

Knowledge Exchange Seminar Series (KESS)

...is a forum that encourages debate on a wide range of research findings, with the overall aim of promoting evidence-based policy and law-making within Northern Ireland

The role of University Law Clinics in delivering access to justice

Dr Gráinne McKeever
Ulster University
School of Law

Advice seeking in the UK

- Some level of legal capability required for individuals to resolve legal problems – levels vary
- Good quality support can be critical in developing legal capacity
- Problems not seen as 'legal' and legal solutions seen as too expensive
- Help sought at crisis point rather than at prevention points



Advice ecosystem



- Different paths to justice
- Different types of advice provision
- Different justice needs
- Creates an interconnecting system in which different elements are balanced



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Changes in the advice ecosystem

- Model of competitive, contractually based funding for legal services
- Voluntary sector response in GB: reduce services (less complex work, less specialist work, more high output work, withdraw from areas of law) and/or 'activate' clients (self-help, info services, sign-posting)
- Impact: loss of capacity and mission drift
- No equivalent research on impact of changes in N.Ireland



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Development of UK university law clinics

Multiple ambitions:

- Education – high quality teaching (and research)
- Social justice – responsive to justice problems
- Value-added student experience – legal skills and employability

Tensions b/w social justice and core university objectives



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UK University law clinics (LHS) & survey respondents (RHS)



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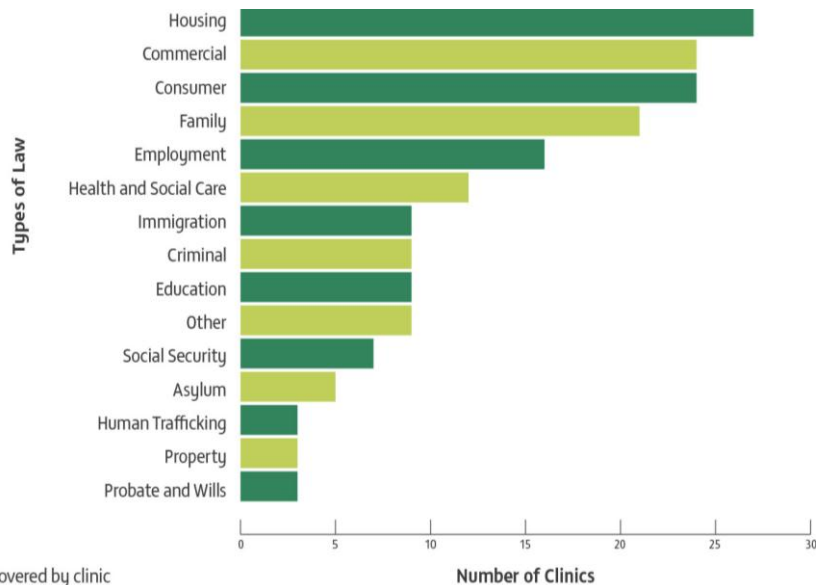
Clinic profiles

- University law clinics are bespoke creations, designed to meet the needs of the Law School
- No typical model – variations in numbers of academic staff, administrators, external supervisors, students, case loads
- Bespoke nature is beneficial from university perspective but reduces chance of ‘off the shelf’ replacement/supplement for existing advice service



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Areas of law



Areas of law covered by clinic

Number of Clinics

Type of service offered

- 13 out of 22 clinics provided an advice-only service, including one providing advice by way of outlining legal options rather than “firm advice”
- Nine clinics provided advice and representation, including two who “sometimes” represented “if necessary”
- Client misperceptions: immediate advice; full advice/representation; always open; financial charge
- Do service limitations & misperceptions create a fragmented or incomplete journey for clients?



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Case selection criteria

- 25% reported limiting services based on financial need: justifications included objective of meeting unmet legal need & avoiding competition with private law firms
- 25% said financial means of client “not relevant”
- Generally clinics looked at complexity, expertise, capacity, educational value, alternative support
- Educational focus is the driver



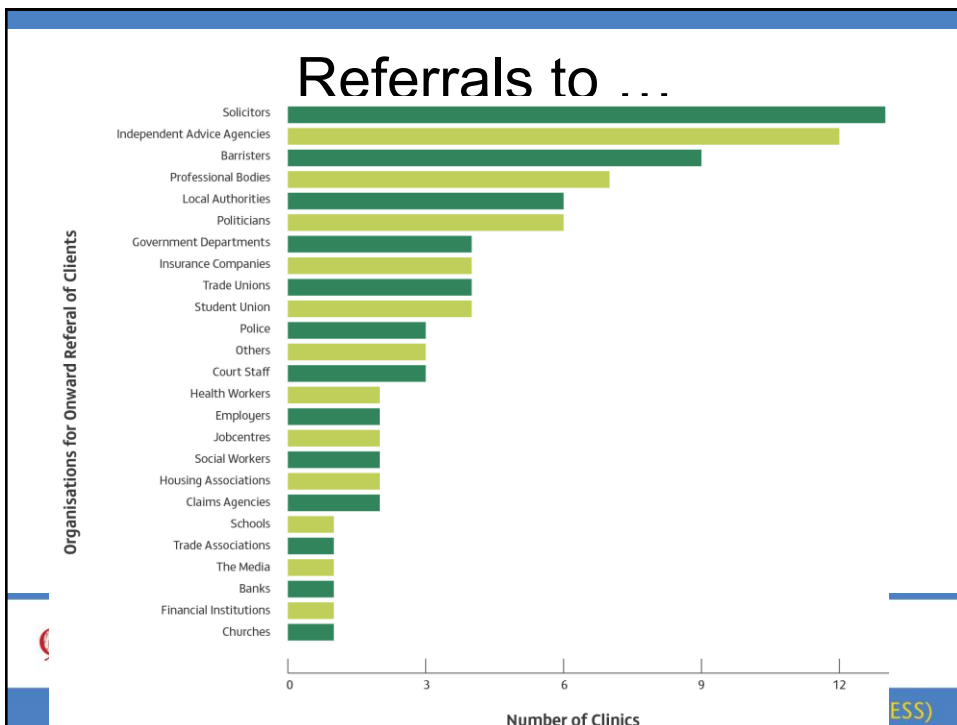
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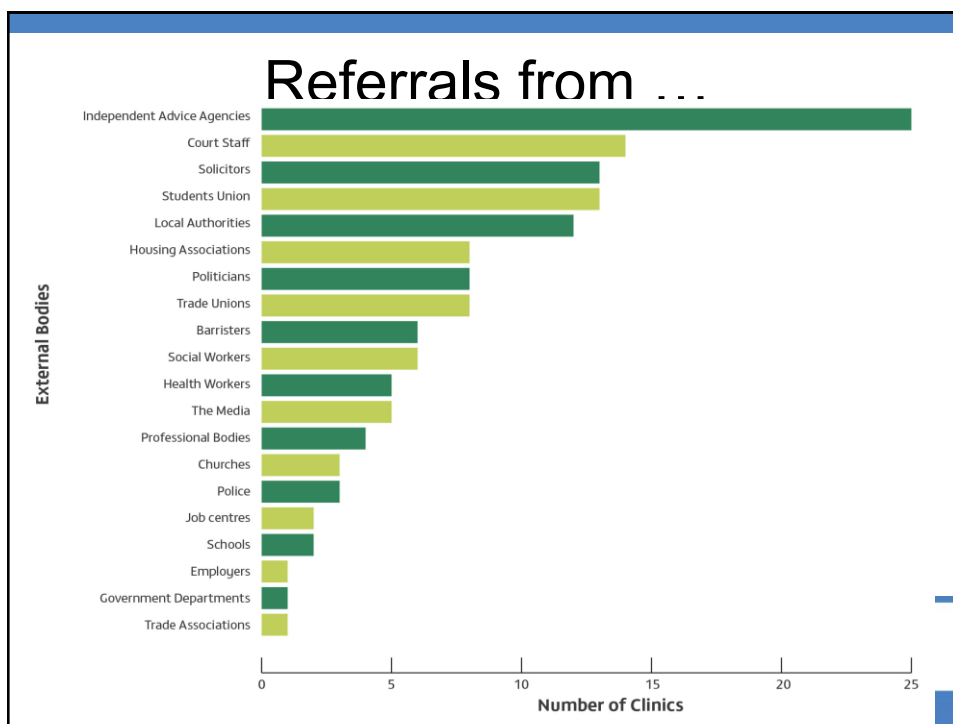
Connections to other service providers

- Evidence that clinics connected to range of other service providers – collaborating on cases, referring or taking referrals, and signposting
- Not possible to conclude that the collaborations advanced the client's journey but added value identified:
 - For clinics - supervision, expertise, capacity and support
 - For external providers - contribution to CSR and associated pro bono activities (private firms); and increase service provision and alleviating impact of funding pressure (voluntary sector)



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Paths to the clinic

- 84% took case referrals from other organisations (external connections)
- 96% of clinics took clients who self-referred (public visibility)
- Clinic clients look in the same places for advice as other advice seekers – luck & chance still feature
- Clinics are part of the A2J ecosystem but are not the main focus for advice seekers; external connections a necessary part of clinics' networks and continued need to match client to the right solution.

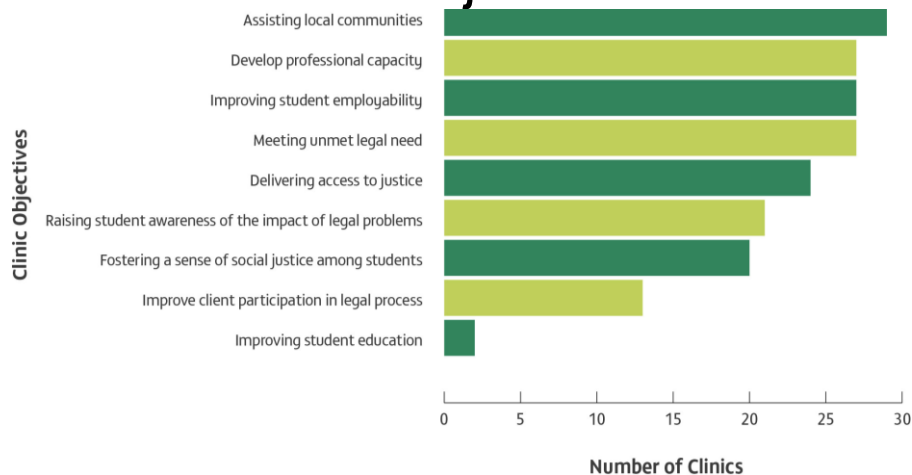
Intervention points

- Individuals do not adopt a consistent approach to dealing with their legal problems, but rather seek help at a variety of stages, from a variety of sources
- Useful for clinical law students to see this, but ...
- No singular point at which individuals might routinely be referred to clinics for legal assistance in a way that clinics can accommodate in line with their service limitations
- Narrow view of the problem - access to justice is not the same as access to a legal solution
- Train law students to identify the best solution rather than to prioritise the legal solution - developing research-based responses to systematic or regulatory problems

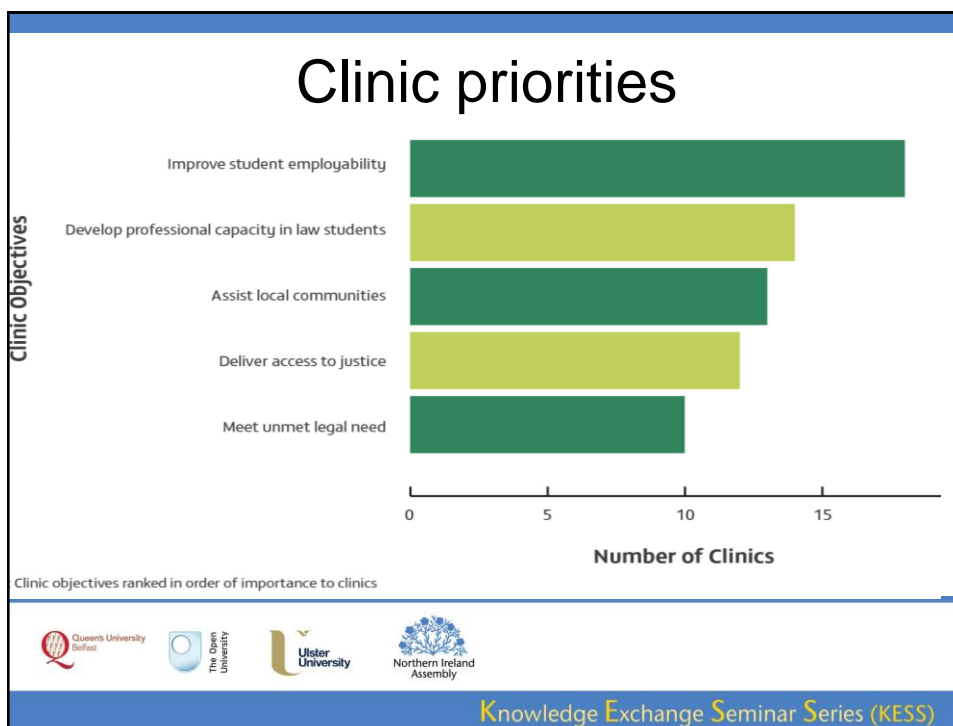


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Clinic objectives



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Legal education vs access to justice

69% (22 out of 32) said clinics should be a2j providers:

- Important part of Law School/university ethos
- Important part of legal learning
- Good pedagogic initiative
- Moral obligation

BUT – concerns expressed that this should not be compulsory – a2j is a state function

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Legal education vs access to justice

31% (10 out of 32) said clinics should not be a2j providers:

- Education should be prioritised
- Clinics not equipped to cope with volume, time & resource intensity
- State's responsibility to provide a2j
- Conflict with role of private sector lawyers (1 out of 32)

Need to recognise bias in the sample – no comparable evidence from Law Schools w/out clinics



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Clinics as a2j providers

90% identified themselves as a2j providers:

- The clinics provided advice and, therefore, access to justice to those who were unable to access advice elsewhere.



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The role of universities

Continued tension b/w civic mission and teaching/research objectives – sometimes complementary; often competing:

- Teaching mission impacted by student consumerism & resource-intensive CLE
- Research objectives not being met by CLE
- Bigger Q about how universities should serve & meet wider social justice objectives, and support needed ...
- And what is state's role in meeting obligation to ensure a2j for citizens?



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Delivering a2j through universities

- University law clinics form part of an intricate ecosystem of legal advice in the UK
- Clinics may not be directly responsive to changes in the broader ecosystem.
- Impact of changes to external organisations likely to reduce clinic capacity to deliver access to justice, rather than increase their capacity to provide replacement service/s



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Limitations on clinics

- Capacity
- Service model
- Student-centred & staff driven
- Limitations increase risk of referral fatigue
- No consistent referral point
- External partner vulnerabilities
- Vulnerable to university strategic objectives (especially research)



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Development potential for

clinics

- Healthy external advice environment
- Enhance external capacity for complex/specialist cases so clinics can deliver basic/general advice
- Supporting clinic relationships with external partners
- Further research to understand:
 - Value of clinics to external partners
 - Whether clinics can enhance client participation & legal capacity



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Development potential for clinics

- Harness clinic potential to draw lessons from frontline casework – relationships with policy partners; university support; external partner capacity to feed into consultations
- Support for universities to align core objectives to access to justice



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Research recommendations

10 recommendations –

- Identifying further research needed;
- Focusing on relationships with external partners
- Indicating clinic potential to research and develop innovative solutions to legal problems
- Supporting universities to deliver a2J through clinics

Evidence here that clinics are part of advice ecosystem that delivers access to justice and that their potential has not yet been reached.



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Northern Ireland
Assembly



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