

2011

Regional Report

South Australia
Identifying current practices in
Clinical Legal Education



Support for this project has been provided by the Australian Learning and Teaching Council Ltd., an initiative of the Australian Government. The views expressed in this report do not necessarily reflect the views of the Australian Learning and Teaching Council or the Australian Government.

This work is published under the terms of the Creative Commons Attribution-Noncommercial-ShareAlike 3.0 Australia Licence. Under this Licence you are free to copy, distribute, display and perform the work and to make derivative works.

Noncommercial: You may not use this work for commercial purposes.

Share Alike: If you alter, transform, or build on this work, you may distribute the resulting work only under a licence identical to this one.

To view a copy of the copyright licence, visit
<<http://creativecommons.org/licenses/by-nc-sa/3.0/au/>> or send a letter to:

Creative Commons
543 Howard Street, 5th Floor
San Francisco California 94105
USA.

Any questions about the project please contact:

Ebony Booth
Project Manager

Faculty of Law
Monash University
Building 12, Clayton Campus
Victoria 3800, Australia
Tel: +61 (03) 9905 1279

Please visit our web-page for an overview of the project and our objectives:
<http://www.law.monash.edu.au/about-us/legal/altc-project/project-team.html>

2011

Contents

Contents	1
Introduction	2
ALTC Project: Strengthening Australian legal education by integrating clinical experiences: identifying and supporting effective practices.....	2
The Author	3
Definitions	4
Comparative Descriptions of Clinical Programs.....	5
Reporting and Preliminary Analysis.....	7
Key elements of a good clinical program	7
Clinical supervision standards	11
The extent to which clinical programs are integrated within the larger law curriculum and the law school itself	14
The desirable relationship between clinics, 'externships' and a myriad of related pro bono placement initiatives	16
Adequate staffing of clinical programs	20
Assessment of students' performances	22
Additional questions	23
Analysis	24
Sustainability	24
Integration	24
Pedagogy	25
Quality	26



Introduction

ALTC Project: Strengthening Australian legal education by integrating clinical experiences: identifying and supporting effective practices

This project seeks to develop 'Best Practices' for effective clinical legal education and to assist in renewal of University Law curricula in Australia through an investigation of current practices in clinical programs in Australia.

This report is based on research gathered from interviews with academics and clinical supervisors from the following law schools:

- University of Adelaide;
- University of South Australia; and
- Flinders University

The regional report is divided into three key areas:

1. Comparative Descriptions of Clinical Programs
2. Reporting and Preliminary Analysis
3. Analysis

The first part of this report, 'Comparative Descriptions of Clinical Programs', is a table displaying an overview of each clinical program in the region and its key characteristics.

This second part of this report, 'Reporting and Preliminary Analysis', reflects the responses of Clinical teachers to questions aimed at drawing out what would be best practice in Clinical Legal Education; however it is important to note that this project was funded to develop specific guidelines around clinical practice, it is not intended that it will explore or justify every aspect of clinical legal education. While the questions are aimed at best practice, often the responses tend to focus on existing patterns of provision. It should be kept in mind; however, that this report and the other regional reports are a starting point for discussion and by nature will reflect strongly where clinical is currently at. Obviously in setting such guidelines it hopes to thoroughly explore clinical legal education; both what is currently offered and what could be offered in the future.

The third part of this report, 'Analysis', is the author's analysis of the information gathered through the interviewing process with a particular focus on the following key themes: sustainability; integration; pedagogy and quality.

This Regional Report is one of five reports prepared for the purposes of this project. This preliminary analysis provides the foundation for a National Report to be published later this year.

The Author

The South Australian Regional Report was prepared by Associate Professor, Mary Anne Noone, LaTrobe University.

Mary Anne has been the Coordinator of LaTrobe's Clinical Legal Education Program since 1994. Under her leadership the program has grown from one unit to four. She pioneered a clinical legal education program focussed on teaching legal ethics and professional responsibility and developed a public interest law externship program. The clinical team at LaTrobe, lead by her, was the recipient of a Carrick Australian Award for University Teaching – Citation for Outstanding Contributions to Student Learning in 2006. The award recognised her innovation in enhancing students' understanding of ethical and professional responsibilities that links classroom learning with legal practice. Associate Professor Noone has a reputation in clinical legal education and teaching ethics both internationally and nationally.

Additionally Mary Anne is a specialist on the Australian legal aid system. Her research includes the first history of Australian Legal Aid (Noone & Tomsen, *Lawyers in Conflict: Australian Lawyers and Legal Aid* 2006) and most recently a grant to examine models for providing legal aid services within health and community organisations. She is currently a Board member of Victoria Legal Aid and the West Heidelberg Community Legal Service. Additionally she is Coordinator of LaTrobe's Public Interest Law Postgraduate Program.

Definitions

Clinic Type	Definition	Examples
In-house live client clinic	On campus, wholly funded and controlled by law school for student education	University of South Australia
In-house live client clinic (some external funding)	Substantially funded, substantially controlled, for student learning and client service	Monash Oakleigh Legal Service, Kingsford Legal Centre, Newcastle
External live client clinic (agency)	University controlled clinic operating within an external agency	Springvale Monash Legal Service, SCALES, West Heidelberg, Caxton
Externships/internships/placements	University students placed in an agency, under supervision of agency, assessed by university, with input from placement	Deakin, Griffith University, Monash University, Latrobe
Clinical components in other courses (includes simulation)	Element of another substantive law unit	University of New South Wales, Latrobe Judicial Mentoring, Charles Darwin

Comparative Descriptions of Clinical Programs

	Adelaide	UniSA	Flinders
Clinic/s name	<ul style="list-style-type: none"> <i>Clinical Legal Education</i>: external clinic and externship program (various organisations) (3 university run clinics, 1 of which is run jointly with Flinders) Magistrates' Court Legal Advice Service (MCLAS)– at Adelaide Magistrates Court (jointly run clinic with Flinders) Magistrates Court Legal Advice Service at Holden Hill Magistrates Court – run solely by Adelaide Adelaide Legal Outreach Service (ALOS) – based at Westcare homeless persons day centre – run solely by Adelaide Students are also placed with community legal centres, the Legal Services Commission, some small private law firms, various Community Legal Services, and public authorities. 	<ul style="list-style-type: none"> <i>Legal Professional and Community Service Experience</i> (new course) Externships in 2010 and 2011. Students with a range of organisations 2011 – includes new in house legal clinic 	<ul style="list-style-type: none"> <i>Social Justice Internship</i> : External clinic an externship (previously Community Legal Practice) Magistrates' Court Legal Advice Clinic (joint program with Adelaide) Students are placed with community legal centres, and Australian Refugee Association
Students per/annum	80-90	40 per term	40-50
% of students from Law cohort	~30%	40%	~30%
Full-time clinical supervisors	0	1 supervisor classified as professional staff member	1
Part-time clinical supervisors	2		1
Other staff	Academics who supervise	Clerical (2 days per week)	3 or 4 academic staff contribute ad hoc Supervisors shared with Adelaide Uni
Hrs p/week students spend on clinic tasks	7	8	8
Weeks student attendance	12		6
Clinic funding	Law school; secure	University; secure	University; secure
Incorporation of clinical units	Dispute Resolution, Ethics, Evidence	No	Admin
Allocation of teaching responsibilities	Sole position plus supervisor	Sole position plus supervisor	
Clinical teachers qualities	Patience; empathy; mentor; imagination	Pro bono ethic; diverse; patient; excellent written English skills; practising certificate; recent local experience	Practising certificate; recent experience
Clinical teachers	Yes	Yes (supervisor no; no need to publish)	Yes

	Adelaide	UniSA	Flinders
T&Cs			
Assessment of students	Journal 30%; project 30%; plain English writing task 10%; 10% class participation; 20% casework	50% journal; seminar presentation 25%; Critical Incident Report 25%	50% clinic; 40% reflective journal; 10% participation
Students evaluation	Through standard evaluation process	Through standard evaluation process	Only informally
Exposure process	No	No	No
Mock client interviews	Minimal	Yes, during training	As part of second year Torts 2 subject
Exposure students have to files prior to handover	Minimal	2 week handover	1 training day
Court appearances	Yes when possible	No	No
Student: Supervisor ratio	8:1 (this is the functional ratio, however the preferable ratio is 4 or 5:1, as in smaller clinics, such as ALOS and HHMCLAS)	8:1	8:1

Reporting and Preliminary Analysis

Key elements of a good clinical program

	In-house live client clinic	External live client clinic	Externships/internships/placements
1. Is the term 'good' always relative or are there minimum standards that clinics should achieve?	<ul style="list-style-type: none"> Through prism of client care there are definitely minimum standards -professionalism, conduct rules, confidentiality. The supervisor has to be properly qualified and competent, have expertise in the areas of client need. Through the prism of the student experience, the minimum standard is that the supervisor provides good supervision for the students; the student must feel comfortable by the supervisor. Good supervision is knowing how far an individual student can be stretched; being approachable and able to help so that the student doesn't feel helpless and worried. 	<ul style="list-style-type: none"> There has to be minimum standards for a clinic to achieve. The standard has to be quite high as students are dealing with people with real problems. 	<ul style="list-style-type: none"> While it is a teaching opportunity the need of the client and the respect for the client should be at the forefront.
2. What learning outcomes are best achieved in a live-client clinic? Can the same outcomes be achieved to the same extent with simulated experiences using role-plays, and with externships and virtual (online) clinics?	<ul style="list-style-type: none"> There are a whole variety of advantages having real clients. Feedback from students is that they suddenly get it, it suddenly it actually means something. All very well to pretend to care about a client (simulation) who is a fellow student pretending to be a client but someone who is actually crying and you are dealing with raw emotions, who is not going to snap into being a friend again at the end of the interview is more difficult. The experience is the actual dealing with the client and dealing with different kinds of people, learning how to react, learning client sensitivity. 	<ul style="list-style-type: none"> Fact analysis for analytical thinking; understanding the breadth of considerations that surround a legal problem; appreciating their own responsibility; professional responsibility or influence; ability to apply law to facts; law skills; diligence and rigor. Being involved in live client clinic, brings everything to life, and allows students to look at what they've learnt in theory and see how it works in practice; things suddenly make sense for students. They're learning so much about themselves, confidence, having the insight to recognise when they are not doing it well, when they are, and whole issue of how you go about lifelong learning in professional sense. In a simulated environment students recognise it's simulated therefore part of whole academic approach. Conscientious students learn so much and become so uptight about performance that they become themselves with a real client. 	<ul style="list-style-type: none"> Good learning outcomes can be achieved at a well structured internship. With role-plays you can achieve some but not the motivation and the pressure and context of the real client. In externships can achieve aspects of motivation, working with a group, but not to the same extent as live client clinic. Outcome might be the same but with a lower level outcome. Simulation: uncertainty whether outcomes as 'good' because a structure simulating program is inherently more reliable, in the sense that it's predictable, whereas what happens in a natural setting is what is more likely to happen in practice.
3. In a live-client clinic how would you describe the desirable	<ul style="list-style-type: none"> Generally, student is more important. Clinic work does not go 'on file as acting'; purpose is to help people to help themselves. Free legal advice and the payment is that clients must wait as students need time. 	<ul style="list-style-type: none"> Client service has to be preeminent. If it is, the education follows. It's almost a natural thing and the student comes away recognising that. We take the view that client service is the primary consideration. We are professionals, and that has 	

	In-house live client clinic	External live client clinic	Externships/internships/placements
balance/relationship between client service and students' education?	<ul style="list-style-type: none"> This procedure will be tested if a client comes in with a really urgent problem and if the supervisor can help and there is no student available, will the clinic help? That's a policy issue that hasn't been established yet. 	<p>got to be what we are teaching the students, the client service is a primary concern, we obviously spend longer on cases in order to enable our students the time to learn what they are dealing with.</p> <ul style="list-style-type: none"> We will sometimes overwork a case, so we will do more than you might in a straight advice, we don't see that as contrary to the client interest. Clients are seeing 2 students not one, this is slower, not the same service as a good practitioner, accommodate the learning process there. If concerns with students not doing a good job they are pulled out and keep a good close watch on how it progresses. Client service has priority. Has to be a balance. Achieved by reason of that there are non-paying clients. Must be made clear to the public or participants that it is a teaching experience for the students and they are in the learning environment. If it's too heavily weighted to the learning side then the public would be disadvantaged and unhappy with the outcome and won't want to participate. 	
4. What are the benefits of students giving advice to clients in the absence of a supervisor? What has your clinic decided to do and why?	<ul style="list-style-type: none"> In the absence of a supervisor the student is forced to engage with the client. If the supervisor is with the client the client will talk to the supervisor. The student becomes an observer rather than a participant in the process. That is very comfortable for the student but the student takes on the role of observer. 	<ul style="list-style-type: none"> Students give advice after they've spoken to the supervisor. There are a number of advantages including that the supervisors couldn't possibly sit in on every interview. If a student is sitting there with a supervisor the student always looks at the supervisor to takeover. Gives them responsibility and authority to do it themselves. Working in pairs: evaluate how they did it together and how they could do it differently. It creates a distinct awareness of the importance of the advice, or the importance making sure they are getting it as right as they can. As a by-product, it also flags to them clearly what are the practitioner legal standards. Generally not high risk clients (robust) but if it was a slightly more vulnerable client group, the supervisor keeps an eye on it. Always two students working together and often they pick the other student up. 	<ul style="list-style-type: none"> The short answer is clearly that the learning experience for the students is much greater because the responsibility for what they do is on their shoulders so they have to accept that level of responsibility. Short answer is that as much as it's possible; keep the supervisors out of the process. Having said that, (long answer) concerns about the issues related to solicitor client relationship and professional indemnity insurance issues, and practising certificate. Can be terrifying what happens in the client interview room as the supervisor has no control and no real strong feeling about how good the student was and how much risk to take on board. If I was in a law firm I would set up better mechanisms, include to set up meeting with the client, file reviews etc. I would create mechanisms to avoid negligence claims being made now with that background in play, having said all that I was very concerned here with our clinic because we have this process where we never see the client.

In-house live client clinic	External live client clinic	Externships/internships/placements
<p>5. If students give initial advice to clients only in the presence of a supervisor, do you think that the focus on client protection can stifle students' confidence development and sense of responsibility?</p> <p>6. If the latter, what precautions should govern students' 'first contact' autonomy?</p>		<ul style="list-style-type: none"> • The SA law society is aware of professional indemnity point of view and ultimately relies on university insurers. • The supervisor signs letters. That's a control. The biggest fear if you were worried about professional negligence is that you're simply not there. • If student is not a doer becomes a watcher. • Very good learning experience to take the instructions and then come back assemble what is given to them in a ramble disorganised fashion and then to put it in a way to make it presentable for a supervisor. • Supervisors spot issues quickly and students will be less energised about the process and legal reasoning.
<p>7. What might cost-effective clinical experience look like? How can greater number of students benefit from clinical experience without spreading financial resources too thinly and reducing the overall quality</p>	<ul style="list-style-type: none"> • Employing a solicitor solely to focus on being the supervisor is going to be a better model than previous experience where the lecturers were rostered on as supervisors, and it just inevitably takes up not only time but emotional energy and having to remember things about the files and teaching. I think not having to do that is cost efficient. • The other thing is having a solicitor here who is actually on staff rather than relying on pro bono members of the profession on a roster basis; one it's reliable but secondly we can have students once we've got the client base every day so we only need the one supervisor to feel comfortable with those students. 	<ul style="list-style-type: none"> • Current model is cost effective • Self-selecting models: students really want to be there. Generally speaking those who get priority have volunteer experience. Have to put in their application to explain why they want to do the topic. • The 1:6, 1:8 ratio is about right. If you have more students than that you're not supervising properly. Providing a service but not able to guarantee the quality of the service or learning. Toyed with the idea of having a lead student and younger student observing- possibility of students buddying up. • Giving students responsibility for teaching each other is an effective way of enhancing the clinical experience of the teacher and the teachee. There are possibilities for expanding numbers but there must be a balance and if you go over it you're

	In-house live client clinic	External live client clinic	Externships/internships/placements
of student-live-client interaction?		<p>either giving inadequate advice, students are not getting enough experience, or supervisors are too busy.</p> <ul style="list-style-type: none"> When the university looks at the cost of the clinical program and the cost of the other subjects it's clearly more expensive. The hook for them is the contribution to pro bono by the law school and the universities engagement with the community. University values this; we can say we are teaching these students excellently. We are also giving value to the university. There is an economic pay back. It is as cost effective as have more academic staff involved, with practicing certificates donating their time, a bigger pool of resources in the law school. 	
8. What role do law reform and community development approaches play within your clinics? What role do you think they should play in clinics?	<ul style="list-style-type: none"> Law reform is dealt with more than just within the clinic, it has a role within the course as a whole. Role in clinic of law reform still to be decided. Hope to have community development but not sure what shape that might take. Potential community advice evening or participate in other, community based organisations or groups. Have started doing community education e.g. seminars for the public. Have also established a number of referrals/connections with other CLCs/NGOs 	<ul style="list-style-type: none"> Should play a part and they don't currently. Possibilities in new clinic at Christies. Should play a part, it's a sophisticated area of academic study and practice, examples of these types of initiatives by universities have greatly enhanced the access to justice but also have contributed to law reform and public law initiatives. We don't have integrated CLC partnerships with universities; our local community legal centre is keen to be associated with what we're doing to extent that they'd like us to set up proper referral systems, which could potentially lead to some youth grant prevention programs. Occasionally have projects that link into law reform initiatives i.e. substantive reports to HRC, letters to get more volunteers. We tend to do project work on how law reform is going. Community development plays a very important part; we try to get the students doing work that reaches into the community, running workshops for parents group, Salvation Army, done workshops with refugees. Community development in schools i.e. Streetlaw with a direct focus on young workers employment rights. Last year did work with university secondary college, doing videos going out to schools about law. Should play a role because of the status of the university in the community - it's a valuable educational role for students to go out and facilitate. Limit of what you can do with the 	

In-house live client clinic	External live client clinic	Externships/internships/placements
	funding, we take incremental steps at a time.	

Clinical supervision standards

	In-house live client clinic	External live client clinic	Externships/internships placements
1. Are there minimum effective time periods for good clinical programs? If so, what are these minimums?	<ul style="list-style-type: none"> Concerns as to whether 1 day a week is really effective. In US, students can do it for half a year, 20 weeks long. The way our course runs is that it is quite condensed. All the courses have a high contact number of hours each week, 4 hrs per week. This condenses what in another university would be a 13-week course to a 10-week course. Ideally it would be very good for students to have a full week 9 to 5 every day for 5 days and then maybe that would involve training etc, but that's not possible because they've got other commitments. This clinic will run for 10 weeks. 	<ul style="list-style-type: none"> 12 weeks, whole semester, or 3mths with organisation 1 day per week minimum. In utopia should be more than 1 day per week. 20 weeks would be good. A decent solid exposure, even 18, or perhaps 20 days over 10 weeks. Sustained exposure is important, for the casework, reflective learning and the opportunity to participate in a range of experiences and see things unfold and think about things In 12 weeks students come a long way but sophistication of skills and understanding would be enhanced by a bit longer. Should have more time, it would enable them to reach another level of competence 	<ul style="list-style-type: none"> Only 1 day a week over 1 semester, and can't afford to do anything else. Because it's a teaching-learning process probably couldn't justify any more than that because that's about the contact time you're going to have in most topics anyway, it's more because you spend the whole day.
2. Are there more appropriate stages of undergraduate study at which clinical experience should occur?	<ul style="list-style-type: none"> Ideally, students will have a taste of it even in first year, not with clients but somehow have a taste of it. Concerned about whether they would not be mature enough to deal with confidentiality issues and the practicalities are extremely difficult 	<ul style="list-style-type: none"> Students can do it as soon as they've done majority of second year. Used to be final year. Definitely final year is more appropriate, our practical cap stones subject is a prerequisite, for this subject that is dispute resolution and ethics, teaches them how to think, we do take some students the year before that, can always accommodate 2 or 3. Students not ready, i.e don't have the depth of legal knowledge to start pulling it together, don't have the maturity, the others aren't quite ready for it, we don't have time for an observational thing, called a week in practice, there might be value in younger students coming in and seeing the real world. Not part of a clinical program that I would conceive of, I'd call it something else. 	<ul style="list-style-type: none"> The end, uncertain how to accommodate students earlier in the degree, they've got to have a good understanding of law, be in a position close to JDLP program.
3. In relation to live-client clinics, are there more or less appropriate practice environments in which clinical experience should	<ul style="list-style-type: none"> In house live client has been deliberately set it up within the law building because the faculty is excited about the idea of the living law within the law school. So there is actually a legal practice within our midst. From day 1 when students come here at the beginning of the law degree and say 'What's in 	<ul style="list-style-type: none"> Depends on what you are doing. In terms of the purpose of our clinic it has a justice access focus, all the educational purposes which we can take as a given but we have a strong justice access community contribution focus, private firms are also involved in a fair degree of legal aid work, 	<ul style="list-style-type: none"> Initiation foundation for this clinic was the fact that many people fell through the net and not covered by legal aid. They're lots of people we could help in criminal matters. Law society and judges wouldn't let us near criminal matters so that was ruled out. In terms of the teaching side, in theory you

	In-house live client clinic	External live client clinic	Externships/internships placements
take place? For example, environments such as community legal centres, legal aid, private practices etc. Please frame your response in terms of the purpose of your clinic.	that room?' it becomes a natural part of life that law is about clients. It's great for students to know that we're going to have clients waiting at reception. That person sitting there is someone who might need their help one day so they get used to that all the way through their degree.	private firms in legal aid, <ul style="list-style-type: none"> Having a number of students together is better than having one out in a private practice they have the same course materials and seminars and same questions. Having 4 or more students with a supervisor is completely educational, the best method, but I would never give up my externships as it provides a whole other experience. 	should be able to do it but you need to have some process of journal tracking to make sure that they're actually doing it.
4. Do you include in your course outline or student guide (or in related material) the following?			
learning objectives, summative	<ul style="list-style-type: none"> Yes Yes 	<ul style="list-style-type: none"> Yes Yes 	
feedback/assessment, types and intervals of clinical feedback	<ul style="list-style-type: none"> We have a midterm review, but that's been specifically generic 	<ul style="list-style-type: none"> Yes half mid period 2 formal interviews mid semester review and end of semester assessment, in the guidelines, the supervisors are asked to give feedback. Supervisor guidelines for the whole course, I touch base with students fortnightly to check and get feedback. 	
assessment criteria		<ul style="list-style-type: none"> The assessment criteria for the writing exercise is longer than the writing exercise. 	
5. How would you assess the following qualities in live-client clinics: If you have views as to appropriate standards for assessment in these areas, please provide details?			
Students' levels of client sensitivity and communication:	<ul style="list-style-type: none"> Relying on supervisor to pick up on that, if you can't see the student in with the client you rely on how they are talking about them. We don't assess it, what we assess is their reflection on it and what they learn from it themselves, which is probably more valuable. A teacher can have a view about how to deal with clients but a student's view could be equally valid. A teacher can't assess that. 	<ul style="list-style-type: none"> In terms of clinical practice it is not really looked at, more in terms of attitude Can be assessed personally by conversations with the student; by exploring interviewing experiences, exploring their views on the client, often they'll come in and say something about a client that will give them an opportunity, take on the client, conversation, about that, sometimes also their journals give them some insight into how they are responding to clients, gives them a 	<ul style="list-style-type: none"> Practical assessment seeing whether they can spot ethical issues, we're very exercised about the conflicts registers, and remarkable how many times we'd get both sides of the dispute wants to us to act. One of the areas that I can kind of sympathise with, but learning process for them often they hear an unfortunate story from member of public who has no case and they want to try and do something and they haven't got the maturity to realise that they can't do

In-house live client clinic	External live client clinic	Externships/internships placements
Ethical awareness: <ul style="list-style-type: none"> We spend a lot of time on ethics and it is assessed through their reflective portfolios. 	<p>springboard to talk to them about that. Older students like to adopt that ennui of experience and we talk about respect for clients and its balancing the office talk the bravado.</p> <ul style="list-style-type: none"> Attitude in clinic and what they bring back We tend to do that by asking was there an ethical issue there what do you think it was? As students to look for them, give them ethics teaching and a quiz and a scenario and in the casework. Watch them if they raise it and if they don't ask are there any ethical issues there and in their journal they have to identify an ethical issue. 	<p>anything for them.</p> <ul style="list-style-type: none"> Look at reflective journals, get them to reflect on their experiences and give them feedback
Intellectual grasp of substantive law-practical implementation: <ul style="list-style-type: none"> Not assessed. If we were going to assess it is linked with my dream of linking the clinic across the curriculum. Would love in Civil Procedure for students to have a real life client file that they would run and that's how I would assess it. Similarly the same could be done with criminal procedure, same with family law, torts and contract. 	<ul style="list-style-type: none"> We're not in clinic to assess technical skills That would be by assessing the quality of their work on placement, partly out of supervisor-student interaction of what this involves, and then at a higher level how they implement it in research or pleadings. Written work on placement. Discussion through supervisor. To be honest a lot of what we deal with doesn't have a huge intellectual demand to it. At a low level you are assessing this. Frankly by final year you have a working grasp. 	
Drafting, negotiation and advocacy skills: <ul style="list-style-type: none"> Skills are not assessed at all in this course. But their reflection on the skills is. They will be taught but they won't be assessed and partly that is because not all students in the course are placed at the clinic. 	<ul style="list-style-type: none"> Not really assessed, we expect them to have some skills when they leave Drafting yes, don't do negotiation/advocacy enough to assess. We assess drafting on placement to the extent that it involves writing and written work. Drafting of legal documents come out on assessment on placement, if they are average and not getting it would be reflected 	
Self-organisational ability: <ul style="list-style-type: none"> That's the sort of thing that would be assessed if there was a clinic component of the assessment. At the moment there isn't but might be implemented in term two. 	<ul style="list-style-type: none"> Placement performance, class participation, journal and project, journal is not assessed for organisational skills but can assess where they are and give them feedback. If it's not done every week I always know and the project the organisation the methodology is particularly important. 	
Socio-legal awareness: <ul style="list-style-type: none"> In the reflective portfolio. 	<ul style="list-style-type: none"> Clinic seminars Very difficult, through journal through seminar participation to the extent that is part of the assessment the aim of the course is to develop that. 	
Comprehension of law reform processes: <ul style="list-style-type: none"> Some time in seminars discussing this but not directly assessed 		

	In-house live client clinic	External live client clinic	Externships/internships placements
6. Which of these standards apply and in what way to other types of clinics, such as externships or virtual clinics? Are these same areas assessed in externships or virtual clinics? Are there minimum standards in those?	<ul style="list-style-type: none"> Within the clinic and especially because our clinic is here within the cocoon of the law school we can control and look after them and keep tabs on them. And we can make sure and give them appropriate tasks to their level of ability. 	<ul style="list-style-type: none"> Placement programs assessed, we don't assess it the supervisors do. They have significant number of technical tasks. And then supervisors have to sign off that they've done everything Same criteria across the board, externship program and clinic program, ours are merged, theoretically applied across the board 	
7. Is there a place for <u>client</u> assessment of student performance and if so, in what contexts and intervals?	<ul style="list-style-type: none"> No place for client assessment, maybe client feedback. A lot of clients who come to clinics come from backgrounds where they are suspicious of authority or government and assessment might scare them a bit. Potentially in the final letter maybe send something out to clients for feedback but generally in this online world people don't like filling out forms and putting them in the post. You have got to get them while they're there but if they're really worried then I don't really want to do that It's quite problematic. A lot of these sorts of clients might not have internet access, very tricky, without upsetting them or making them feel like they're being interrogated. The only way to do it would be with maybe 2 or 3 questions like 'Did we help you?' and 'How could we help you more?' I would not ask the client specifically about the student, or how the client would rate the student's performance It could also be difficult if the student has had to tell the client they can't help. 	<ul style="list-style-type: none"> We have feedback forms, but don't think that's very reliable or valuable Standardised client program (interviewing program) will do it. It would be fantastic but when would you find the time and resources? 	<ul style="list-style-type: none"> Yes, we haven't done it – useful. What I wonder about is how much would you tell the student, we as supervisors develop a tough skin about feedback and how some of it could be a bit brutal. Feedback is good but if it's adverse I would be slow to thump the student with it. Good constructive criticism is fine.

The extent to which clinical programs are integrated within the larger law curriculum and the law school itself

	In-house live client clinic	External live client clinic	Externships/internships placements
1. Should a student's clinical experience be	<ul style="list-style-type: none"> Should be integrated but it would be difficult. Perhaps a half way mark might be possible - use 	<ul style="list-style-type: none"> Ideally integration works well but how you do it is an entirely different matter, huge culture shift. 	<ul style="list-style-type: none"> Yes, the solution is how do you do it and make it financially manageable if you want to maintain a

	In-house live client clinic	External live client clinic	Externships/internships placements
integrated with other law subjects or stand alone inside a law degree?	<ul style="list-style-type: none"> masked files with the fact scenarios somehow in other places. Currently exploring ways of ultimately integrating the clinic with the final year of law 	<ul style="list-style-type: none"> Feedback from students that clinic would have been helpful during or before Evidence studies. Not unusual for students to say that things would be good if they were integrated You can craft a good program that is integrated with the subjects Prospect is daunting but theoretically yes. 	<p>program which will be available to law students and a good learning experience</p> <ul style="list-style-type: none"> Until you can say all of 4th year/3rd year can apply for this you're still going to have an equity issue from our perspective. Law schools are not properly funded, we need to become a bit more assertive, we have some more of this money to do it properly. Those who are responsible for the accreditation process - if it comes from that level then the universities might have to do it. There's not one area of health sciences that doesn't have a clinical component.
2. Should clinical components be incorporated into doctrinal law courses? If you think the answer is 'yes', what do you mean by 'clinical' components?	<ul style="list-style-type: none"> Lecturer who teaches torts has a client focus when talking about torts. So from that perspective you can. It is a question of time, a question of having to fit all of this law of contract into this number of hours teaching. Clinical stuff by its very nature is time consuming. In the end it has to be a standalone course because if you've got to have live client contact you've got to be supervised and see it through. Clinical means live client. Virtual clinics might be a way of getting earlier years involved to say what would you do in that situation. 	<ul style="list-style-type: none"> It would be good to incorporate simulated components in doctrinal law courses. Whether that extends to working in a live clinic, is a different matter entirely. Great deal of room for more contexts in doctrinal law courses. I.e. torts subject having one student in each seminar having a clinical experience and bringing it back to class if we had more than 10mins a week to teach subject would be great. More than skills training, all of that sort of insight, learning, awareness and cultural issues – it's much bigger than just skills 	
3. What expectations should there be of, and what support should there be for, clinical teachers' research output, and administrative and 'conventional' teaching workload?	<ul style="list-style-type: none"> Administrative support is critical if you're serious about running a clinical program you can't do all the admin stuff that is frankly so time consuming, for little things like a supervisor roster system, doing the roster, putting labels on files etc. kind of thing that in a legal firm just would happen without question. 	<ul style="list-style-type: none"> Major time factor is getting students enrolled. Generally speaking administrative help is a very personal thing. Questions are always different. Someone does clinic rosters etc, in terms of getting clinic stocked with paper etc, there are strings of emails saying can you bring some paper in, but its not particularly onerous once its up and running. Somehow find a way of being a lot more proactive about finding a way to tell students about what's going on across the board we tend to be a lot more reactive as opposed to proactive We negotiated it, 40 teaching/20 research/20 admin; negotiated a higher teaching/admin load and less research because I was putting a lot of effort into the clinical development. Situation different because I'm not just employed as a clinical teacher, not going to get the runs on 	<ul style="list-style-type: none"> Quite a bit of opposition because they were saying they can't afford this, it's just not viable. Fortunately the Dean at the time had foresight to get into this and do it cooperatively with Adelaide uni, but I don't think we ever reach the stage, that we are going to get more money. Run on a shoestring budget and good will at magistrate's court. In SA, magistrates courts has a busy list and many unrepresented people coming along with no idea what's going on, students assemble the case, magistrate can see what it's about, magistrates like it because it reduces their work load. That's why we have the space free of charge in the court room. Didn't take them long to see just how valuable it is.

	In-house live client clinic	External live client clinic	Externships/internships placements
		<p>the board in terms of research if you want to get promoted. Being involved consumes much more time than ordinary teaching.</p> <ul style="list-style-type: none"> • There's a lack of understanding of what clinical work involves which limits the opportunity for clinicians and other teachers to have commonality of research goals. • I always buy out of the student appeals committee and I sit on committees in town, need to have recognition of additional admin, liaising with the profession, not only setting up own clinic but legal aid foundation committee. If you're supervising you need time allocated, now we get 1 hour for 3, 1 hour teaching time, no preparation time. I spent half my life at clinics but it's a quarter of teaching load. 	
4. What access should clinical teachers have to 'conventional' law teachers' terms and conditions of employment?	<ul style="list-style-type: none"> • When deciding whether to employ supervisor as an academic staff or professional staff member – we wanted someone just to be the lawyer. There is hardly any scope for promotion in this job unless you go laterally across the university. No one else addressed it but I was very conscious of it. Whether that will become problematic down the track we'll have to wait and see. Not desirable, but at the same time, it's like being in house counsel. Often when you're in house especially if you're the only lawyer, there's no general counsel you can aspire to, just this role. • Since employing our solicitor as a professional staff member, I am giving a lot of consideration to whether he should be employed as an academic because, after all, it is a teaching position. I have to admit that, on balance, I now think it should be an academic role. 	<ul style="list-style-type: none"> • Supervisor is employed by University in the same way as any other part time teacher. A teaching only position, 5 yr contract, same as an academic salary, expectations of research not there, not eligible for conference funding or sabbatical. • Should have access to all conditions. Some clinicians might want to do teaching only. Clinical teachers do a lot of work trying to get people to see what the clinics are doing, talking to the community etc, awful lot of PR work not just justifying service but making people understand the value of clinical service a lot of value in getting people to look at that and understand it. 	<ul style="list-style-type: none"> • Supervisor on academic staff, write articles to satisfy that. If they say you're going to do this and you're not going to do research, I think it might be horses for courses and not sure whether one should be too prescriptive about it. • You would lose something by excluding academic staff, you would lose potential academics with rich practice background and if you say you can't participate in clinics you would lose that. • Also related to the issue of status of clinics within universities as well, again if people involved in clinics are not in the academic staff. • It's fairly obvious in this school because we have PLT, but we have academics working in the PLT we have this view that really we put a lot of emphasis on practical skills and we do it from day 1.

The desirable relationship between clinics, 'externships' and a myriad of related pro bono placement initiatives

	In-house live client clinic	External live client clinic	Externships/internships placements
1. Please describe the desirable relationship between clinics/externships/pro bono and please	<ul style="list-style-type: none"> • Ideally it would be good for all the placement providers to know about each other, and how they fit in to the scheme of our educational program [but] quite frankly I suspect that a lot of them aren't interested. It's always fortunate 	<ul style="list-style-type: none"> • A few CLCs operate very independently; we have Law Society that takes less of a role in pro bono sector than in other states. Huge misunderstanding amongst profession, don't understand difference between pro bono practice 	<ul style="list-style-type: none"> • I think if you're able to have a variety of placement opportunities is preferable

	In-house live client clinic	External live client clinic	Externships/internships placements
<p>explain if your response is based on educational/theoretical or pragmatic political grounds, or a mixture?</p>	<p>when you get an external supervisor who has an interest in actual pedagogy and who take actual interest in the concept of feedback and every now and again you will get a supervisor like that. Often you ask for feedback and they say yes they were fabulous, often you get a supervisor that gives no feedback.</p> <ul style="list-style-type: none"> • Good idea to have a supervisors' manual. • The link is where the academic component of the course links them together. That's where the seminar program becomes important, students themselves discuss their experiences. We look at different experiences in terms of the law and society and access to justice 	<p>clinical placements, Adelaide staff view our clinics as pro bono practice but it's not.</p> <ul style="list-style-type: none"> • Clinic is not probono. It's misleading to students, Community practice and volunteering is different from Probono, they can be CLC practitioners but it's a separate level of practice. Carries with it a whole different set of professional guidelines and standards, distinguish it from volunteering in some contexts yes, because volunteering can be a range of things, whereas probono work is usually a service fee rendered to no fee whereas volunteering can be a much more broad. Can become confusing for students, if you just use them interchangeably. • This year we've expanded social justice topic from being in house clinical topic to one that says that clinic is very valuable but its not the only way in being involved in social justice initiatives. There is some continuum. Range of ways of being involved as a law student and a lawyer in social justice initiatives. Might be providing service in clinic all could be continued as a lawyer as well, all under social justice umbrella rather than clinical probono work. • The relationship between clinics and externships is merged with the same social and educational outcomes. Contribution to the community and educational expectation. Wouldn't include, if pro bono it falls under that umbrella, other non legal work, and non live client work. Wouldn't include that in a clinical experience that would be a work experience or internship. It has to involve client service provision. • If law reform work, it wouldn't fit my program. Suppose it would depend on what sort of law reform, doing a law reform proposal in an office I would call it experiential learning not clinical, going to schools and presenting to schools, maybe I would. • I've certainly tried to maintain legal engagement in community as part of my program. This is not to say other things wouldn't. To be frank without having control over what they are doing I don't see it as a clinical program because I wouldn't know what they were doing, could be photocopying could be with a barrister giving law 	

In-house live client clinic	External live client clinic	Externships/internships placements
		<p>stories. Content of the work relevant.</p> <ul style="list-style-type: none"> i.e. a political internship program, wouldn't cross over to CLE because it has different goals compared to my rather traditional view of CLE. Sort of outcome I'm working for wouldn't get the capacity to reach that level of understanding without context/human focused engagement
<p>2. If not, is there any progressive, sequential <u>educational</u> relationship between live-client and externship experience or can they operate in parallel to one another without affecting students?</p>	<ul style="list-style-type: none"> Clinic first before sending them out externally because of that nurturing environment where you can really help them gain some confidence. 	<ul style="list-style-type: none"> Our externships and live client is the same, we've merged it I think when we started we didn't have the money for a clinic and we crafted it onto an externship. It's an externship live client, and we have agencies and clinics but all students are doing the same course content they just go to different placement agencies. Structure, the educational structure that surrounds the student, when they are on placement that backs up the placement in the law school. So that there's an expectation that they would engage with a certain type and amount of activities on placement that will link into that.
<p>3. How do the considerations in questions D.1 and D.2 apply to the relationship between live-client clinic and <i>pro bono</i> experience? Should clinical courses come before, after, or at the same time as other <i>pro bono</i> experiences?</p>	<ul style="list-style-type: none"> Clinical programs really open up their eyes to the notion of <i>pro bono</i> and I think that also in a roundabout way it's linked to assessment For a student that's a currency they actually understand because at the moment they haven't got a budget, they are not running a sole practice, doing <i>pro bono</i> work doesn't really mean anything financially to them but credit to their course is a currency to them. So if they have to spend more hours on this course than in another course, which is their <i>pro bono</i> contribution. 	<ul style="list-style-type: none"> Question that's impossible to answer. Don't think it matters any <i>pro bono</i> experience is good and if they have capacity to go out and find it - that's great. <i>Pro bono</i> experience can be working down at refugee association and that's a good experience and can be built on in a clinical law experience, to go on and do something else elsewhere. Pulling together intellectual structure with which to further lifelong learning need to create intellectual framework for them to build on.
<p>4. What is truly distinctive about a live-client clinic compared to a <i>pro bono</i> or externship experience or is the real educational question one of: what are the essential qualities of in-depth student learning? Is there anything</p>	<ul style="list-style-type: none"> There is a focus on the student in an externship. The student has to recognise that they are one of many stakeholders and I actually talk to them about hot and cold learning experiential learning; they find this very interesting, and while they are in the clinic and especially because particularly they are in the law school the client is aware that this is a learning experience and clients are usually really gracious about that and accept they need to wait around. Where a student is participating in a CLC or any kind of externship that is set up for the client the 	<ul style="list-style-type: none"> Controlled by the university. It's a challenge to integrate externships with clinic students in teaching environment, while having different experiences, the fact that you can in fact control experiences to some extent that clinics students have and tailor things more to that does make it much easier to work, with just clinic students its brilliant, it does actually make it much harder for the student teaching in the course, and because of that controlled environment more likely to have face to face. Re volunteer work it depends. Could be a

	In-house live client clinic	External live client clinic	Externships/internships placements
	<p>distinctive about a live client clinic compared to an externship experience? Is there anything distinctive about a live client clinic compared to volunteer work?</p>	<p>students have to take more of a back seat in terms of the focus so that the student is really thrown into an organisation that is not designed for a student. A clinic is designed for a student experience, A CLC or a firm or any organisation has not been designed for the volunteers who come in.</p>	<p>service focus structure, aim of the student to provide a service, although the student thinks that it's just to get experience.</p>
<p>5. Can the relatively high cost of clinical teaching and its limited availability be simply addressed by transferring the whole of clinical experience to post-graduate practical legal training, which is compulsory and therefore, by definition available to all law students?</p>	<ul style="list-style-type: none"> It won't make any difference to the level of expense. It costs the same to run a clinic whether you have undergrad and postgrad. We've got students who can start their GDLP before finishing undergrad, have had requests from PLT to ask if they can do their placement in the clinic. Becomes a completely different experience because they may be able to do it full time of 6 weeks. Having that sort of funding to operate a PLT program around a clinic would be brilliant but you would only be able to do certain aspects of it, and if you had that kind of revenue coming in it would change the financial perspective. If you only did in PLT you would remove the possibility of being able to integrate in the undergraduate program and all the benefits that would flow from that. Would the focus on justice issues and law reform get dealt with? This comes back to difference between placements. PLT is very task orientated and it tends to become a 6 week long job interview and firms and students use it as a recruitment tool. I think they would be become more focused on 'Can I get a job?', not that there's a problem with that but the whole pro bono justice access focus would dissipate. 	<ul style="list-style-type: none"> No because PLT is about learning to do specific legally dictated tasks not about learning about society and the law and justice access. We have CLE students placed alongside PLT students and that's a completely different experience for them. What they do in PLT placements is different from live client clinic. Law schools would lose a great deal if clinic were moved to PLT. I.e. if we took that out all together our students, wouldn't know what they were missing out on because they wouldn't know it was there. It's offering a window for the alternative legal pathway. Not a huge number of students going through it but a third of cohort. What differentiates this topic in terms of time and resources its not the internal time it's the external cost. 	<ul style="list-style-type: none"> There's an argument do you need clinic if you have PLT, answer yes because PLT program does very little to engender the need to encourage students to do pro bono type work. PLT program is designed to go out and earn money as practitioners, idea of them doing pro bono stuff, attracts a certain type of student. Could place it as part of PLT, and may be a solution to funding, disadvantage I think that you need to have practical and skills-only topics in the LLB, and the more you try to extract that from LLB, the less interested it is The idea of a degree with PLT is a good solution but it would not be for universities if they have a PLT program handed over to College of Law – I think that this is important for universities to get involved in this, I think most don't run a PLT program
<p>6. Are the most effective legal education outcomes obtainable from full integration of simulation, live-client and doctrinal teaching throughout the academic phase? In the manner of the</p>	<ul style="list-style-type: none"> I believe that integration is important. The main reason I think is that there's the focus on the client. I think law is service based and it's a service based profession and I think there's a real people element. The Clinic experience is intrinsically client oriented and the sooner students learn that there's a client here the rest fits into place 	<ul style="list-style-type: none"> Yes I agree. I've always agreed with that. Theoretically it would be 	<ul style="list-style-type: none"> Sounds attractive and overcomes issues, doesn't exist at the moment because not permitted by accreditations side of things. If it is driven by accreditation authority the university shouldn't have to pay for it. It would also address this discussion about PLT dedicated teachers as opposed to academics. Certainly clear distinction between PLT teacher and academic and in a sense as it is so proximate to everything else you're doing in PLT

In-house live client clinic	External live client clinic	Externships/internships placements
University of Newcastle Law School? Is the best legal education one which includes all: clinics, doctrinal teaching, simulation as they do at the University of Newcastle law school?		would make it a rich learning experience. I think Newcastle probably has it right.

Adequate staffing of clinical programs

	In-house live client clinic	External live client clinic	Externships/internships placements
1. Taking into account your views in C above, what mix of attributes/skills/experience and knowledge is needed for clinical supervision?	<ul style="list-style-type: none"> They have to be a special person ideally someone with extensive recent practice experience in the jurisdiction because a lot of this is basic procedural advice. Ideally a broad practice base so they are not only criminal lawyers or civil lawyers, so a good general broad practice base, then they need to be a patient person, you need someone who is interested in access to justice. Someone who is jaded from working in a commercial law firm might think they're the right fit but I suspect they're not. Someone who is prepared to look at different ways of approaching legal practice rather than the commercial time sheet slightly cynical view of dealing with clients. At heart you need someone with compassion, compassion not only for clients but for students as well. Someone who is able to see that just as much as clients come from diverse backgrounds so have the students and students sometimes do it really tough. 	<ul style="list-style-type: none"> Recent general practice experience; practising certificate; sensitivity to client environment; given it's a live client clinic supervision; if you get some of our sharp edge commercials you're not going to cut it in that environment; interest in students and learning outcomes; some broader sector knowledge important; access to justice; In terms of theoretical knowledge I think jurisprudence, philosophy of law, social implications of law in the community, experience in applying the law in a practical experience not as a practitioner but ability to apply theory to context in a real way. Not a book way. Good people skills, bit of an interest in pop-psychology is necessary. Got to be prepared to engage in a degree of psychological dabbling. Need to have to talk about ethics in an intellectual way, jurisprudential knowledge to understand ethics and professionalism not just in an instrumental way and boundless patience. And the capacity to say I'm not your mother. The ability not to say just do this, to watch them do it themselves. The ability to let students learn themselves, just to hold back. Let students experiment 	<ul style="list-style-type: none"> I don't know that you have to be as academically qualified as you need to be qualified as practitioner. Speaking from my own experience, may be other types of clinics, but if you turn that on its head and say can you do without skills as practical lawyer the answer is no, need to be able to spot a contract from a tort in a practical sense. How evidence can be assembled to be presented in the litigation process. Anyone who teaches civil lit can do that and it's probably right. You need practitioners. To be risk averse, I do think that depends, where you're working say in litigation better skills in those areas. I believe firmly that you need to have teaching skills and it always troubles me a bit the way that there's a tendency in universities to bring someone who has experience now teach it. There is a learning being associated with having information and being able to convey it in a way that makes it understandable. More should be done for in terms of teaching and learning for academics.
2. Should clinical supervisors be required to have	<ul style="list-style-type: none"> Law degree. They need to be admitted to practice, so GDLP, it would be beautiful if they had some education qualifications but I don't 	<ul style="list-style-type: none"> Law degree; practising certificate; difficult enough to find the person in the first place and not likely to have formal qualifications that we're 	<ul style="list-style-type: none"> Need to be good teachers as well as experienced practitioners. It's very much a teaching role. Academics present something

	In-house live client clinic	External live client clinic	Externships/internships placements
<p>certain formal qualifications and experience? If yes, what are they and what are acceptable minimum standards?</p>	<p>think that's critical, some sort of experience in supervision, teaching, tutoring, some contact like that is important. Sometimes you come across a special person who has no qualifications in teaching but is excellent</p>	<p>looking at, i.e. teaching and learning qualifications.</p> <ul style="list-style-type: none"> • Law degree, but ours don't all have law degree or experience in legal field. I think practical experience is important not necessarily as a lawyer but dealing with people even if dealing with students in a real situation, I think clinical supervisors need to have 5yrs PQE or be qualified post probationary period. Any number of other attributes, psychology degree would be useful, plenty of others, people with a multidisciplinary background would be good. Practical experience good the ability to call the shots. Supervisor's course? Should there be some qualification? People who are drawn to it are good at it. I think the ability to talk with other supervisors and have a community of practice is really valuable 	<p>according to a structured program which is content rich, following the same structure from one university to another. That's not how clinics work, it works on the basis that student goes out to talk to someone who has a real problem in the real world and comes back and has to fashion that into a legal solution, can't predict the content of that, the outcome, you don't apply to it a specific body of learning to resolve that problem. Very different teaching process and not structured which I think calls for greater teaching skills than for someone who is just giving a torts lecture.</p> <ul style="list-style-type: none"> • Good supervisor? Got to be able to make sure the student who is dealing with the real question solves the real question themselves rather than you doing it because they want you to do it for them. Because it's a real life client, much more of a sense of immediacy to it than in the reading environment. You have to have patience, good relationship with the student, convey that you're not doing this to be mean but for them to learn, and they're never going to learn if you keep giving them the answer.
<p>3. If clinical supervisors require certain standards and cannot always be recruited with highly developed standards, what are the most effective ways to train them to acceptable minimums?</p>	<ul style="list-style-type: none"> • They need basic training in small group teaching, in cultural awareness for lawyers dealing with students. Students are not all of one mould, and I think they need some training in justice access and self awareness, law reform and professionalism 	<ul style="list-style-type: none"> • Depends on what they need training in, in their issues; most of our supervisors are women with young children; time poor • In the way you train new tutors, theoretical training, in the sense of this is what we're trying to achieve from an educational basis, learning styles, practice styles, brainstorm how would you deal with this – e.g. new tutors training and then perhaps an mentor program, more senior clinical teachers supporting them. 	<ul style="list-style-type: none"> • In fairness, we haven't committed anywhere near as much time to that as I think is appropriate or we should have done. I would do what I do with the practitioners in PLT, I would go through quite a rigorous program, set out criteria for assessment because in PLT, and I say there is a specific criteria the student has to be prepared to present the argument on this point.
<p>4. What insights from clinical supervision in health sciences are likely to be relevant to the training of clinical legal supervisors?</p>	<ul style="list-style-type: none"> • I have visited the physio and podiatry clinics here at UniSA from the angle of the students not the supervisors. Their policy and procedure manuals have been useful. 	<ul style="list-style-type: none"> • Not particularly familiar, they're way ahead, they tend to be luckier than us, the bigger health sciences have that economy of scale that allows them to do more in terms of training • Standardised Client program, med schools all use standardised patients. They seem to be quite innovative using technology to communicate and discuss issues that come up. 	<ul style="list-style-type: none"> • In terms of insurance costs it ought to be made clear to money crunchers that you're not dealing with human life, the fact that someone might die on you is not likely to happen. From a cost factor it should cost as much as medicine, should be cheaper should be that you can afford to pay less rigorous supervision regime

Assessment of students' performances

	In-house live client clinic	External live client clinic	Externships/internships placements
1. Should students be assessed at 'satisfactory' levels of performance according to stated criteria (that is, pass/fail approach)?	<ul style="list-style-type: none"> Two ways of looking at it. When I did the PLT program they just had pass fail and it was pretty much based on whether the student performs. Presently, students can fail if they're not behaving appropriately. If they don't attend, they lose 20% of the final mark which is redeemable by doing make up work 	<ul style="list-style-type: none"> Traditionally we have graded assessment; to be honest I prefer it to be pass fail. The competition between students for graded passes is considerable, we get them to this and they have to be collaborative, and none of the things we ask them to do in this topic relates in my head to something that should be a scale/graded system, they should be doing the best they can, they're all coming in different stages, we can't expect a level of technical knowledge We are assessing them on their attitudes their insights, and I don't think it's right to have it as a graded pass. I think that fortunately the only reason we don't have issues with it is because it's a self-selecting elective. We assess them to grading but I'm more than happy with pass fail. I think pass fail is better just because of the way it fits in my mind, it's not the academic learning it's the springboard learning. If they were all in one clinic I would probably be happier grading them. Students are entitled to feedback. 	<ul style="list-style-type: none"> Our PLT is non graded passes (NGP), they perceive it as 50%, NGP is more than that. I think students like graded passes, having dealt with NGP in PLT I often find myself giving them grades because it motivates them to do, I give them a pass credit, HD, because I found students are fiercely competitive and with PLT program we've had the NGP. When I said you've got a HD it lifted their participation, just from my experience I'm not a fan of NGP I think it makes it easier for staff and I can see where in terms of is this letter properly drafted, how do you give that a grade? Yes it is or it's not, hard to say it's a distinction or a credit, I think students have perception of NGP is hard to shift. On example that I use is that I tell students I'm the senior partner of the firm and for what you serve up to me would I pay you? And if I think it's not worth a day's pay, the student fail. That brings it home a bit.
2. If not, should students be eligible to record higher levels of achievement similar to other law subjects? If so, how?	<ul style="list-style-type: none"> It would be good to have a prize for the top student 	<ul style="list-style-type: none"> No, the difficulties are that they spent so much time on practical. Hard to be as rigorous as you are expected to be in other areas. It tends to be the supervisors impressions of the student based on handwritten notes. It is difficult. 	
3. What are the advantages and disadvantages of allowing students to be eligible to record higher levels of achievement?		<ul style="list-style-type: none"> Disadvantage of pass/fail would worry the types of students aren't those that are driven in that way, more for their own satisfaction than necessarily competing for marks 	

Additional questions

External live client clinic	
1. How are students selected to participate in your clinical program/s?	<ul style="list-style-type: none"> Students are selected on the basis of an application including cv & academic record. Priority is given to more senior students & those who have demonstrated previous interest in volunteering. There are also places for students who have negotiated their own social justice placement, in which case they must have the placement approved in relation to the social justice component and client exposure.
2. How much academic credit do students receive for participation in your clinical program? (e.g an elective, double credit)	<ul style="list-style-type: none"> Social Justice Internship is a standard elective unit.
3. Can you provide us with details of what is taught in the classroom component of your clinical program? How many hours/days/weeks are taken up by this component (for each program)? Who teaches the classroom component?	<ul style="list-style-type: none"> It comprises 6 x 2 hour seminars. Topics include reflective learning; professionalism; client-centred practice; ethics; access to justice; and a free choice of discussion. Time to allow student-led debrief of placement experiences is also included.
4. How is the cost of the clinical program/s addressed in your School/University? Is it a separate line item? Would your Law School be prepared to provide our project team with details of how much it costs to run your clinical program? In particular, the costs related to: <ol style="list-style-type: none"> fees/retainers/honorariums to partner organisations salaries incl on-costs of staff (both academic and administrative) with dedicated clinic duties, pro rata'd for those part-time? 	<ul style="list-style-type: none"> Cost of supervision and other operating costs, stationery etc are included in law school staff budget. Adelaide Magistrates Court clinic cost is shared with Adelaide University Law School-estimated about \$20,000pa. carried by schools as integral part of teaching
5. Is your clinical program/supervisors covered by PI insurance? Who pays for this? Can you provide details of any other insurance cover provided by your program? E.g. travel, Workcover.	PI Insurance - Part time supervisor carries PI cover - other staff covered by Flinders Uni. Currently some question whether further PI is required.
6. What criteria are used in choosing cases to be undertaken by your clinic? How do you organise the selection process? What is the role of 'public interest' or test cases in your clinic?	<ul style="list-style-type: none"> Any case within minor civil claims jurisdiction will be taken unless either (a) conflict; or (b) considered too complex for students to manage in the interests of the client.

Analysis

Sustainability

The clinic run jointly by University of Adelaide and Flinders University is longstanding and seems well embedded in both degrees. University of Adelaide utilises a range of agencies, including the Magistrates Court, two more university-run clinics, community legal centres and other agencies in an amalgamation of live client clinics (at Magistrates' Court, Holden Hill and ALOS) and externships.

There is a small number of committed academic staff who drive the programs at both University of Adelaide and Flinders.

The jointly run clinic, the Adelaide Magistrates Court Legal Advice Service receives a university funding allocation from both universities and employs a non-academic supervisor on site at the Magistrates Court. Other volunteer academics and non academic supervisors are involved. Although the universities are aware it is more expensive than other subjects the "hook... is the contribution to pro bono by the law school and universities engagement with the community". This low cost collaboration enables a significant number of students to have a clinical experience across three semesters, utilising a wide range of agencies and a court. The new in-house clinic at University of South Australia (UniSA) is an innovation to the current offerings in SA. The University has directed funds towards establishing a clinic within the law school building. This fits with the theme of a 'client centred' law school. A non-academic supervisor has been employed to run the legal

practice aspects of clinic and an academic runs the seminars etc. This model is hoped to be more cost effective than having lecturers rostered on as supervisors (as one interviewee commented, "this takes up not only time but emotional energy and having to remember things about the files and teaching").

Additionally having a solicitor/supervisor who is actually on university staff rather than relying on pro bono members of the profession on a roster basis is likely to be more reliable and ensure enhanced quality. The clinic is in its infancy and many aspects are still a work in progress.

One issue for the ongoing sustainability of the SA clinics is the reliance on a small number of academic staff. There is a need to negotiate the clinical teachers' workload to reflect the additional admin/time involved in teaching, liaising with profession/organisations etc. Sustainability also relies on the ongoing involvement/support of the multiple agencies and the Magistrates Court. These relationships require continual maintenance. This work does not receive adequate recognition from the universities.

Integration

General agreement that integration is the ideal but it is very hard to achieve. It was thought that clinical methods are time consuming and academics are reluctant to devote time to experiential learning. If clinic means 'live client' then the interviewees thought it difficult to factor in clinic to a doctrinal subject because of the professional responsibilities to the client. Whereas, there are more

opportunities to use aspects of clinic methodology within standard subjects. Interviewees had a number of suggestions for integration e.g. masked files, guest lecturers, students who are doing clinic to present to other students.

The interviewees stressed the integration of clinic experience and theory relies on the academic component of the course as this links them together. "The seminar program is important as the students discuss their experiences...in the terms of the law and society and access to justice and it tends to take a while for the links to be forged".

Given the low levels of funding of clinical legal education, one interviewee noted that the only way real integration will be achieved is when the accreditation bodies require it, as has happened in medicine.

Pedagogy

There was some difference in opinion about whether clients or students have priority in clinical legal education. The Flinders and UniAdelaide view was that "client service is the primary consideration" particularly as the supervisors were legal practitioners who have a professional responsibility to the client. "Client service has to be preeminent. If it is the education follows".

Additionally, the purpose of their clinic was a strong access to justice focus. However, it was generally agreed that in clinic it was possible to spend longer working on a client service to further the educational opportunity for a student (although this may be seen as overworking a file).

In contrast the UniSA approach was to err on the side of the student being more important. This was possible because the supervisor/clinic was not on the record as acting and the clinic is helping people to help themselves. The rationale is that in return for the receipt of free legal advice, clients may have to wait longer whilst students work on the matter

"It is the educational structure that surrounds the student, when they are on placement" that ensures a quality learning experience and differentiates clinic from work experience, pro bono or volunteering. The importance of the seminar/classroom content was stressed.

It was agreed that there are a variety of advantages having real clients. "Feedback from students is that they suddenly get it, suddenly it actually means something. It's the actual dealing with the client and dealing with different kinds of people, learning how to react, when you say something and the client takes offence to it, and you'd have no idea that they would take offence."

A good example of clinical pedagogy was the use of students working in pairs doing interviews – enabled a sharing of responsibility and also peer review/reflection as well as added protection about the quality of advice given. Similarly, there was a strong focus on reflective practice that was assessed via journals and portfolios.

There was a clear preference for students giving advice without the supervisor present. Interviewees felt that in the absence of a supervisor the student is forced to engage with the client – otherwise student becomes the observer – client also engages with client instead of supervisor/lawyer.

There was a consistent approach that student work in clinic was not generally assessed which is particularly relevant in the externships. There was interest and general support for the pass/fail approach to grading of students in clinical although all clinics did grade.

Also agreement that although PLT could be taught through a clinical method, the objectives would be different. The benefits of linking with other undergraduate courses and in particular the access to justice objective could be lost.

Quality

All the SA clinics were acutely aware of their professional responsibilities to users of the clinics and hence agreed that there needed to be minimum standards e.g. professionalism, conduct rules, confidentiality. The supervisor has to be properly qualified and competent, and have expertise in the areas of client need.

Additionally, the educational imperative of clinic requires a certain standard in relation to supervision including attributes of patience, compassion and interest in students' learning. It was noted that currently no formal educational qualification required of supervisors although this should be the case.

The preferred ratio was one supervisor to 8 students although this is likely to be tested in the new in-house clinic. It was also common belief that a period of 18-20 days over at least 10 weeks was the preferable option for length of placement.

The variety of supervisors in the externships raises the

issue of how to ensure quality supervision. This is recognised by the lack of assessment on the clinic work. It was acknowledged that not all supervisors (in externships) are interested in pedagogy or able to give appropriate feedback. There was no regular supervision training.



Promoting excellence in higher education

PO Box 2375 Strawberry Hills NSW 2012 Australia

Telephone 02 8667 8500 Facsimile 02 8667 8515

www.altc.edu.au

ABN 30 109 826 628