

**Immigration Removal Centre Roundtable Meeting**

**Room 6 – Lower Ground Floor, 102 Petty France Friday 2<sup>nd</sup> May, 1pm**

**Attendee List**

John Facey	-	Legal Aid Agency
Stuart Hollands	-	Legal Aid Agency
Sven Napper	-	Safer Detention Manager (Harmondsworth)
Julia Farman	-	Assistant Director DFT (Home Office)
David Enright	-	Howe & Co
Michael Harrison	-	Custodial Manager – HMIRC Dover
Ali McGinley	-	Association of Visitors to Immigration Detainees
Christopher Cole	-	Parker Rhodes Hickmott/Law Society rep
Tom Giles	-	Turpin & Miller
Ayan Yalchin	-	Duncan Lewis Solicitors
Alison Harvey	-	Immigration Law Practitioners Association
Gabriella Bettiga	-	Lawrence Lupin Solicitors
Adeline Trude	-	Bail for Immigration Detainees
Ana Gonzalez	-	Wilson Solicitors LLP
James Read	-	Detention Action
Fraser Paterson	-	Samphire Project (formerly DDVG)
Anas Khan	-	Thompson Solicitors
Prof.Cornelius Katona	-	Helen Bamber Foundation
Terrance Morris	-	Fadiga & Co.

## **Briefing note**

The general purpose of the meeting is to discuss the current arrangements for both the IRC surgeries and the detained fast-track scheme. The idea is for an open discussion of issues, many of which apply to both schemes. We hope that these discussions may in some way inform the way in which we manage these contracts in future. While the discussion is open and will not follow a defined agenda, we will be seeking views on areas of strength and areas of development under the following headings:

- Waiting times
- Rotas
- Urgent work outside of surgery scheme
- Uptake of surgery slots by detainees
- Complaints
- Repeat attendances
- Retention of client/client care
- Recording outcomes
- Submission of CW4's
- Client movement within estate
- Incentives/disincentives in the contract
- Provider experience of different centres/practices/facilities
- Room availability.
- Speed of referral to provider (fast-track)
- Existing advice providers prior to detention/Exceptions within contracts
- Interview length and timing/out of hours
- Timeliness of attendance/utilising time before attendance
- Assessment of merits.

We will not ask attendees to add to this at this stage but will set aside time for further points to be raised.

## **Brief Note of the meeting:**

### **1. Surgeries –**

- Waiting times
- Rotas
- Urgent work outside of surgery scheme
- Uptake of surgery slots by detainees
- Complaints
- Repeat attendances
- Retention of client/client care

**LAA** are interested in the main as to what is working well and what we are doing right.

**Reps/Visitor Group** - Feedback ILPA received indicated that detainees are being told that they cannot go to a surgery if the case is not related to asylum; no detainee should be told by centre staff that their case is in or out of scope. This is a general problem.

Way the surgeries are run by the centre would indicate that more training/information is required for staff on the ground, including best practice. Information would also be useful for detainees. Currently there may be an unfair burden on the welfare staff.

**IRC attendees** - do not believe that their staff act as gatekeepers on legal aid scope

**Reps/Visitor Group** – believed they do act as gatekeepers because of restrictions in facilities, rooms etc, particularly when there is an excess demand.

There may then be some ad hoc rationing or choosing by centre staff as to who gets seen.

The representatives do accept that there is an issue with individuals being seen more than once. However, this needs to be balanced with the fact that Bail needs and ARE detainees necessarily would mean that the same detainees should access DDA often. This shouldn't be criticised.

There is a concern that Library Staff/DCO are being made to or are acting a triage service. This is for instance happening in Harmondsworth/Colnbrook through the operation of a reserve list.

**LAA** – we don't triage, but we do accept that the service (DDA) has organically developed, also we don't have an SLA on this point.

We try to maintain an oversight through regular communications with the centres.

**Reps/Visitor Group** – This is not a new issue – it was raised a year ago, there is a lack of contract management in this area by the LAA.

The New Tenders or LAA operations should call for active approach.

A complaints based system is not a safe way to operate.

**LAA** – accepted that this work needs standalone contract management from LAA and a complaints based system is not the way this should operate.

**Reps/Visitor Group** – would endorse this approach as a reactive approach generally is not a good use of anyone's time.

It is disappointing that only two centres are at this meeting especially as BID and DAS have been constantly pushing for these round tables.

SLA's are required estate wide.

**Reps/Visitor Group** – The LAA have no idea about what clients feel about the services that are delivered and that they pay for.

**LAA** – believed that CM's would and do look at client satisfaction surveys through general audit activity.

**Reps/Visitor Group** – disagreed, as they believed auditors do not focus on client satisfaction.

In any event this would only give snapshot – instead LAA should be liaising closer with Welfare Officers/Departments.

**LAA** – accepted that feedback is driven by outcomes of the case – so is a limited tool.

**Reps/Visitor Group** – What do detainees know about the roles of solicitors in relation to client care?

There should be a 'fact sheet' on this.

**LAA** – there is already a fact sheet which is in the induction pack.

**Reps/Visitor Group** – it's not everywhere and it isn't translated. It needs to be translated.

However, when it was emailed around not everyone commented on it.

**LAA** - are interested generally in Client retention and movement within the estate.

How often does this happen. Do firms generally call up before attending a DDA?

**Reps/Visitor Group** – believe that this happens often but does depend upon the centre. Tinsley and Brook House are notorious for moving detainees at the last minute.

**IRC Attendee** – we are not often informed so are not able to inform the representative.

**LAA** – we accept that movement of detainees is not and was not fully understood by us.

Movement is costly for us especially where a representative attends.

LAA are interested in how quickly should a client be seen once requested on DDA.

**Reps/Visitor Group** – 2 days is ok a week is too long.

The LAA contracts going forward should deal with this. A public law provider is not precluded from taking on an RD client so in essence can bypass the system, is this correct?

**LAA** – Yes this is correct, in relation to lodging or progressing a matter that comes within the Public Law category such as JR.

In relation to over-subscription we do have flexibility to add extra surgeries.

### **3. DFT**

**LAA** – particularly interested in any speed of referral issues

**Reps/Visitor Group** – DFT interviews extending to 8/9pm, difficult for representatives to facilitate.

There has been an instance of a representative who was attacked near Colnbrook.

Interviews tend not to start until 10 or 11am or later. And the afternoon ones are usually delayed because the representative cannot get into the centre until 2pm as it usually takes more than 30 minutes to clear entrance process.

**LAA** – it is not clear how we can contract these issues in or out.

**Reps/Visitor Group** – concerned about unrepresented clients in DFT.

Home Office are not doing enough to deal with the underlying causes of this.

The client should be referred again and the interview postponed.

This is prevalent amongst Tamils who are often unrepresented or a referral not being made.

There is a further underlying issue of potential torture survivors being in DFT and then not being referred for assistance.

However, there has been an upward trend in referrals to Torture Experts – 2012 – 87 referrals from the DFT estate, 2014 there have been 150 referrals in 4 months, on course for 500, but these experts should not be the safety net.

**IRC Attendees** – what happens in these referred cases, are they all given reports?

**Reps/Visitor Group** – Referrals to the torture experts are not random, there are usually very good reasons to make the referral.

**Reps/Visitor Group** – There are issues with IS91 reasons for detention form not being sent/given to the representative, including the IS91R risk assessment.

These documents should be provided to the representative at the outset.

**LAA** – operative documentary failures at the outset affects the rest of the case and the legal aid journey – leading to cases funded at appeal and later fresh claims. We are aware of this.

**Reps/Visitor Group** – We have always maintained that the Immigration Judge can and will only work with the material that is gathered in the short time, and invariably that will mean that fresh claims are made, it's a structural issue.

No considered view of the evidence can be made by a representative because of the DFT time constraints.

An additional issue in relation to torture referrals is the effect on billing and WIP. There should be a stage bill point if a referral is made and a client removed from DFT

LAA – we cannot do this but equally we are not here to send people out of business. LAA will look at the 5 hours exception.