly raised problems with law clinic education. On the other hand, the student’s experience can vary greatly, and it is especially difficult for teachers to monitor what has happened in order to make use of it, and provide effective feedback. It is difficult to assess the student's progress. There is also an obvious risk that the required level of proper supervision makes assessment of the student harder since it is unclear what the students has participated with in the end result\textsuperscript{44}.

Given these issues it is therefore essential for a system of supervision to include checks on the quality of work being done e.g. the approval of all letters sent out, certain interviews recorded, file entries checked and diaries examined. It is also crucial that the supervisor be given sufficient knowledge of what the student has done in order to provide effective feedback and ensure that the clinical work forms part of the skills learning experience. In the end, also assessment of the work has to be done in some way, otherwise the student may treat the clinical work as less important.

8 The controversy of law clinics

8.1 A dual mission

Given that clinical legal education was created in the fusion of creating a practical element in the legal education and meeting an increasing legal aid need in society, legal aid clinics serve two purposes at the same time: providing services to clients and educating law students. This gives rise to a natural tension between meeting the service goals of the relevant legal aid setup and fulfilling

\textsuperscript{43} R. Lewis, Clinical Legal Education Revisited
\textsuperscript{44} R. Grimes, “Reflections OnClinical Legal Education” 29 Law Teacher 2. 1995, pp 1969-187
the educational mission of the host law school. Most clinicians reject the idea that these purposes conflict, pointing to what are often described as the twin goals of clinical legal education but nevertheless there is also an ongoing discursion on what purpose comes first; legal education or legal aid.

8.2 Opposition from professionals
Canadian clinics early met a massive opposition from the professional practitioners claiming that the clinics would compete with law practice in the country. The Windsor’s private bar initially opposed the entry of law students into the city’s courtrooms on the grounds that they lacked professional qualifications and would therefore put clients at risk. Some members of the judiciary also expressed this opposition, refusing to permit law students to appear.

The clinical program established by the Osgoode Hall Law School in the early 1970s faced initial opposition from the Law Society of Upper Canada, particularly in relation to the clinic’s role in the delivery of legal aid services. The law school agreed that the clinic would only assist people who could not obtain legal services elsewhere, and that it would neither act for paying clients nor compete with private practitioners who handled primarily criminal and family law cases under the judiciary scheme.

In England, the Kent clinic faced early difficulties on a range of fronts. While receiving considerable support from radical practitioners and some elements within the professional establishment, self-interested local solicitors were concerned that “some of their potential clients were obtaining free legal services at the clinic.”

8.3 Controversial legal cases
The Kent clinic described above also faced some other internal problems. The university senate became unsatisfied with the political and public nature of some of the cases taken on by the clinic. These included a series of cases where the clinic acted for students against the university, represented city refuse collectors in an action against the city council, and led an inquiry into the management of a psychiatric hospital, one of whose board members was the wife of the university vice chancellor45. The clinic also represented a journalist accused of spying on the Central Intelligence Agency of the US government46.

45 A. Babisch, Controversy, conflicts and law school clinics, Citation: 17 Clinical L. Rev. 469 2010-2011
46 A.a
In US, law clinics has faced some problems due to that many US universities are given extensive external funding from not only the government but also powerful business actors. The debate regarding law clinics and their area of practice arose due to that some of the clinics have been suing big companies and government entities resulting in that some of those funders now face a situation where the schools they funded now in some sense “turns their own weapon against them”. Given situations like this, voices has been raised for putting limits on who clinics can sue without losing state subsidies and/or funding from business actors" 

The highly politicized nature of the legal work done by some clinical programs in the United States—together with the limited availability of alternative legal aid services—have resulted in certain clinics facing very strong opposition from powerful political interests, including state governments.

A. Babisch states in his article about controversial clinical activities that “Indeed, some attempts have been made to have universities close down clinical programs. In a comprehensive outline of attempts at such political interference, Kuehn and Joy explain that the “interests of politicians and of university alumni and donors add an additional level of outside interest and potential interference in law school clinic activities.” (Kuehn & Joy, 2003 at 1974)

9 Further reading – lawclinic in the literature

9.1 Books and papers


48 A. Babisch, Controversy, conflicts and law school clinics, Citation: 17 Clinical L. Rev. 469 2010-2011
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Rice S (1996) A guide to implementing clinical teaching method in the law school curriculum Sydney: Centre for Legal Education
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9.2 Web
Clinical Legal Education Association (USA) – extensive site with newsletters, clinical directors listserv, abstracts for the Clinical Law Review and more
Clinical Legal Education Organisation (UK) – CLEO does not have its own website, but information on its activities are available from UKCLE's clinic home page.
Global Alliance for Justice Education – information on conferences hosted by this international group, as well as (relatively limited) links and resources at present LawWorks – developing support for clinical initiatives. At present largely orientated to student-led initiatives, but we are promised the site will grow.
Public Interest Law Initiative (Columbia Law School) – largely orientated towards eastern and central European universities, but some interesting resources and conference materials, albeit with a strong US bias.

Clinical legal education: an annotated bibliography – extensive bibliography, organised thematically and alphabetically by author. Primarily North American in its orientation, but the latest version (2004) has sought to incorporate a little more of the UK and Australasian material. References and further reading

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