

CERJ CONFERENCE: Start-Stop-Continue Responses for Student Audience

START	STOP	CONTINUE
<ul style="list-style-type: none"> • Including/elevating involve more student voices and perspectives. Student reps and committees - student voice and boards. • Including student voices in all panels. • Start community town halls or listening sessions that give student a chance to share about what is working and not working in the clinical program. • Conduct listening sessions w/students to understand how we can recruit + retain students of color in our clinics + line of work. • Start facilitating dialogues between clinical students and other decision makers at the law school (e.g., faculty governance, HLS admin). • Incorporate their feedback /opinions when making change. • Ask for student input in hiring, courses, clinics, projects, and priorities. 	<p>Behaviors that perpetuate inequity and racism:</p> <ul style="list-style-type: none"> • Utilizing techniques that instill fear or intimidation (purposely or inadvertently). • Micro aggressions + dismissing students concerns. • Avoiding discussion of racial justice + current events. 	<p>Authentic and personal partnership with students:</p> <ul style="list-style-type: none"> • Have conversations with students about their needs while doing clinical work. • Continue treating students like partners in the pursuit of social justice. • Continue deep student mentorship and connecting students to our professional contacts and networks to create a pipeline. • Open door policy with students - listen and try to support (fill gaps when school support systems fall short). • Continuing asking students for background to better identify w/ Cls. • Continue co-sponsorship of student led events and activities.
<p>Increasing clinician and clinical DEI knowledge/practice</p> <ul style="list-style-type: none"> • Train new clinicians re HLS student experience. • Start training for clinicians around equitable grading and grading without bias. • Faculty trained on tech resources. • Using CERJ checklist to facilitate team conversations. • Clinicians all oriented/ adequately “fluent” in DEI issues when teaching & mentoring students. • DIEB training for all 	<p>Practices that perpetuate an inequitable status quo:</p> <ul style="list-style-type: none"> • Doing things “the way they have always been done” – there should be compelling inclusive rationale. • Penalizing or otherwise discouraging student activism. 	<p>Centering DEI in clinical work and content:</p> <ul style="list-style-type: none"> • Clinic equity statement & clarity on front end of semester about importance of centering equity and inclusion in our work. • Proactively incorporate discussion of power and dynamics into the clinical seminar clinic assignments. • Incorporating intersectional quantitative research guide into our training for clinical students.
<p>DEI Focus in Classroom/Clinical content</p> <ul style="list-style-type: none"> • Make sure clinical teachers show that they are committed to racial justice in client work + classroom. • Audit syllabi to ensure culturally responsive pedagogy and topics. • Provisional foundational courses. 	<p>Over-working clinicians and students</p> <ul style="list-style-type: none"> • Stop over-committing clinics in such a way that students have to pick up the slack. • Stop rewarding student overwork 	<p>Partnering with others for expertise and learning:</p> <ul style="list-style-type: none"> • Meaningful conversations with community partners- Involving them in project design and planning. • Working on clinics learning from each other & podium faculty + clinics learning from each other.

<ul style="list-style-type: none"> • Psychological safety + cultural inclusion. • Integrate racial justice convo's + topics into class/clinics. 	<ul style="list-style-type: none"> • Overloading the 1L experience (e.g., course-load) 	<ul style="list-style-type: none"> • Have a social worker in the clinic to provide support to students, clients, and staff.
<p>Including all students:</p> <ul style="list-style-type: none"> • Allow all students to make an impact (even the quiet ones). • Ensuring that students of all backgrounds can access clinics (no barriers) • Make clinic a safe space for learning + being a person no matter your identity. 	<p>Non-inclusive policies</p> <ul style="list-style-type: none"> • Stop prohibiting payments for students providing interpretation services. • Stop caps on LLM students. 	<p>Other:</p> <ul style="list-style-type: none"> • Diversifying Hiring • Funding more clinics • Expand offerings that focus on wellness. • More remote /accessible options.
<p>Providing students with resources:</p> <ul style="list-style-type: none"> • Increase student aid. • Provide more \$\$ for public interest students. • Be clear and transparent with students about budget restrictions & why they exist/ who is imposing them. • Neutralize socio economic distinctions in school- i.e., resources (food, tech, living situations, etc.) 	<p>Hierarchy</p>	
<p>Focusing on wellness and mental health</p> <ul style="list-style-type: none"> • Mental health access available for all who want it. • Mental health/resiliency training specific for clinic work. • Teach health, wellness resiliency. • Programming on resiliency, confidence, bias, etc. 		
<p>Other</p> <ul style="list-style-type: none"> • Allow students more flexibility in choice of classes- e.g., allow a "major" in a clinical field with exemptions from some black letter law classes. • Making court and other practice settings equitable, diverse, and just. • Increase diverse hiring and expand training opportunities for those who work with students. • Clinic opportunities for 1Ls. 		

CERJ CONFERENCE: Start-Stop-Continue Responses for Clinics/SPOs Audience

START	STOP	CONTINUE
<p>Hiring practices that encourage diverse clinicians and clinical faculty</p> <ul style="list-style-type: none"> • Establish HR resources for clinics. • Work with HR to increase their capacity to better support the hiring of diverse legal hires. • Start hiring black staff, clinicians to create a critical mass; they often have more diverse networks. • Improving hiring process to ensure a richer candidate pool. • Create a clear path for clinical instructors to become faculty. • Promote people from diverse backgrounds to faculty. • Start giving equal weight to impacted /experience/ lived experience among the requirements for a clinical job. • Start developing + maintaining recruiting relationships with affinity bar associations. 	<p>Hiring practices that perpetuate bias and/or prevent diverse hiring:</p> <ul style="list-style-type: none"> • Stop hiring people because they will “hit the ground running.” • Stop drawing sharp lines between doctrinal & clinical faculty. • Stop and re-evaluate hiring process to be sure we are doing everything we can to teach each stage of the process to hire diverse staff. • Maintaining barriers to diverse hiring. • Hiring without recruiting a diverse applicant pool. 	<p>Building a strong and supportive clinical community:</p> <ul style="list-style-type: none"> • Maintain + grow an honest and supportive learning community to strengthen our racial justice pedagogy. • Celebrating one another personally and professionally. • Celebrating clever work of Clinics, SPO’s and Clinics. • Fostering an environment where clinicians can reach out to each other. • Sharing meals with each other.
<p>Increasing collaboration, learning, and partnership among clinics:</p> <ul style="list-style-type: none"> • Cross- discipline • Collaboration • Start a roundtable for clinics to audit/ share their syllabi + project lists with an eye toward racial justice. • Cross clinic collaboration- Not necessarily client based, but community service (CERJ is one example/ what other initiatives?) • Start a referral; network for cases/ clients within the clinics. • Create more opportunities & collaborate + share resources + information. • Hold more community events or community debrief sessions so students and clinicians can meet and connect broadly and discuss issues. • Community building events. • Annual all clinic retreat <ul style="list-style-type: none"> ○ Common themes among clinics 	<p>Paternalistic and anti-client-centered practice:</p> <ul style="list-style-type: none"> • White savior. • Rushing from one client to another. 	<p>Professional development opportunities on DEI:</p> <ul style="list-style-type: none"> • Continue the kinds of conversations we had today to better support each other in our teaching and supervision. • Continue engagement like CERJ or other DEI professional development as a clinical community. • Being part of initiatives like CERJ.

<ul style="list-style-type: none"> ○ Challenges/Successes <p>Share resources + knowledge so that each clinic is not recreating the wheel.</p>		
<p>Prioritizing and creating structured time for DEI reflection:</p> <ul style="list-style-type: none"> ● Prioritize DEI effects (Top-down messages). ● Encourage every clinic to use the tool developed by the self-assessment group to advance racial justice + equity in their clinics. ● Informal evaluations. ● Include a focus on how well staff carry out DEI values. ● Increase time for reflection as a team and individually (Clinicians and Students). ● Read CERJ self-audit document. 	<p>Overburdening faculty & staff of color with uncompensated work.</p>	<p>Setting aside time for reflection and learning:</p> <ul style="list-style-type: none"> ● Hold structured staff time & process classroom/client supervision experiences around anti-oppression. ● Small reflection groups to discuss issues of equity, diversity, and inclusion. ● Repairing, reassessing, revising.
<p>Assessing and addressing structural and governance issues:</p> <ul style="list-style-type: none"> ● Work actively/start conversation to address hierarchy and power gap between clinics and podium faculty/teaching. ● Include staff from all levels in decision making process. ● Support faculty/ clinic directors in calibrating workload and expanding staff to match capacity. 		<p>Incorporating student voice:</p> <ul style="list-style-type: none"> ● Being open & vulnerable with students. We don't know everything. ● Continue classroom agreements ● Incorporating student feedback & adjust semester to semester. ● Continue listening to our students and being accountable to them.
<p>Providing equitable resources to individuals and clinics:</p> <ul style="list-style-type: none"> ● Full transparency in compensations packages and Clinical budgets. ● Competitive salaries that equip them to live & thrive in the Boston area. ● Pay clinicians for taking on additional responsibilities/roles. e.g., teaching seminars. ● Create institutional budget for affinity groups to meet/ support each other. ● Increased funding and resources. ● Hire social workers and community workers for ALL clinics. 		<p>Collaboration across clinics on initiatives:</p> <ul style="list-style-type: none"> ● Collaboration across position "titles." ● Cross Clinic collaboration. ● New clinicians committee.
<p>Incorporating diverse perspectives:</p> <ul style="list-style-type: none"> ● Ensure curriculum includes diverse perspectives/authors. ● Actively gather perspectives from stakeholders outside the current clinic staff (ex: alums, other clinicians). ● Orientation as to what a student's life looks like (More understanding of demands on students). 		<p>Other:</p> <ul style="list-style-type: none"> ● Community partnerships. ● Clinic autonomy. ● Integrating antiracism into curricula & clinic projects. ● Proving excellent and varied clinical opportunities to students.

Providing additional supports and protocols for DEI work:

- Create more written manuals/ protocols for internal clinic systems (intake, hiring, etc.).
- Cultural trainings.

CERJ CONFERENCE: Start-Stop-Continue Responses for Entire Clinical Community Audience

START	STOP	CONTINUE
<p>Creating a shared vision/mission for DEI work in the Clinical Community</p> <ul style="list-style-type: none"> • Create a shared vision/mission for all clinical programs • Articulating a community wide mission related to inclusion, diversity and belonging. 	<p>Hesitating from leadership in DEI space:</p> <ul style="list-style-type: none"> • Stop letting insecurity + lack of confidence stand in the way of being leaders on racial justice. • Stop letting others in clinical community do the work- Join in. 	<p>CERJ and CERJ-like Engagements:</p> <ul style="list-style-type: none"> • Make CERJ conference an annual gathering • Continue this conference annually. • Continue this work- CERJ inspired, but clinic community –wide engagement on equity and inclusion. • Bringing together the clinical community to realize these goals. • Continue the conversations started in this conference.
<p>Increasing cross-clinic collaboration, learning, and community building:</p> <ul style="list-style-type: none"> • More cross-clinic conversations! Hopefully leading to meaningful cross-clinic collaboration. • Regular clinical community-wide gathering. <ul style="list-style-type: none"> ○ Social ○ Professional ○ Learning • Clinic community events. • Start having this conference every semester. • Using programming like today’s to encourage other community members to participate/learn /stretch • Start bringing the entire clinical community together regularly on issues of clinical pedagogy. • Bring the whole community to this work. 	<p>Perpetuating unnecessary hierarchy and power-brokering:</p> <ul style="list-style-type: none"> • Hierarchy roles within our community. • Hierarchies & power structuring within clinics and HLS more broadly that stand in the way of changing practicing. • Get rid of extreme hierarchy in this law school. • The hierarchy HLS places on podium faculty vs clinical faculty vs clinical instructors. 	<p>Acknowledging –isms and structural inequity:</p> <ul style="list-style-type: none"> • Recognizing structural racism, sexism, ableism, etc. • Acknowledging privilege.
<p>Developing and implementing inclusive hiring practices:</p> <ul style="list-style-type: none"> • Allow Consideration of lived experiences in making hiring decisions. • School-wide effort to increase diversity in hiring. • Write down guiding principles for inclusive hiring & lobby for their adoption across the law school. • Get more support from HR. <ul style="list-style-type: none"> ○ Should fund posting fees. ○ Provide better job description templates. ○ Recruit to more diverse orgs. 	<p>Promoting policies/practices that value appearance vs. impact:</p> <ul style="list-style-type: none"> • Stop over-valuing in office time vs. WFH. • Promoting over working as a desirable practice. • Letting limited resources dictate what progress can be made on these issues. • Asking for input if that input wont factor into a decision. 	<ul style="list-style-type: none"> • Setting a clinical community wide dedicated “objective” for the year to work towards anti-oppression in everything we do.

<ul style="list-style-type: none"> ○ HR should provide training for interviewing (should not need to go searching for it). 	<ul style="list-style-type: none"> ● Stop HLS administrations requirement that all new clinical work be soft-funded. 	
<p>Increasing access to equitable resources and funding to individuals and across all clinics:</p> <ul style="list-style-type: none"> ● Align resources to DEI vision for clinics ● Hiring non-lawyers clinical staff like case managers or social workers. ● Providing fellowships for all who want them or free rides. ● Get some of 10 Million for resources- Clinics/ Student Scholarships. ● Provide the adequate space for all clinics-support. ● Engage in budgeting process and push for transparency for budget decisions. 	<p>Hiring practices that don't promote inclusivity:</p> <ul style="list-style-type: none"> ● Having rigid, non-negotiable criteria for hiring. ● Stop prohibition on clinic job positions disclosing that so called "term" positions are presumptively renewable. ● Stop hiring solely Harvard alum in positions of power and diversity. Holding up scholarships + other w/s standards as a gold star. 	
<p>Engaging and listening to broad group of stakeholders:</p> <ul style="list-style-type: none"> ● Listen to our students w/lived experiences. ● Listening to each other and all stakeholders in our community. 	<p>Being siloed:</p> <ul style="list-style-type: none"> ● Working in silos ● Being siloed from what other clinics are doing. 	
<p>Other:</p> <ul style="list-style-type: none"> ● Use CERJ as a jumping off point to engage doctrinal faculty/administration & spread our learning. ● Flatten the structure. ● Requiring new soft- funding for clinics to be disclosed for purposes of conflicts. ● Every clinic does the self-audit developed by the CERJ subcommittee. ● Engage Dean (or future Dean) on commitment to clinical community 	<p>Using information to block others:</p> <ul style="list-style-type: none"> ● Stop using knowledge & Information as power at HLS. ● Stop speaking in ways not accessible to all. 	

CERJ CONFERENCE: Start-Stop-Continue Responses for Community Partners and Client Audience

START	STOP	CONTINUE
<p>Deliberate and intentional decision-making to promote DEI:</p> <ul style="list-style-type: none"> • Being intentional about decision making and inclusion for staff & students. • Making decisions directly related to the issues we fight for. • Explicitly naming structural barriers to justice in our project work, reports and student meetings. 	<ul style="list-style-type: none"> • Giving clients overly complex deliverables that are challenging to implement. 	<p>Partnership and hiring that promote diverse perspectives:</p> <ul style="list-style-type: none"> • Prioritize hiring contractors who bring racial and other identity-based diversity. • Hire more social workers • Continue hiring a diverse staff.
<p>Acknowledging and center the value our clients and community partners bring to the work:</p> <ul style="list-style-type: none"> • On-Campus or Off-Campus celebrations for the client + community and partners as well as clinical students and clinicians. • Center perspectives of community partners as experts @ HLS. 		<p>Increasing access to interpretation services:</p> <ul style="list-style-type: none"> • Work on providing easy access to interpretation services. • Interpretation/ translation services for clients + outreach.
<p>Compensate partners for work</p> <ul style="list-style-type: none"> • Promote payment and honoraria (or whatever we call it) for contributions of labor/ taught from CPS, guest speakers, etc. • Abolish the HLS prohibition on paying honoraria to speakers. • Prohibiting payment of honoraria for seminar guest speakers. • Pay them for their time (Guest speakers) • Support community partners financially when possible- reimburse them for sharing time and expertise. 		<p>Other:</p> <ul style="list-style-type: none"> • CORI sealing for ALL clinics and SPO's • Holistic services. • Use of the clinical spaces/experience as a way to pull left and right, leading students to work together.
<p>Partnering and conversation with clients about broader equity work of clinics:</p> <ul style="list-style-type: none"> • Share values and mission with clients. • Spread word about clinics for clients. • Increase outreach to underserved communities to build client relationships. 		

<ul style="list-style-type: none">• Create a set of clear core values based on the clinics missions.		