

Law Clinics and Advocacy Within the University Community: Risks and Benefits

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Abstract

The inception of the legal aid scheme in the Nigerian legal system brought about hope for the indigent and with it an increased rate of indigent dependents relying on the scheme to access justice.

This article discusses the advent of legal clinics in Nigeria and its relevance to a university community; in particular, the writers look into the rationale for establishing a specialized Woman's Law Clinic and discuss the risks and benefits associated with advocacy and practicing as a University Law Clinic. In concluding, a risk–benefit assessment was examined using the unstructured questionnaire method of finding the stakeholders' views/perspectives on having a clinic within the university community.

Introduction

Legal aid assistance in the form of providing pro bono legal services including advocacy is not new to the legal profession in Nigeria.³ However, rendering pro bono services became more popular with the advent and introduction of law clinics and clinical legal education into the curriculum of legal education in Nigeria.⁴ Before the introduction of clinical legal education and the establishment of clinics in the various law faculties, pro bono services and advocacy were sparsely offered by professionals, professional bodies and advocacy groups such as the International Federation of Women Lawyers (FIDA).⁵ Although the provision of free legal aid services is a right under the 1999 Nigeria Constitution,⁶ and the legal aid services provided cover both criminal and civil matters,⁷ the services provided still fall short of what is

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³ Legal Aid Act 1976 (No. 56) Cap L9, Laws of the Federation of Nigeria 2004 (now repealed); Legal Aid Act 2011, Laws of the Federation 2004 as amended.

⁴ Ojukwu E, 'Taking Practical Legal Training into the 21st Century: Proposal for the Reform of the Nigerian Law School Programme', *Abia State University Law Journal*, vol. 1, p. 91 (1997).

⁵ Constitution of FIDA- International Federation of women Lawyers. Article 4. *available at* <http://www.fidafederation.org/constitution/> (last visited 26 June 2016).

⁶ 1999 Constitution of the Federal Republic of Nigeria S. 46(1).

⁷ The scope covered by the 1999 constitution has now been broadened by the new Legal Aid Act of 2011. The Act now covers criminal defence service, advice and assistance in civil matters including legal representation in court, community legal services

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needed for a teeming population of about 600 million people due to underfunding and lack of personnel.⁸ The introduction of clinical legal education into Nigerian universities' law faculties and the establishment of law school based in-house clinics were necessary compliments to the role of the Legal Aid Council in ensuring access to justice in Nigeria.⁹

This article therefore is an exposition on the advent of law school clinics' advocacy and provision of pro bono legal services in Nigeria, with specific focus on the realities of risks, benefits and challenges of practicing and offering advocacy services as a Women's Law Clinic (WLC) within the University of Ibadan in Nigeria. The WLC, University of Ibadan, presents a unique case study of law clinics in the provision of advocacy and other clinical legal services to and within a university community with multicultural and multidimensional peculiarities.

The semi-structured questionnaire method was adopted. The essence is to bring out the lessons learnt and show the impact on social and legal reforms within the University and its close and immediate environs.

Clarification of Concept

For the purpose of clarification, this article is considered from a legal and not scientific perspective.

Methodology

This is a legal article and the writers consider it from this perspective. In examining the risks and benefits of having the WLC in the University of Ibadan, data were gleaned using the survey research design that adopted the use of questionnaire tagged Advocacy Risk–Benefit Scale (ARBS). The ARBS was constructed having 15 items in 5-Likert format.

Sixty-five participants were used, taken from the Faculty undergraduate students and postgraduate students, clients from the WLC and random population—with each of the category having 20 (30.77 per cent) participants with the exception of clients from the clinic having 5 (7.7 per cent) participants. The participants were exposed to 15 question items where they were requested to express their choices to varied question–statement.

The Advent of Law School Based In-house Clinics and Advocacy in Nigeria

Prior to the introduction of clinical legal education into the curriculum of legal education in Nigeria, the only semblance of formal introduction and exposure of Nigeria law students to the rudiments of legal

and access to justice for indigent persons. See also Olomola, O, Olaleye F & Bamgbose O, 'Community lawyering: an intervention of the university of ibadan women's law clinic in the case of stray bullet killings at arulogun-idi-omo community: A case study'. *African Journal of Clinical Legal Education and Access to Justice*, vol. 1 (2012) at pp. 33–36.

⁸ *Id.*

⁹ Bamgbose Oluyemisi, "Access to justice through clinical legal education: A way forward for good governance and development. (2015) 15 *African Human Right Law Journal*, pp. 375–394.

practice and procedures was the Nigerian Law School.¹⁰ Whereas, clinical legal education has existed in American schools for over four decades,¹¹ it was first introduced into the curriculum of legal education in Nigeria in the wake of the year 2006 and 2007.¹² This was upon the realization that there is the need for a holistic approach to the training process of law students by exposure to live cases and practical situations in order to produce a well-rounded professional.¹³ In Nigeria, the crusade for the establishment of in-house clinics as ‘practical rooms’ and ‘laboratories’ for the training of law students was championed by the Network of University Legal Aid Institutions (NULAI).¹⁴ A curriculum on clinical legal education was developed alongside series of training workshops and manuals for teachers.¹⁵

Through the effort of NULAI and collaboration with other institutions, national, regional and international, clinical legal education has been adopted by nearly 40 per cent of Nigerian University law schools, and each establishing a clinic for the training of law students.¹⁶ The various law schools’ in-house clinics provide practical training to law students through rendering legal services according to their chosen focus area(s) or preferred scope of the law clinic. Some of these law clinics are generalized in terms of focus areas of practice, while some are specialized.¹⁷ Some of the several clinic models adopted by the various law schools are discussed below.

1. Law school based in-house clinics which are usually located at the law school involved.
2. Community-based clinics physically located within the community served.
3. Live-client clinics where students represent actual clients.
4. Simulation clinics. In these clinics, students do not represent actual clients, but work on case files that simulate issues of a real case.
5. Externship programmes where students work on actual cases outside the law school with legal practitioners who supervise their work.

The clinic at the Faculty of Law (the Faculty), University of Ibadan (the University), is a specialized live-client law school based in-house clinic for women. It is at present, the only specialized clinic for women in any law school in Nigeria. It is known as the WLC, University of Ibadan, Nigeria.

Bamgbose et al. say that each of these models has unique characteristics and share certain features including ‘a fostered spirit of public service’.¹⁸

¹⁰ See ‘Taking Practical Legal Training into the 21st Century: Proposal for the Reform of the Nigerian Law School Programme’, *op. cit.*

¹¹ Wilson, Richard. “Western Europe: Last Holdout in the Worldwide Acceptance of Clinical Legal Education.” *German Law Journal* 10, no. 7 (2009): 823–846.

¹² The development of Clinical Legal Education Retrieved in <http://www.nulai.org/index.php/blog/8> cle accessed on 24 June 2016; see also Bamgbose O ‘Access to Justice through Clinical Legal Education: A Way Forward for Good Governance and Development’. (2015), 15 *African Human Rights Law Journal* 378–396.

¹³ See ‘Community Lawyering: An Intervention of the University of Ibadan Women’s Law Clinic in the case of stray bullet killings at Arulogun-Idi-Omo Community: a Case Study’ *op. cit.* at 40.

¹⁴ <http://www.nulai.org/> accessed on 22 June 2016.

¹⁵ <http://www.nulai.org/index.php/media1/downloads-resources/file/21-clinical-legal-education-curriculum-lessons-and-materials> accessed on 22 June 2016.

¹⁶ <http://www.nulai.org/index.php/media1/downloads-resources/file/45-compendium-of-campus-based-law-clinics-in-nigeria> accessed on 22 June 2016.

¹⁷ An example of a specialized in-house clinic is the Women’s Law Clinic, Faculty of Law, University of Ibadan. The focus of the clinic is to ensure access to justice for women.

¹⁸ Oluyemisi Bamgbose, ElizabetaOlarinde, J.O.A. Akintayo, OsifunkeEkundayo, FolakeOlaleye, OmoladeOlomola, BukolaAkinbola, I.O. Adejumo, P.O. Lifu, Ibijoke Byron “Access to Justice and Human Rights for Women Projects under CDP 11” Final Report on CDP 11 Codesria, Women’s Law Clinic, Faculty of Law, University of Ibadan, Ibadan, Nigeria.1-197:21.

A Specialized Women's Law Clinic in a University Community

A community is a group of people with common interest living in a particular area.

The University of Ibadan as an institution of higher learning is the foremost institution of higher learning in Nigeria, established in 1948, located within Ibadan, Oyo State, Nigeria,¹⁹ and has a formidable heterogeneous community.²⁰ The University has a mixed population of the rural and the urban, elites and non-literates, middle and upper social class; a blend of different people with different cultures and ethnic groups. The University community and its environs are therefore a complex whole with social interactions which has the potentials for violations and abuses in various forms necessitating the intervention of the law through the provision of legal services for the protection of rights and access to justice.

The establishment of the WLC, an in-house, walk-in, live-client law school clinic formally inaugurated in 2007, within the University, is to cater not only for the legal needs of the members of the University community but also its environs.

It is a specialized clinic, in the sense that it is for women and women-related matters. It is a practice 'laboratory' where the law students are trained in the practice of law. Staff clinicians utilize clinical legal education methodologies and strategies to assist students in the development and acquisition of hands-on practical skills of interviewing, counselling, mediation, conciliation, negotiation and oral advocacy. Emphasis is also placed on the development of ethical professional character for a good and dynamic legal practice.²¹

Apart from the training of law students, the clinic has a mandate to provide legal services to women who are less advantaged within Ibadan city. It has the characteristic feature of a community clinic as it serves the University community; but it is also open to all persons within Ibadan and in some cases has served clients outside Ibadan.²²

At inception, there were some unverified views that the nomenclature 'Women's Law Clinic' would pose a risk to the patronage. This assertion is clarified thus. The focus of the clinic, as one for women, was informed after a stakeholders' forum held in 2005 in Ibadan, Nigeria. The forum was organized by the Program of African Studies of Northwestern University (PAS) and the Centre for Law and Social action (CLASA). At the programme on women's access to justice, representatives from some women's right non-governmental organizations lamented the lack of adequate personnel and funding to reach and serve target population.²³ Participants noted the reality of women experiences in a patriarchal and indigenous society like Nigeria and the informed need to ensure that women are protected against oppression, violations and abuses mostly entrenched in patriarchy, reinforced by culture and enforced by society.²⁴ They therefore recommended that there must be 'systematic effort at protecting the rights of

¹⁹ University of Ibadan Act 2014; Abel Idowu Olayinka "Agenda for Accelerated Development of The University of Ibadan through Consolidation and Innovation 2015-2020" Ibadan University Press, p. 31.

²⁰ The University of Ibadan reflects the national and heterogeneous composition of Nigeria as a nation. Nigeria is both multi-ethnic and multicultural with over 250 ethnic groups and varied culture. The University of Ibadan being a Federal institution of learning admits students from all states comprising Nigeria, including international students. Staff: academics and non-academic are drawn from all the states. The university staffs also include visiting professors, researchers and scholars from within and outside Nigeria. Residential population of the university is currently...

²¹ See 'Community Lawyering : An Intervention of the University of Ibadan Women's Law Clinic in the case of stray bullet killings at Arulogun-Idi-Omo Community: A case study' *op. cit.* at 41.

²² The clinic had taken up client matters referred from outside the city of Ibadan and from other states.

²³ Oluyemisi Bamgbose, ElizabethOlarinde, J.O.A. Akintayo, OsifunkeEkundayo, FolakeOlaleye, OmoladeOlomola, BukolaAkinbola, I.O. Adejumo, P.O. Lifu, Ibijoke Byron "Access to Justice and Human Rights for Women Projects under CDP 11" Final Report on CDP 11 Codesria, Women's Law Clinic, Faculty of Law, University of Ibadan, Ibadan, Nigeria.

²⁴ *Id.*

women²⁵ and this ‘would require the provision of additional legal services’.²⁶ It was suggested that ‘creative legal solution like clinical legal education would enable women to have greater access to legal representation.’²⁷ Furthermore, it was proffered that ‘academic institutions would have to collaborate with NGOs and existing government legal institutions in addressing these issues.’²⁸ Participants at the forum also expressed the view that the contributions from the academic community including the legal education system could have a significant impact in advancing the response of women justice issues in Nigeria. More importantly, they also recognized that university-based activities which include legal aid would complement and support the exemplary work of NGOs working in this area.²⁹

The WLC was therefore conceived and given birth as a result of a ‘systematic effort at protecting the rights of women’, one that would provide free legal services to indigent women while training and engaging the services of law students and staff clinicians.³⁰

Notwithstanding the focus or mandate of the WLC to address issues relating to women, since inception, the clinic has handled different cases affecting men, women and children, staffs and students, husband and wife matrimonial disputes,³¹ child custody and maintenance,³² adoption, ‘campus relationships’,³³ matters between University administration and students, and University administration and staffs.³⁴ The fundamental objective of most legal aid/law clinic (including the WLC) is to meet the needs of indigent and low-income clients in their communities.³⁵ The writers claim is that the WLC over the years has consistently met this objective. Clients to the clinic, like all legal aid clients, depend on the pro bono legal aid services for access to justice, ensuring crucial legal rights and procedures that protect their human rights.

The focus of the Clinic is in tandem with the vision statement of the Faculty ‘*to be a world class Faculty of Law, dedicated to excellent legal training, research and development aimed at meeting the needs of the society*’ and a mission statement ‘*to contribute to the transformation of society through legal creativity, research and clinical legal education*’.

The focus is also in line with global best practices mission of institutional social responsibility as an academic institution. For example, the ‘Town and Gown’ mission which seeks to bring together the academia and the public.

Stakeholders in a Law Clinic

Jeff Giddings holds the view that clinical programmes tend to operate within multiple systems.³⁶ The writers agree with Giddings. The operation of the WLC revolves around some stakeholders that include

²⁵ *Id.*

²⁶ *Id.*

²⁷ *Id.*

²⁸ *Id.*

²⁹ *Id.* p. 5.

³⁰ *Id.* p. 6.

³¹ WLC/CAS/337.

³² WLC/CAS/347.

³³ WLC/CAS/114.

³⁴ WLC/CAS/182.

³⁵ <http://www.legalaid.on.ca/en/publications/downloads/clinicconsultation/Clinic> Retrieved Online 25th April 2016.

³⁶ Jeff Giddings ‘Factors influencing the establishment and sustainability of clinical programs’ *Promoting Justice Through Clinical Legal Education* (2013) Melbourne: Justice Press 2013.

the clinicians, supervisors, Faculty members, the Faculty and the University community including the students, staff, administration, the public and the government.

The Risks and Benefits of the Women's Law Clinic Within the University Community

Establishing and sustaining a clinic is a herculean task irrespective of where the clinic is situated. The writers, being pioneers in the establishment of the WLC and relating with other clinicians in law faculties in Nigeria posit that all models of clinics have their risks and benefits.

In this part of the article, we examine the risks and the benefits of operating the WLC in the University. Some factors which serve as guide in examining the risks and benefits include location, operation, finance, partnership and collaborations, relationship with the law Faculty and the University, patronage by staff and students, and relationship with the general populace.

The Risks

There are different types of risks associated with having the WLC within the University. The writers recognize internal or external risks which may affect the operations of the clinic either directly or indirectly. There are specific risks which are peculiar to the WLC and one which the writers have singled out is the specialized nature of the clinic as a women's clinic and the allegation of discrimination. In the same vein, there are risks that are general to all faculties in the University. Risks as used in this article connote negative occurrences caused by external or internal vulnerability and may be avoided by preventive actions.³⁷

Risks Associated with the Location of the WLC

Location is a very important factor taken into consideration in setting any office including a law clinic. The establishment of a clinic either within or outside a university has its risks and benefits. The WLC operates a main office from within a separate structure within the Faculty of Law. The Faculty is within the main campus of the University. This fact since inception has its risks which are discussed below. The clinic also operates an off-campus annex office in a 12-room building bequeathed to the Faculty a few kilometres from the main University campus. However, the operation of the clinic at the annex has its own problems which will be discussed later.

Misconception on Elitist Nature

At inception, the non-literate people outside the University community were under the impression that the clinic is an elitist project, established only for the elite academic class. This posed a risk to attracting clients and patronage to the services at the clinic. This fact was a major concern at the clinic when it was realized that junior non-teaching staff members in the University also had this misconception. However, this created an imperative for the clinic to embark on massive public enlightenment and sensitization campaigns on the coverage, aims and objectives of the clinic within and outside the University and happily the misconception has been effectively dislodged.

³⁷ The Business Dictionary Retrieved at www.businessdictionary.com Accessed on June 20 2016.

Union Activities

There are different staff and student unions within the University. The activities of the unions are for the benefit of their respective members. However, where there are grievances, the activities lead to protests which disturb other activities within the University community.

Staff and student disturbance and protests resulting in lockouts pose a risk to the clinic.³⁸ In such situations, the gates leading in and out of the University are locked and manned by the protesting group to prevent free mobility into and out of the University. Clients coming to the clinic during this period cannot gain access into the University and therefore to the Clinic and where there is access, they may be denied exit from the University.³⁹ This act has been declared illegal by the University Governing Council.⁴⁰

Nearness to Lecture Halls Causing Tension, Fright and Distraction

At inception of the clinic in 2007, the space to house the clinic within the Faculty was a major constraint as possible structures that would suit the purpose of the clinic were occupied. The writers strongly agree with the position put forward by Giddings on *New Dean = New Times*, where he emphasized the importance of the Dean and especially one with a passion for clinical programmes.⁴¹ The writers identify with Giddings' illustrations⁴² of the great support and heavy influence of the deans in the Monash clinical programme.⁴³ Professor Oluyemisi Bamgbose, the Dean of Law at the time and also the Director of the Clinic, thus succeeded in refurbishing the only available structure suitable for a clinical programme and converted it into the clinic. The snag in the space housing the WLC, which only became apparent after take-off, is that it was next to a lecture hall.

The nearness of the clinic to the lecture room poses a risk to the clients, students and staff as a result of the shortage of space. There is tension and fright when noise of heated discussion, cries and fracas between clients and opposing parties filter into the lecture room, causing distractions to students and staff who are also stakeholders in the risk and benefits debate.

Exposure to Prying Eyes

The location of the clinic within the Faculty makes it very easy to identify a client who has to walk through the Faculty grounds and come in contact with staff and students when approaching the clinic. This poses a risk of exposure to prying eyes to the clients who come to lodge complaints in diverse cases. In a case or two within the knowledge of the writers, clients had to face what could be termed as embarrassing situation while approaching the clinic, when they came in contact with known persons within the Faculty and were asked about their mission. In one of such cases, the client did not come back and the clinic had to close the case file.

³⁸ Newsbeat "Non-academic staff protest grounds University of Ibadan – The Nation" (February 16 2016) retrieved in <http://newsbeatportal.com/non-academic-staff-protest-grounds-university-of-ibadan-the-nation/> accessed on 26 June 2016.

³⁹ Gbenro Adesina-The News "Non-Academic staff vow to shut down UI, disrupt matriculation" (Mar 9 2016), <http://thenewsnigeria.com.ng/2016/03/non-academic-staff-vow-to-shut-down-ui-disrupt-matriculation/> accessed on 26 June 2016.

⁴⁰ University of Ibadan Senate Paper No. 5342, of 15/16 May 2007 reiterated in Council Paper No 16/28 of 11th August,, 2016 "Code of Conduct during Periods of Strike and Crisis for Staff and Students and other Members of the University Community".

⁴¹ Jeff Giddings 'Factors influencing the establishment and sustainability of clinical programs' *Promoting Justice Through Clinical Legal Education* (2013) Melbourne: Justice Press 2013 chapter 5, 198.

⁴² Giddings n 43 349.

⁴³ Giddings n 43 198. *Promoting Justice Through Clinical Legal Education* (2013) Melbourne: Justice Press 2013 chapter 5, 198.

Breach of Confidentiality

There are professional ethical guidelines governing the client–clinician relationship. Confidentiality of cases and client in clinical representation is germane to the client–clinician relationship and it applies to both student clinicians, supervisors, administrative staff, volunteers and all those involved in the clinical programme. Information from and during clinical sessions must not be disclosed in any form except with the consent of the client. It is also the practice that confidential information must not be discussed in locations where it can be overheard.

Situations have arisen in the clinic whereby in the course of settling disputes, heated arguments causing raised voices and sometimes fracas occur. This results in information between clients being overheard by third parties in the lecture hall.

Attitude of Staff Members

General acceptance of an idea is important for the sustenance of that idea in any given situation. Changing from the traditional to the clinical model was an uphill task in the Faculty. This was incomparable to the challenges faced when the WLC was to be established. While the clinic supervisors were excited about a clinic in the Faculty, some members of the Faculty had a negative attitude to its establishment and even kicked against the idea. This was to pose a great risk as it would affect the students and the Faculty. Another risk posed because of the unwelcome attitude of other staff members to the clinic was the effect it would have when decisions are to be taken on clinical matters at Faculty board meetings. Bamgbose and Adewunmi, in a study of the attitude of staff and students to clinical legal education in the faculty, noted that some members of the faculty see it as ‘a distraction’, ‘time consuming’, ‘going beyond its bounds’ and ‘usurping the role of the Nigerian Law School’.⁴⁴ Members of staff with this school of thought also hold the view that ‘it is not the job of law faculties to train students to give clients advice or counsel or even deal with live clients’.⁴⁵ The experience in the University of Ibadan is similar to the concerns expressed by John Boersig’s colleagues at the University of New Castle Law School when they ‘feared’ what the clinicians were ‘bringing in’ by introducing clinical legal Education.⁴⁶

In the operation and procedure of the clinic, there are certain risks.

Risks in the Operation and Procedure of the WLC Within the University

The clinic operates as an in-house, walk-in clinic. It opens to clients between 8 AM and 4 PM from Monday to Friday (except during public holidays). The operation and clientele is not limited to members of the University of Ibadan community, but also to clients within the city of Ibadan. Staff clinicians work as supervisors to student clinicians who attend to clients.

Restriction in Opening Hours

The hours of operation of the clinic falls within the official hours of the University. The clinic is closed at weekends. A matter affecting the client that arises outside the official hours becomes a moral issue. The practice is that student clinicians are left out of this moral issue. It is usually left to the supervisor handling the case to decide on whether to go ahead and deal with it or not. The writers are aware of law clinics within the city of Ibadan that operates 24/7.

⁴⁴ Adewunmi Folasade and Bamgbose O Attitude of Staff and Students to Clinical Legal Education: A Case Study of Faculty of Law, University of Ibadan. (2016) Asian Journal of Legal Education 2016 3: 115.

⁴⁵ *Id.*

⁴⁶ Interview of John Boersig (Newcastle, 4 December 2004) in Jeff Giddings ‘The Newcastle Clinical clinical program’ *Promoting Justice Through Clinical Legal Education* (2013) Melbourne: Justice Press 2013 chapter 8, 259.

Student Clinicians' Involvement in Staff Matters

Student clinicians faced with cases involving staff members, principal officers and lecturers or high-profile cases have shown reluctance in handling the cases as it presents a risk. This also applies to younger supervisors assigned cases of senior colleagues within the University. The risk of future intimidation has always been the reason for declining such cases. Where this happens, executive restriction is applied by the supervisor and the cases withdrawn from the students are handled by the supervisor. In a few cases where supervisors have declined for reasons stated previously, the clinic director, a senior professor and former Dean of the Faculty, handled the cases.

Conflict of Interest

By being located in the University, the clinic enjoys the benefit of a reduction in the running cost with respect to certain facilities, utilities and services. However, there is the risk of conflict of interest where a client brings a complaint against the University. The first reaction of the clinician is to protect the client's rights and ensure access to justice. However, clinicians are also faced with the dilemma of protecting their jobs or their status as students. The risk taker and bearer in such situations are the staff and student clinicians. Caution has been applied in such cases, to prevent a situation of '*biting a finger that one feeds on*'.⁴⁷ When handling these matters which are very rare, the clinic employs different methods and approaches in resolving the issues. Some of the methods include mediation by opening a dialogue with top management personnel that are directly involved in the matter. The clinic also fashioned out a strategy termed '*Doing the Leg Walk*'. This method entails the supervisor and the clinic director taking steps, seeking audience with those concerned and finding solution to the matter involved. The clinic also employs conciliation and counselling methods of dispute resolution to broker peace and still ensure rights and justice.

This approach has contributed in no small measure in enhancing the image of the clinic and confidence building in the clients, the staff and University administration, and this is evidenced by the number of referral cases by the University administration to the clinic.⁴⁸

In-house Conflicting Interests

Operating as a legal aid in-house clinic within the University on matters involving staffs and their families, students and University administration poses many challenges and creates a conflict of interests. For example, in some matrimonial and domestic cases, staff clients prefer to see clinic staffs that are unknown to them. In a case of domestic violence and abuse involving a woman and her husband who happens to be a staff of the University, the woman on her second visit to the clinic was assigned to a staff clinician who was an old school mate of the client. This situation was embarrassing to the client, making the client clam up. Subsequent to this, the client failed to show up and later withdrew her interest in the matter.

Undue Pressure on Clients and Intrusion

The University community has a homogenous population. Within the community, a person has more than one relationship with many other persons, be it conjugal, filial, parental social, community and working relationship. This interferes with the clinic's process when undue pressure is put on the client to withdraw or discontinue with a case already before the clinic. Any attempt to discourage a client from being unduly put under pressure creates an atmosphere of animosity against the clinic and its staff.

⁴⁷ Babisch A. "Controversy Conflict and Law School Clinics" (2010–2011) 17 Clinical Law Review, PG 469.

⁴⁸ Op cit. note 46 and 47.

Cases Against the University's Interests

Similar to the aforementioned discussion is the risk posed where cases are against the interest of the University or its organs. In the operation of the University, there are relationships formed with persons and corporate bodies. Cases arising from the clinic, against such persons and corporations, may be against the University's interest and may threaten or affect some fundamental issues like funding.

Cultural Threats

The clinic at inception came under a lot of criticism from literate elites and non-literate members of the society both within and outside the University community, including some religious bodies and institutions. The clinic was seen as a risk in itself, as there was this general impression that the clinic was set up to encourage women to be confrontational, disobedient and socially deviant to culture and societal norms. Generally, the Nigerian society is still very patriarchal, its multiethnicity and multicultural nature notwithstanding. The establishment of a law clinic, tagged after the women folk, naturally posed a threat to a culture of male domination and superiority in the Nigerian society. The misconceived notion at inception that the clinic will encourage women to divorce and become disrespectful to their husbands has been established as unfounded and unjustifiable.

One of the strategies adopted to overcome this agitation was a massive and aggressive enlightenment campaign, starting with the University community and its immediate environs. This was done by the use of mass media publicity through radio and television interviews, phone-in programmes and jingles on major radio and television stations.⁴⁹ In addition, there were market visits and town and community hall meetings with community heads and chiefs to educate the masses on the importance of the WLC to the general populace. The activities involved both staff clinicians and students using the street law and advocacy approach to educate the public on the nature and operation of the clinic.

Funding the WLC in the University

Jeff Giddings acknowledges that clinics face a tenuous existence unless external institutional support promotes their existence and legitimacy.⁵⁰ Economic constraints could kill the lofty vision in a law programme. Holland attributed the failure of Jerome Frank to fulfil his vision of a law school clinic at Yale in the 1930s and 1940s to 'institutional and economic constraint'.⁵¹

The WLC at inception operated outside the budget stream of the University administration and relied on external financial support. The clinic was solely under the control of the Faculty of Law and was financed through grants and collaborations, the meagre subventions allocated to the Faculty and sometimes not so frequent donations from spirited members of the public. The initial take-off grant was provided through collaboration by the Northwestern University, Evanston, Illinois, USA, and the CLASA, and funded by the programme of PAS. Between 2007 and 2009, the clinic benefited under the Consortium for Development Partnerships (CDP) Phase 1 Project of Council for Development in Social Science Research in Africa (CODESRIA). Between 2009 and 2011, the clinic benefited under CDP Phase 2 Project of CODESRIA. The clinic employed a clinic administrator and a clerical staff on its own pay roll, and also purchased a bus for day to day running and easy movement of clients and students when needed. The clinic operated in this manner until 2011 when external funding stopped. Finance then became a big challenge to the effective running of the clinic and at most times it was difficult to pay the staff.

⁴⁹ Women's Law Clinic Newsletter, 2015 Edition, pp. 6-7.

⁵⁰ Jeff Giddings 'Factors influencing the establishment and sustainability of clinical programs.'

⁵¹ Laura Holland 'Invading the Ivory Tower: The history of Clinical Education at Yale Law School' (1999) 49 (4) Journal of Legal Education 504.

The clinic then faced the risk of shutting down, a situation that prompted the clinic to present a proposal to the University administration on the need to incorporate the clinic as a unit of the University and thereby make provision for the administration and financing of the clinic in the budget of the University.

The agreement of the University to the proposal was based on the recognition of the activities of the clinic and positive contribution to the development and image of the University.

The University's assumption of the role of funding has to some extent further enhanced the quality and availability of services provided to indigent clients. However, the funds provided are less to what is needed. The clinic has managed to survive to date because of the commitment and personal will of supervisors and the determination of the students who have come to realize the benefits derived in having a clinic in the Faculty. The continued existence of the WLC supports Giddings' argument⁵² and the position of Wilson⁵³ that commitment of key staff is especially important to sustainability. Nonetheless, funding of the clinic by the University poses some risks.

Cut in University Funding

The realities of the present day have made it imperative that the clinic must source for external funds outside the University budget. Patricia Tuitt noted in her article that⁵⁴

there is a very real possibility that as universities gear up to protect the 'frontline', activity from the brutal effect of the funding squeeze, their many law clinics (some only recently established) will find themselves losing out in the fierce competition.⁵⁵

The Benefits of the WLC in the University Community

In the aforementioned discussion, the writers considered risks pertaining to location, operations, procedure and funding of the WLC as a law clinic within the University. In this part we will consider the benefits.

Benefits of the Location of the WLC

Easy Accessibility

Clients who are not resident within the University community may find it difficult to access the clinic. This fact is not peculiar to the WLC. Michelle Burrell was quoted by Giddings as expressing the same view that the location outside the university was 'great' and the university was not 'as accessible'.⁵⁶ This expression was said to have been made when a clinic Burrell was involved in moved from its premises outside the university into the university.⁵⁷ The location of the WLC benefits clients within the University community because of easier access to the clinic. A case study that buttresses this is that of a day-old baby abandoned besides the University dam. The baby was found by the University security operatives

⁵² Op cit note 47, Giddings 116.

⁵³ Richard Wilson 'Three Law School Clinics in Chile, 1970–2000: Innovation, Resistance and Conformity in the Global South' (2002) 8 *Clinical Law Review* 559.

⁵⁴ Patricia Tuitt, "Law Clinics at Risk from University Funding Cut" in (The Guardian, June 28, 2010). Accessed from <http://www.theguardian.com/law/2010/june/28/law-clinics-university-funding-cuts>

⁵⁵ *Id.*

⁵⁶ Op cit note 47, Giddings p. 241.

⁵⁷ *Id.* at 241.

and the University management promptly referred the case to the clinic. In conjunction with other units like the University Health Service and Security Unit and relevant agencies like the Police and the state social welfare services, the case was handled by the clinic till the process of adoption was completed.

The case of two students living with disability is another case where the location of the WLC within the University was of immense benefit to the clients. The clients who had impaired hearing problem were referred to the clinic for the resolution of a case where the male client refused responsibility for the pregnancy of the female client. The clients had to undergo counselling sessions in the clinic until the baby was born and the paternity of the child was confirmed to be that of the man.⁵⁸ There were many cases arising within the University community that would have degenerated into more serious problems, but for the prompt intervention of the WLC because of the location.⁵⁹

Closeness with the Faculty and University

Having the clinic in close proximity to the law Faculty is of immense benefit to the clinic, the Faculty and the University. Arising from this are the following additional benefits:

- *Supervisors and clinicians are not isolated from their colleagues and activities in the Faculty within. This enhances full integration.*
- *Good working relationship between supervisors and other faculty academics.*
- *Better understanding of ideals and concepts of clinical legal education by law school colleagues and University administration.*
- *Easy integration of administrative staff of the clinic into the mainstream of the University.*
- *A copious ready-made pool and diverse culture and language required in handling different cases.*
- *Convenient on-ground assessment of the University administration of the success story of the adoption of the CLE (Clinical Legal Education) method of teaching in comparison with the traditional method used in other faculties of the University.*

Reduction in Cost of Utilities and Services

The clinic has free access to water and electricity. These are facilities that the clinic cannot do without and would have cost the clinic a huge sum. This is a great benefit derived from location within the University. In addition, the clinic has access to the University security services. This has saved the clinic cost that would have been incurred on utilities and services.

Convenient Lecture and Clinic Attendance

Giddings recognizes the multiple roles expected of some clinicians as law teacher, researcher, practitioner, administrator, manager and supervisor.⁶⁰ The students in the clinical programme also have their other roles to play as regular students in other courses in the Faculty and attending classes. The location of the clinic makes it convenient for supervisors and students to incorporate and manage clinic and lecture schedules, take research seriously, attend departmental and Faculty meetings and also perform other functions effectively, as opposed to if the location of the clinic is a far distance from the University.

⁵⁸ WLC/CAS/332.

⁵⁹ WLC/CAS/248.

⁶⁰ Giddings n. 346.

Relevance of the Faculty to the Community and Extended Patronage

Staff and students of different units and departments and residents of the University generally have access to the clinic. This extends the patronage of the clientele to the clinic to not only outsiders, but to different constituents of the University.

Balanced Exposure for Students

The location of the clinic within the University allows for wider knowledge and perspectives of students to diverse human practical issues faced by different categories of people. It allows for a balanced exposure to real life issues faced by people from diverse background and allows for expertise on the part of the students.

Partnership and Collaboration with Other Specialized Units

One of the strategies adopted by the WLC in handling and resolving client legal issues is collaboration, links and partnership with other units.⁶¹

The clinic has links with different agencies, bodies, institutions (governmental and non-governmental), departments and faculties within and outside the University. For example, outside the University, the clinic partners with the University College Hospital (UCH), Oyo State Remand Homes, the Nigeria Police, the Social Welfare department, the Juvenile courts and several non-governmental organizations to mention just a few.

Other relevant faculties in the University are engaged in the activities of the clinic.⁶² In finding holistic solutions to the all-embracing problems presented by clients in the law clinic, Olomola and Bamgbose state:

The Law clinic is not an island. Legal clinics collaborate with other disciplines to render all-round balanced services to its clients.⁶³

The benefits of the collaboration are evidenced by the speedy resolution of a lot of cases and a multidimensional approach which brings better outcomes in the services provided to the clients. For example, in one of the cases involving rape and incest, the clients, victims and accused were referred to the Department of Psychology and Social welfare for counselling and necessary therapy. The location of the WLC within the University has made it easier to partner with specialized units such as the Departments of Social Work, Sociology, Guidance and Counseling, Psychiatry, the Women Research and Documentation Center (WORDOC) and the Institute for Peace and Strategic Studies (IPSS).

Benefits of the Operation of the WLC

Town and Gown Partnership

The 'Town and Gown' slogan is a term used for the relationship between the government and private establishments and the University of Ibadan. In this regard, the University and the Faculty partner with governmental agencies and private organizations in meeting the societal needs. The University of Ibadan,

⁶¹ Olomola Omolade and Bamgbose O.A., *Collaborating with other Disciplines: Best Practices for Legal Clinics- A Case study of the Women's Law Clinic, University of Ibadan, Nigeria*, 1(19) International Journal of the Council on Legal Education (April 2013).

⁶² Op cit note 21, p. 38.

⁶³ Specialized units in the university such as the Department of Psychology, Social Work, Guidance and Counselling, University Health Services find it much easier to render their services to clients from the clinic because the law clinic is within the University.

which is in Oyo State of Nigeria, compliments the effort of the state government in providing legal aid services.

Hybrid Conflict Resolution Method

Another major benefit and positive outcome to our clinical legal education programme and research is the creation of the African methods of conflict resolution with the adversarial system 'hybrid', which informed a better approach to resolving conflicts, women's issues and access to justice for women within our community and society.

Benefits of Being Financed by the University

A great advantage in having the law clinic financed by the University is that the administrative staffs, mainly the clinic clerk and driver who are non-clinicians and the clinic administrator who is a clinician are subsumed as permanent staff on the University payroll. Therefore, the non-availability of funds experienced by the clinic does not affect their salaries as they are being paid by the University.

Other Challenges

Despite the foregoing risks and benefits, there are other challenges that cannot be strictly categorized as risks and benefits. These are as follows:

Opposition and Animosity from Lawyers in Private Practice

There is the opposition and animosity from lawyers and professionals in private practice, when parties who have been invited to the clinic are advised against honouring the invitation. In such situations, the clinic does not have the power to compel appearance on invitation, and this impact negatively on the image of the clinic before the client or victim. These situations have led to much frustration for clients, staffs and student clinicians.

Lack of Power of Enforcement

There is also the clinic's lack of capability to enforce agreements or settlements reached where a party fails to fulfil.

Abrupt Withdrawal of Cases

Another area of challenge is the abrupt withdrawal of cases by clients. Sometimes clients, particularly women who have been victims of domestic violence and abuse, request for a withdrawal of the case on the excuse that the matter has been settled through the intervention of family and friends. Many times these family settlements fail, exposing the women to further violence and abuse. Some of the victims revisit the clinic to reopen the case, while some out of shame and frustration resign to fate.

Assessing the Risks Against the Benefits

Establishing a clinic and its sustainability is a risk. Several factors need to be taken into consideration in setting up a clinic. This fact notwithstanding, there are benefits derived in law clinics for the clinicians, the clients, the government and the society in general.

Figure 1 shows the result of the risks and benefits assessment of Law Clinics and Advocacy within the University community using the WLC as a case study.

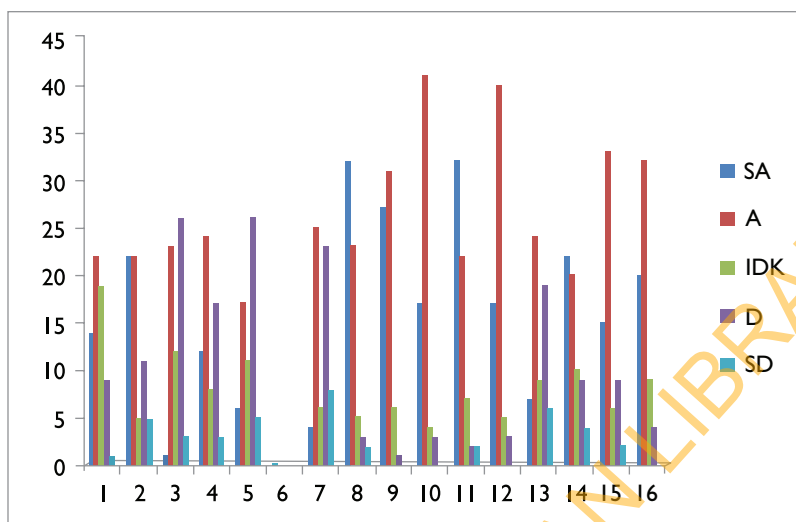


Figure I. Risks and Benefits Assessment in the Women's Law Clinic, University of Ibadan, Nigeria

Source: Data for Semi-structured Interview on Risks and Benefits of Law Clinics and Advocacy within the University Community from Oluyemisi Bamgbose and Folake Tafita, June 2016.

Questionnaire Administered in a Semi-structured Interview on Risks and Benefits of Law Clinics and Advocacy within the University Community

ITEM STATEMENT	SA	A	IDK	D	SD
1. There is an elitist notion of the WLC being within the University of Ibadan campus.	14 (21.5)	22 (33.8)	19 (29.2)	9 (13.8)	1 (1.5)
2. The location of the WLC within the University campus faces a threat of staff disturbance and lockouts, during strike actions.	22 (33.8)	22 (33.8)	5 (7.7)	11 (16.9)	5 (7.7)
3. The nearness of lecture halls to the WLC is a risk.	1 (1.5)	23 (35.4)	12 (18.5)	26 (40.0)	3 (4.6)
4. Exposure to prying eyes is a risk faced by clients coming to the WLC.	12 (18.5)	24 (36.9)	8 (12.3)	17 (26.2)	3 (4.6)
5. The location of the clinic within the Faculty and nearness to lecture halls poses a risk of breach of confidentiality policy of the clinic.	6 (9.2)	17 (26.2)	11 (16.9)	26 (40.0)	5 (7.7)
6. Because the law clinic is situated next to the lecture hall, there is the risk of tension, fright and distraction to Faculty of law staff and students.	4 (6.2)	25 (38.5)	6 (9.2)	23 (35.4)	8 (12.3)
7. Easy accessibility to the clinic is an advantage for clients within the University.	32 (49.2)	23 (35.4)	5 (7.7)	3 (4.6)	2 (3.1)
8. Reduction in cost for utilities and services is an advantage of having the WLC within the campus.	27 (41.5)	31 (47.7)	6 (9.2)	1 (1.5)	0 (0.0)
9. Proper monitoring of student clinicians by the staff and patronage is a benefit of having the WLC within the campus.	17 (26.2)	41 (63.1)	4 (6.2)	3 (4.6)	0 (0.0)

ITEM STATEMENT	SA	A	IDK	D	SD
10. Balanced exposure to practical issues, convenient lecture and clinic attendance for student clinicians is a benefit of having the WLC within the campus.	32 (49.2)	22 (33.8)	7 (10.8)	2 (3.1)	2 (3.1)
11. Partnership with other specialized units in the University is a benefit of having the WLC located within the University campus.	17 (26.2)	40 (61.5)	5 (7.7)	3 (4.6)	0 (0.0)
12. With the WLC located within the University campus, there is a likelihood of intimidation of clinicians handling high-profile cases.	7 (10.8)	24 (36.9)	9 (13.8)	19 (29.2)	6 (9.2)
13. With the WLC located within the University campus, there is a likelihood of an in-house conflicting interest between clinicians and staff and students of the University.	22 (33.8)	20 (30.8)	10 (15.4)	9 (13.8)	4 (6.2)
14. There is a likelihood of a possible challenge where cases involving the University or conflicting against the interest of the University are brought to the clinic.	15 (23.1)	33 (50.8)	6 (9.2)	9 (13.8)	2 (3.1)
15. Where the clinic is being funded by the University, and the clinic handles a case against the University or its interest, there is the tendency of underfunding or withdrawal of funds.	20 (30.8)	32 (49.2)	9 (13.8)	4 (6.2)	0 (0.0)

This research reflects the opinion (on scale and percentages) of different categories of persons; clients, students, clinicians and other members of the University community with knowledge of the clinic were interviewed with response ranging from: Strongly Agree (SA), Agree (A), I Do not Know (IDK), Disagree (D) and Strongly Disagree (SD). On an item scale of 15 questions, having observed the ethical requirements guiding this type of research which includes the voluntary consent of the persons involved, the questions and responses reveal as follows:

Asking the participants questions on the first assessment scale which is whether the clinic is seen as an elitist one, 22 of the IPs (Interview Participants) (33.8 per cent) strongly agree that the clinic is an elitist one, 14 (21.5 per cent) agree, 19 (29.2 per cent) do not know, 9 (13.8 per cent) disagree, with only 1 (1.5 per cent) strongly disagree. This shows that many people within and outside the University still hold the view that the WLC is an elitist clinic. This opinion is not unconnected with the literacy and awareness level of the society. It further reveals that there is a need for more public enlightenment on the nature, purpose, scope and client coverage. People need to be more informed about the WLC, they need to know that the clinic is for all and sundry and not just the elite or literate members of the society.

Assessing the risks of lockouts based on the location of the WLC within campus, 22 (33.8 per cent) both strongly agree and agree, 5 (7.7 per cent) do not know, 11 (16.9 per cent) disagree and 5 (7.7 per cent) strongly disagree. This reveals and buttresses the fact that the location of the clinic is a risk affecting both clients, students and other members of the public and most importantly the operation of the clinic, client visits, keeping appointments in times of lockout and attraction to clients generally. This is a challenge that may require that the WLC make available and functional to the public a branch or extension of the clinic outside the University premises, so that during lockouts, the operation of the clinic, client appointment and clientele is not affected. There is a property outside the University of Ibadan, a bequest to the Faculty of law. There is a proposed plan to relocate the WLC to the said property.

On assessing whether the nearness of lecture halls to the WLC is a risk, 1 (1.5 per cent) strongly agree, 23 (35.4 per cent) agree, 12 (18.5 per cent) do not know, while 26 (40.0 per cent) disagree and 3 (4.6 per cent) strongly disagree. The majority is of the opinion that the nearness to lecture halls is not a risk; this notwithstanding, the writers are of the opinion that staff clinicians and supervisors should seek ways and strategies by which the operation of the clinic will not constitute a disturbance or cause disruption of lectures. We suggest the assessment of clients and cases, some cases may require the invitation and presence of University security personnel, to ensure that peace and order is maintained. Clients should also be informed of the need to maintain decorum and peace in order to reach an amicable resolution of the issues without disturbing the peace.

Exposure to prying eyes constitutes a risk to clients coming to the WLC and may affect patronage. As revealed in this research, 12 (18.5 per cent) strongly agree, 24 (36.9 per cent) agree, 8 (12.3 per cent) do not know, 17 (26.2 per cent) disagree and 3 (4.6 per cent) strongly disagree. To address this situation, the authorities may need to consider an alternative exit and entrance route to the clinic, such that clients can come in and exit without the fear and embarrassment of prying eyes. Clients should also be counselled and assured on visits. Confidentiality is the fulcrum of any clinic; it not only assures the client but also establishes the professional discipline and integrity of the clinic, staff clinicians and students. The result reveals that the WLC in its operation has maintained confidentiality. The location of the clinic within the Faculty and nearness to lecture halls has not revealed any case of breach of confidentiality, with 6 (9.2 per cent) strongly agree, 17 (26.2 per cent) agree, 11 (16.9 per cent) do not know, 26 (40.0 per cent) disagree and 5 (7.7 per cent) strongly disagree shows the general opinion that the clinic maintains a confidentiality policy. This will definitely translate to more patronage and recognition for the clinic.

In determining whether the tensions, frights and distraction occasionally experienced as a result of citing the WLC close to the lecture hall constitutes a risk to Faculty staff and students, 4 (6.2 per cent) strongly agree, 25 (38.5 per cent) agree, 6 (9.2 per cent) do not know, 23 (35.4 per cent) disagree, while 8 (12.3 per cent) strongly disagree. This result is expected. In most 'adversarial' matters particularly domestic and matrimonial conflicts give rise to a lot of emotions and hot arguments which may sometimes degenerate. Observing this, the WLC have on several occasion liaised with the Security unit of the University for the maintenance of peace and order. We also try to educate our clients on the importance of resolving issues amicably without resort to heated verbal exchange or violence. Other strategies include making sure that the parties are not given same date appointments where this could be avoided. The response on accessibility to the clinic reveals that nearness is an advantage for clients within the University as a large percentage of the participants, i.e., 32 (49.2 per cent) strongly agree and 23 (35.4 per cent) agree, while 5 (7.7 per cent) do not know, 3 (4.6 per cent) disagree and 2 (3.1 per cent) strongly disagree.

This result shows that having the WLC within the campus affords the clinic the very important advantage of reduction in cost for utilities and services, 27 of the participants (41.5 per cent) strongly agree, 31 (47.7 per cent) agree, 6 (9.2 per cent) do not know, 1 (1.5 per cent) disagree and 0 (0.0 per cent) strongly disagree. This next result shows that having the WLC within the campus allowing for proper monitoring of student clinicians by the staff and patronage is a benefit to which 17 responded with (26.2 per cent) strongly agree, 41 (63.1 per cent) agree, 4 (6.2 per cent) do not know, 3 (4.6 per cent) disagree, with 0 (0.0 per cent) strongly disagree.

The essence of clinical legal education is to expose students to practical issues through interaction with live clients. This result buttresses the fact that this is a benefit with other added advantage of convenient lecture and clinic attendance. Result shows that 32 (49.2 per cent) strongly agree, 22 (33.8 per cent) agree, 7 (10.8 per cent) do not know, 2 (3.1 per cent) disagree, while 2 representing (3.1 per cent) strongly disagree.

According to the result on assessing collaboration with other specialized units in the University, the result confirms that this is a benefit; 17 of the participants representing (26.2 per cent) strongly agree, 40 (61.5 per cent) agree, 5 (7.7 per cent) responded do not know, 3 (4.6 per cent) disagree and 0 (0.0 per cent) strongly disagree.

On the assessment whether locating the clinic within the University campus may result in the intimidation of clinicians handling high-profile cases, 7 (10.8 per cent) returned strongly agree, 24 (36.9 per cent) agree, 9 (13.8 per cent) maintained do not know, 19 (29.2 per cent) disagree, while 6 (9.2 per cent) strongly disagree. This result reveals that it is not uncommon that clinicians as lawyers and civil servants may sometimes feel slightly intimidated when they come across high-profile cases but this is not the case with all clinicians. In many of the high-profile cases, many of our clinicians have displayed tact and exemplary courage in the handling of such cases.

Assessing the likelihood of in-house conflicting interests, this result further buttresses our experience and the position we earlier expressed as 22 (33.8 per cent) strongly agree, 20 (30.8 per cent) agree, 10 (15.4 per cent) do not know, 9 (13.8 per cent) disagree and 4 (6.2 per cent) strongly disagree; this notwithstanding, such situations have always been handled and resolved amicably.

As employers and servants of the University handling cases involving the University or conflicting against the University's interest are a challenge to staff, student and even Faculty. This result shows that 15 (23.1 per cent) strongly agree, 33 (50.8 per cent) agree, 6 (9.2 per cent) do not know, 9 (13.8 per cent) disagree but 2 (3.1 per cent) strongly disagree. This result confirms our position on the issue as expressed in the preceding discussion.

Finally on the assessment whether the University has the tendency of underfunding or withdrawal of funds from the clinic in cases of conflicting interest, 20 of the participants responded with strongly agree (30.8 per cent), 32 (49.2 per cent) agree, 9 (13.8 per cent) responded with do not know, 4 (6.2 per cent) disagree and none 0 (0.0 per cent) strongly disagree. This particular result is representative of the opinion of the participants which in reality has not been the experience of the clinic as such cases have been handled professionally and with a lot of diplomacy without necessarily jeopardizing the interest of the parties involved.

Conclusion

Establishing a clinic and its sustainability is a risk. This fact notwithstanding, there are benefits derived by law clinics for the clinicians, the clients, the government and the society in general.

This research buttresses the fact that all models of clinics have their risks and benefits. A risk-benefit assessment of establishing and operating the WLC within the University community and environs using the unstructured questionnaire method of finding reveals stakeholders' views/perspectives on the use of and having a clinic within the University community.

The research brings out the lessons learnt and shows the impact of the WLC on social and legal reforms within the University and its close and immediate environs. While the risks shows the upheaval task of establishing and operating as a WLC within the University with clients drawn from within and outside, the overall risks-benefits assessment scale aligns with the opinion of the writers/researchers that the benefits far outweighs the risks.

Furthermore, the pertinent issue for consideration is whether the WLC is fulfilling its mission and goal of ensuring access to justice for all while also imparting professional skill and knowledge to students. It is in the meeting of these goals and objectives that the WLC is more assured that even where

the risks outweigh the benefits, but the goal of access to justice and training of students is achieved, the risks are worth taking. This goes with the idiom that ‘you do not throw away a baby with the bath water’;⁶⁴ there is no worthwhile enterprise that is not without its own risks.

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⁶⁴ The Phrase Finder, available at <http://www.phrases.org.uk/meanings/dont-throw-the-baby-out-with-the-bathwater.html> (last visited 13 September, 2016).