WHO Global Health Histories Health law seminar

Making the case for public legal education

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The problem

- Ignorance of legal rights and responsibility costs - money, human and other resources, the economy, relationships and health – see Pleasance et al, LSRC, (2006)
- Recognition of the importance of legal awareness by e.g. UN – Commission on Legal Empowerment of the Poor, UN, (2008)
- Awareness of those entitlements and obligations has the potential to address and possibly resolve problems at an earlier stage
- How do you improve legal literacy and what difference does it make?
Public legal education (PLE) is practised in many jurisdictions - in some places focused more on democracy and fundamental human rights (e.g. the Street Law programme in Georgia, Pakistan and the USA) and in others on specific topics such as domestic violence, HIV/AIDS and employment rights (e.g. Poland, South Africa and the UK).

Some programmes are delivered by the state (e.g. Australia and Canada) and others by NGOs (e.g. India and Philippines).

Some PLE programmes (the ones I want to describe) are delivered by law schools in partnership with the community.

Some PLE initiatives focus on health law.
Imagine the legal literacy needs in the following situation:

A group of social workers, whose service users include those with alcohol and drug dependency, many of whom are in poor health, are concerned about the way in which their clients are, or may be, treated by wider society.

Questions:
What are the legal and related issues at stake?
Where and who might they go to for help?
What support may they receive?
The model

- One effective model (evidenced by participant feedback and independent evaluation) involves law school ‘clinics’
- The term ‘clinic’ and the medical analogy are used deliberately but substitute ‘client’ for ‘patient’ – the law clinic is the legal equivalent of the teaching hospital
- A clinic in this context is a legal advice service that offers pro bono help to individuals or community groups as part of the overall education of the law students
- That service may be advice, representation and PLE
- In our example the York Law School Clinic provided PLE ‘classes’ to the professionals and their clients on a range of health-related issues including the right to diagnosis and treatment and housing and social security entitlements
The challenges

- Expertise
- Supervision and other resources
- Managing expectations
- Professional practice rules - confidentiality, conflicts of interest, competence
- Indemnity insurance
- Continuity of service
- Training and induction
- Referrals
The evidence

- Plenty of anecdotal evidence of value of law school clinics from clients, students and supervising staff
- Some evidence from independent sources – e.g. external examiners, advisory panels and professional bodies
- Studies in the fields of nutrition and financial literacy on impact of public education
The way forward

- Funding - to systematically assess impact of delivering PLE
- Partnerships - between public, not for profit and educational sectors to ensure that PLE is planned and delivered in a ‘joined-up’ way
- Use of existing networks – Clinical Legal Education organisations (Australia, Europe-wide, UK, USA), PLE bodies e.g. Law for Life (UK) and Global Alliance for Justice Education (www.GAJE.org)
Over to you for questions and comments