

On-site Immigration Detention Advice Pilot Evaluation

January 2005 – May 2006

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1. EXECUTIVE SUMMARY

- This pilot was developed in response to general concerns about the accessibility of legal advice for detainees and operates as an appointment based on-site surgery, two days per week, per centre.
- The evaluation is based on 6 months of the scheme's operation and incorporates data and information from a sample of 770 reported cases and qualitative feedback from centre staff, advice organisations, clients and NGO's.
- The evaluation establishes that the on-site detention scheme provides access to legal advice for those with an established need for advice successfully addressing a recognised gap in advice provision. Additionally, between a quarter to a third of detainees seeking assistance from the scheme were eligible for further advice.
- The pilot was well-received by clients, centre staff, legal advisers and NGOs, with the majority believing the scheme provided better access to advice than previous arrangements. However, the evaluation has identified a number of logistical improvements that could be undertaken to improve the functioning of the scheme.
- There is evidence to suggest that clients may be disadvantaged by the piecemeal approach to detention advice, namely the separate operation of fast track and detention surgeries. Many of the recommendations are consistent with the position that a unified approach to detention advice will benefit detained clients. Furthermore, the scheme's operation has suffered from the persistent misunderstanding that the detention duty advice contracts were operated on an exclusive basis. Formalised contractual arrangements would provide one suitable mechanism to enable better communication between advisers, reduce repeat attendances and enable more stable relationships with detention centre staff.

Summary of Recommendations

Recommendation 1: This evaluation indicates that approximately 6% of clients do not attend their appointment. The Legal Services Commission and Immigration Removal Centres (IRC) should consider appropriate methods to fill these gaps when they occur may enable the better use of resources and help more detainees access advice.

Recommendation 2: The high costs associated with travel and waiting in attending IRC's would be reduced if local advisers provided this advice.

Recommendation 3: The Legal Services Commission should produce a comprehensive publicity and communication strategy to help improve awareness of the schemes. It is recommended that explicit communication channels are developed so that publicity becomes a more focal part of the scheme and that the languages publicity materials are produced in are reviewed.

Recommendation 4: The Legal Services Commission should re-examine the mechanisms for dealing with excess demand for the schemes to ensure clients can access advice beyond the schemes current capacity.

Recommendation 5: The Legal Services Commission should improve access to information about the scheme and strengthen the adviser and centre staff relationship to increase staff engagement and awareness of the scheme. For example the LSC and advisers may run training sessions with IRC staff explaining the scheme.

Recommendation 6: The Legal Services Commission should manage non-governmental organisation (NGO) communication to ensure that all parties communicate effectively, which may help improve client awareness and access to the schemes. Better NGO engagement could also help dispel the concern amongst some clients that the surgeries are part of the detention estate.

Recommendation 7: A number of cases involved repeat attendances by clients, reducing the effectiveness of the surgeries. The Legal Services Commission should consider reducing the number of advisers and organisations advising on the scheme to allow for closer control and monitoring of the clients using the scheme. Future contracting arrangements should also examine how these issues should be monitored/ managed.

Recommendation 8: The Legal Services Commission should emphasise that the surgery is unlikely to be able to help clients with an acting adviser, in order to reduce the number of clients attending who already have an existing representative. This information could be included in the publicity materials given to IRC's and detainees. Future contracting arrangements should also seek to ensure that advisers address these issues at the outset of the meeting with the detainee.

Recommendation 9: The Legal Services Commission should investigate the possibility of providing better access to facilities for named advisers. This will have to be negotiated with the Home Office. One possibility would be to have all advisers taking part in the scheme security cleared and issued with passes. This would also lead to quicker access to IRC's.

Recommendation 10: The Legal Services Commission should discuss increasing the advice organisations' flexibility in arranging appointments, to allow more effective management of less busy surgery sessions and longer appointments for vulnerable clients.

Recommendation 11: The Legal Services Commission and IRC's should consider introducing appointment slips to ensure clients are aware to bring relevant documents to their appointment.

Recommendation 12: To address the difficulties reported by clients and advisers in accessing clients' relevant documents, the Legal Services Commission and IRC's should investigate ways in which to provide improvements to the availability of documents.

Recommendation 13: The Legal Services Commission and advice providers should consider using a smaller pool of regular detention advisers to help minimise issues regarding specialised knowledge and working in demanding detention conditions. This may also facilitate improved working relationships between those operating the scheme.

Recommendation 14: Future contracting arrangements should consider whether advisers are required to demonstrate a continued level of competency in providing advice to detainees. For example by attending compulsory training/ courses as specified by the Legal Services Commission.

2. INTRODUCTION

2.1 Background

The Legal Services Commission (LSC)'s On-site Immigration Detention Advice Pilot Scheme was set up to pilot the provision of regular on-site advice to individuals who are detained in Immigration Removal Centres (IRC's). The pilot was developed in response to our concerns about the accessibility of legal advice for detainees. The context of detention advice adds complexity to the provision of publicly funded advice; whilst the vulnerability of detained clients is enhanced by lack of easy access to legal advice, historically, the prevailing assumption has been that detainees have usually exhausted all legal remedies and are detained in IRC's for a short period prior to their removal from the UK. The pilot was therefore necessary to investigate the scope of the demand for legal services, to what extent there was an unmet need for legal advice and the feasibility of on-site provision.

The pilot began in December 2005 at Campsfield, Colnbrook, Harmondsworth, and Yarl's Wood IRC's. Similar advice arrangements began operating from 16th May 2006 at Lindholme and by telephone at Haslar. Existing on-site arrangements for advice continued at Oakington, Tinsley House (Gatwick) and Dover.

The pilot ran for a six-month period to 31 May 2006. Transitional arrangements were put in place to cover the evaluation period and the implementation of any future permanent arrangements (planned from October 2007).

Under the pilot scheme there are two advice surgeries per week on Tuesdays and Thursdays at each of the IRC's. Advice is provided by a number of different specialist advice organisations. The surgeries are scheduled to start at 10am and to finish by 5pm. Surgeries take place subject to demand and are publicised via leaflets included in arrival packs and posters on display in IRC's. The detainees book appointments with a centre's librarian with up to 10 appointments per day. The referral system operates through the library because feedback suggested that the majority of detainees approach the centre library as the first port of call when seeking information on how to obtain legal advice. Legal representatives attend the IRC's on a rota basis. One legal representative attends each surgery and provides advice to those individuals who have requested to see an adviser.

Each advice session is scheduled to last for a maximum of thirty minutes; the appointments are intended to be mainly diagnostic, establishing whether there is any further work the adviser is able to do for the client. The advice provided in this time is not means tested, so the scheme is available to all detainees. Beyond 30 minutes, further advice and assistance is available subject to the individual's case satisfying the Community Legal Service (CLS) means and merits criteria for public funding, as with any other CLS funded

case. If suitable for public funding, the adviser will either take the case on or refer the matter to another supplier, depending on that client's circumstances.

If the pilot is shown to be effective and necessary then it is our intention that a permanent scheme will be adopted for future provision of detention advice.

2.2 Evaluation Aims

The evaluation aims to establish how successful providing detention advice, through the surgery schemes is and if they are a suitable mechanism of providing legal advice in detention, therefore the objectives are to ascertain:

I. The effectiveness of on-site detention advice

II. How effective this pilot was in providing such advice

Clients' use and satisfaction with the surgeries is a key indicator in establishing their success. However, in order to judge their effectiveness it is also important to account for the type of legal advice provided and the costs of the scheme. Given the wider budgetary pressures on civil legal aid, any expenditure must accordingly demonstrate that it is a justifiable use of public funds and benefits clients. It is essential that the evaluation thoroughly examines these concerns.

One of the most important areas for the evaluation is to establish how the organisation of the schemes impacted on its operations. The design of the pilot was conceived from previous ad-hoc advice surgeries; this scheme set out to test if these arrangements could work when systematically applied. The pilot's operation was the result of a negotiation between the LSC's requirements for advice provision and the IRC functional capabilities. It will be necessary to examine whether the schemes operation affected client access and whether there were any impediments to it's functioning which could be improved upon.

For the purposes of the pilot only Level 2 accredited advisers were permitted to attend clients at the surgeries.

3. METHODOLOGY

3.1 Data

The evaluation will meet its aims by analysing a number of critical factors derived from the following sources of data:

Data Source	No. of cases	Description
Surgery Sheet	770	Pro-forma completed at the end of every session containing a list of every detainee seen and the action taken in relation to their case. Centre staff and advisers collected this information. The reported data accounts for approximately 60% of the scheduled surgeries at Harmondsworth, Campsfield, Colnbrook and Yarl's Wood. Cancellation of surgeries due to health restrictions and lack of demand accounts for some of the missing data.
Adviser Feedback Sheet	127	Completed for all detainees seen over a 1-month period between 1 st May and 31 st May to gather more detailed information about the advice provided to each client. It is not possible to directly compare this information to that collected on the Surgery Sheet, as the data collected is not exactly the same.
Client Questionnaire	14	Questionnaires were sent to a sample of individuals who received advice under the scheme. The small number of responses makes it difficult to generalise results widely.
Centre Staff Feedback Form	15	The staff involved in the scheme at the detention centres were asked to feedback their experiences of the scheme.
Controlled Matter Report Form (CMRF)	110	Contains information about all payments for work completed by suppliers. Number of identified cases billed under scheme.
Detention Users Group feedback	4	Organisations with face-to-face contact with detainees were invited to feedback their experiences of the scheme.

3.2 UCN (Unique Client Number) / Home Office reference number

In April 2004 the LSC prescribed that a Unique Client Number (UCN) should identify each immigration matter, so that matters could be tracked for funding purposes. The LSC adopted the Home Office reference number as

the UCN. This is the number that is given to each individual who makes an asylum/ immigration application to the Home Office.

The UCN allows data to be gathered regarding the frequency with which individuals use the advice surgery (this can also be cross-referred against an individual's name). This information is collected on the Surgery Sheets and in turn can be collected from the CMRF claims. However, this data is in general incomplete as it is not consistently recorded or available in many cases. As this data is frequently not recorded or recorded incorrectly this reduces the reliability of any conclusions drawn from this data. 228 Surgery Sheet cases included a UCN reference.

3.3 Action/ Outcomes

It is difficult to gather data identifying the 'final' outcome in relation to a particular case because legal cases may take some time to resolve and the legal representative has three months in which to submit their final bill to the LSC for payment.

The advisers are therefore required to record the outcome of each individual seen on the surgery sheet. This data enables the evaluation of how many clients were taken on as a result of the pilot, or who were advised that they would not be taken on (as their case did not have sufficient merit to warrant CLS funding).

3.4 Length of Advice Session

Each adviser will be required to provide the exact time spent with each client. This provides feedback with regards to the amount of time needed on average with each client. Although there have been some criticisms of the 30 minutes currently allowed under the scheme to be spent with the client, the stated purpose of the session is diagnostic and this is the maximum time we consider reasonable to spend on a case without means and merits assessments.

3.5 Demand

The demand/ frequency of surgeries was difficult to assess at the outset of the pilot. Anecdotal evidence from some centres suggested that demand would be low due to a large number of detainees already having advisers. The LSC issued guidance to centre librarians regarding the operation of the surgeries, which stated that where an individual had to wait longer than a week for advice, the LSC should be informed so that additional surgeries could be arranged. During the pilot no requests for extra surgeries have been made. The levels of attendance and feedback from advisers, clients and centre staff therefore measure the unmet demand for advice sessions.

3.6 Data accuracy

In general, some organisations were much more effective in providing data than others. Additionally, the quality of the submissions varied between organisations, further reducing the data available from which to draw conclusions.

4. ANALYSIS

1. The effectiveness of on-site detention advice

This section examines how effective providing on-site legal advice to detainees is. The focus is twofold in both addressing client needs and the cost effectiveness of providing this type of advice. Do detainees benefit from detention advice and is this a justifiable use of public funds?

4.1 Client satisfaction/ Demand

The demand for the scheme has been generally good, although this varies between centres. Campsfield has the lowest uptake with on average 5 clients per session; Harmondsworth is the busiest scheme averaging 8 clients advised per session. These averages do not take seasonal effects into account but demonstrate that the schemes are generally well used by clients. It is not possible to obtain definitive intake information from the Home Office per centre to evaluate the number of detainees reached by the schemes, however intuitively those with higher occupancies are likely to have busier schemes¹.

Client feedback showed that on average, clients found the service helpful and would recommend the service to other detainees. However, there is evidence to suggest that the outcome of the advice affected how helpful the client found the scheme. There was also a general consensus among detention centre staff that the schemes provided an improved method of clients accessing legal advice and that they were overall satisfied by their operation. Finally, legal advisers providing advice on the scheme acknowledge the need for the surgeries and are, in general, satisfied with the schemes' operation. The schemes are, therefore, well received by those operating the schemes.

4.2 Client's legal position

Whilst the surgeries are well used, it is also necessary to establish the type of work being carried out under the scheme in order to identify the

¹ Immigration Removal Centre occupancy figures as at 24th June 2006; Harmondsworth (495), Dover Immigration Removal Centre (260), Colnbrook Long term (270), Yarl's Wood (260), Haslar (140), Campsfield House (175), Tinsley House (125) (Asylum Statistics: 2nd Quarter 2006 UK, Home Office, available from <http://www.homeoffice.gov.uk/rds/pdfs06/asylumq206.pdf>).

effectiveness of the scheme. Of the 770 booked appointments, 45 were not seen due to being removed, discharged or transferred prior to the adviser attending the centre. Of the remaining 725 cases, 27% required further legal advice. This figure includes referrals to other organisations and advice relating to bail only. Bail only clients are assumed not to have any material legal matter requiring resolution, but have a potential case for a bail application.

127 cases were the subject of the more detailed Adviser Feedback Sheet. Of these 30% were classified as "instructions accepted" or "referred" and 63% as "instructions declined". This ratio roughly reflects the trend established from the Surgery Sheets. The remaining 7% of clients were either signposted to another organisation or this information was not reported.

Bail has proven difficult to analyse as some advisers have classified bail as accepting instructions whilst others have considered it separately, declining instructions but making a bail application. Only in those cases where bail is specifically mentioned can we be certain that this was the nature of the work undertaken. There were 57 Surgery Sheet cases where work for a bail application was declared as undertaken, which is 28% of cases taken on. From the Adviser Feedback Sheet however, 50% of the cases taken on were for bail. If this relationship is representative of the whole scheme, this suggests that a significant proportion of the work undertaken may have been for bail applications. As the Detention Duty Advice (Pilot) Specification states that advisers must always advise a client in relation to temporary admission and bail, all clients passing through the scheme should have had their situation examined in regards to a bail application. This suggests that in all other cases the prospects of bail were not strong enough to justify the use of public funds.

The evaluation establishes that the on-site detention scheme provides access to legal advice for those with an established need for advice, successfully addressing a recognised gap in advice provision. With a take on rate of 27%, this estimates that between a quarter to a third of detainees seeking assistance from the scheme have required further substantive advice. Detainees, whose cases were not taken on, may still have received clarification of their legal position. It is uncertain whether any of these clients would have received legal advice, without the presence of the surgery scheme.

Recommendation 1: This evaluation indicates that approximately 6% of clients do not attend their appointment. The Legal Services Commission and Immigration Removal Centres should consider appropriate methods to fill these gaps when they occur may enable the better use of resources and help more detainees access advice.

4.3 Scheme costs

Due to complications with billing, it has been difficult to establish the costs of attendance on the scheme separated from the advice costs of those cases that were taken on by providers. However, the 110 billed cases (reported on the Controlled Matter Report Form) suggest that the average costs of attendance at Harmondsworth and Yarl's' Wood are £29.25 for advice costs, £22.66 for travel and waiting and average disbursements of £18.32 for translation and travel disbursements, which amounts to a total average cost per client of £70.23².

The average total cost per surgery session was £515.04, which amounts to a total cost of approximately £98K for the 191 scheduled sessions during the 6-month pilot at 4 IRC's.

The average travel and waiting costs (set at £30.09 per hour) amounted to £166.73 per session. Prior to the surgeries, as each client would have, roughly, incurred this expenditure, the surgeries demonstrate good value for money by spreading overheads for travel and waiting over a number of clients, allowing this money to be spent on advice provision instead.

Recommendation 2: The high costs associated with travel and waiting in attending IRC's would be reduced if local advisers provided this advice.

II. How effective this pilot was in providing such advice

This section aims to evaluate the delivery method and processes chosen. It will therefore establish how the organisation of the pilot may have impacted on the effectiveness of the scheme.

4.4 Client access

From the 14 responses to the client questionnaire, feedback tentatively suggests that clients found the scheme relatively easy to access. The average wait to see an adviser was 5-6 days, which is under the 7 days set as the benchmark for the maximum wait when the scheme began. Due to the small number of responses, it is, however, difficult to establish whether this finding is representative of clients in general. Additionally, by definition only those who attended a session were able to provide client feedback. Although it is not possible to evaluate the time spent waiting to see an adviser against previous methods of advice provision it would appear that the average waiting time of 5 to 6 days was not excessive. Prior to the implementation of

² Suppliers billed profit costs for advice and travel costs adding the travel costs per surgery onto the first client of each session. Advice costs were separated from travel costs by using the average £29.25 for those clients' advice costs and assuming the remainder were travel costs, giving the average £22.66 per client. Suppliers bill disbursements separately, so £18.32 is the average billed per client.

the scheme detainees instructed advisers either by phone, letter or through third parties. Taking into account the amount of time it would take to place these instructions and arrange a legal visit to an IRC, it would appear that detainees' access to advice services was easier under the scheme and possibly quicker.

There was mixed feedback from NGO's attending the various detention centres about clients' access to the scheme. The main concerns were that clients were not always aware of the schemes, especially those with poorer English, that the length of waiting lists meant some were unable to access advice and the lower than expected levels of centre staff awareness of the schemes. They also reported that some clients feel the advice surgeries are part of the detention estate, which may be a deterrent to attending.

Recommendation 3: The Legal Services Commission should produce a comprehensive publicity and communication strategy to help improve awareness of the schemes. It is recommended that explicit communication channels are developed so that publicity becomes a more focal part of the scheme and that the languages publicity materials are produced in are reviewed.

Recommendation 4: The Legal Services Commission should re-examine the mechanisms for dealing with excess demand for the schemes to ensure clients can access advice beyond the schemes current capacity.

Recommendation 5: The Legal Services Commission should improve access to information about the scheme and strengthen the adviser and centre staff relationship to increase staff engagement and awareness of the scheme. For example the LSC and advisers may run training sessions with IRC staff explaining the scheme.

Recommendation 6: The Legal Services Commission should manage non-governmental organisation (NGO) communication to ensure that all parties communicate effectively, which may help improve client awareness and access to the schemes. Better NGO engagement could also help dispel the concern amongst some clients that the surgeries are part of the detention estate.

4.5 Repeat attendances

As the scheme has a number of different organisations and advisers attending, clients may have chosen to attend on more than one occasion in the hope that a second adviser would be able to take further action on their case. It is relatively difficult to evaluate the number of repeat attendances for a number of reasons; clients may not know their Unique Client Numbers; advisers may not record them; clients may use different variations of their names; they may have similar names to other clients; they may be told by the

adviser to return if they could have grounds for a potential bail application in future. Given all these difficulties, 68 of 770 Surgery Sheet cases (8%) were classified as repeat attendances. 60 of those cases were not taken on by any adviser, indicating consistency between advisers decision-making. The Adviser Feedback Sheets show 16 cases of repeat clients and provides some evidence that clients gave different information to different advisers, possibly in order to maximise their chances of having their cases taken on.

The majority of these repeat cases took the full 30 minutes despite not being taken on, effectively doubling the legal advice received and possibly repeating it. This may result in other clients being unable to get the advice they require at busier centres, however, dealing with this problem without discouraging clients who do require advice may require a delicate approach.

Recommendation 7: A number of cases involved repeat attendances by clients, reducing the effectiveness of the surgeries. The Legal Services Commission should consider reducing the number of advisers and organisations advising on the scheme to allow for closer control and monitoring of the clients using the scheme. The introduction of an electronic booking system could enable repeat attendees to be identified prior to attending a surgery session. Future contracting arrangements should also examine how these issues should be monitored/ managed.

4.6 Existing legal adviser

23 (18%) of the 127 Adviser Feedback Sheet cases were declined due to an existing representative. Repeat attendances do account for some of these cases, biasing this result. However, if this relationship is representative of detention duty advice in general, this suggests that the majority of clients attending the surgeries did not have an existing legal adviser.

Very little can be done about clients with existing representatives as establishing this often relies on client disclosure. The client's representatives also may not be actively undertaking work on the clients behalf, although if a client was unhappy with their representative, arrangements should be in place to follow that organisations' internal complaints procedure.

Recommendation 8: The Legal Services Commission should emphasise that the surgery is unlikely to be able to help clients with an acting adviser, in order to reduce the number of clients attending who already have an existing solicitor. This information could be included in the publicity materials given to IRC's and detainees. Future contracting arrangements should also seek to ensure that advisers address these issues at the outset of the meeting with the detainee.

4.7 Flexibility

Adviser feedback reported that the physical restrictions to working in the detention estate increased the time needed to deal with clients. They felt that on-site access to laptop computers, fax and phones with conference call capability for language line calls would improve the effectiveness of the scheme.

Advisers also expressed concerns about the impact of organisational constraints on their ability to deal effectively with vulnerable clients and there have been instances of sessions with only one or two clients with booked appointments, where advisers' attendance is not felt to be cost effective. Some clients also reported that they required more time and help to deal with case complexities. From the Surgery Sheet data, the average time spent per client was 26 minutes, which falls below the 30 minutes allocated under the scheme and only 53 (7%) sessions exceeded 40 minutes (this is not comparable to the costs data in Section 4.3 as this information is from session feedback completed by the adviser). However, 37% of 725 Surgery Sheet cases and 31% of Adviser Feedback Sheet cases were declined due to lack of merit. This suggests it may not be a justifiable use of funds to extend the length of the diagnostic surgery slots, as they are currently arranged.

Some centre staff had concerns that the late arrivals of caseworkers and overrunning sessions sometimes caused frustration for clients. Unfortunately, centre security procedures were felt to delay the advisers in entering and leaving the centres, affecting timeliness and lunch arrangements.

Recommendation 9: The Legal Services Commission should investigate the possibility of providing better access to facilities for named advisers. This will have to be negotiated with the Home Office. One possibility would be to have all advisers taking part in the scheme security cleared and issued with passes. This would also lead to quicker access to IRC's.

Recommendation 10: The Legal Services Commission should discuss increasing the advice organisations' flexibility in arranging appointments, to allow more effective management of less busy surgery sessions and longer appointments for vulnerable clients.

4.8 Appointments

Scheme advisers have often observed that some clients are not aware that they are being taken to a legal advice appointment when they arrive at the surgery, and therefore do not always bring their case papers. Many clients also do not know their UCN's and in some cases do not have access to the

correct documentation, which can result in prolonged periods of waiting. Clients themselves reported feeling frustrated that they often did not have access to required information about their own cases to be able to make full use of the sessions. Additionally, advisers have generally reported that clients who already have solicitors or have left the centre are still included on the appointment list and that there is no mechanism for updating the appointments sheet to reflect this.

However, the number of detainees with an existing solicitor attending the scheme suggests that a scheme consisting of mandatory appointments, one alternative to remove client access problems, may incur unnecessary costs. The danger is that detainees would perceive the scheme as part of the process this adds further support for the voluntary appointments method of delivery.

Recommendation 11: The Legal Services Commission and Immigration Removal Centres should consider introducing appointment slips to ensure clients are aware to bring relevant documents to their appointment.

Recommendation 12: To address the difficulties reported by clients and advisers in accessing clients' relevant documents, the Legal Services Commission and Immigration Removal Centres should investigate ways in which to provide improvements to the availability of documents.

See Recommendation 1.

4.9 Fewer advisers

Detention centre staff have reported that the demanding nature of the constraints imposed by on-site detention advice can lead to increased difficulties in providing advice. Additionally both centre and NGO staff have observed that there are some legal issues that only occur in detained cases and require specialist knowledge to deal with. This evidence suggests that the nature of detention advice materially differs from providing advice in other settings and particular skills and knowledge have important impacts on the effectiveness of the surgeries.

Recommendation 13: The Legal Services Commission and advice providers should consider using a smaller pool of regular detention advisers to help minimise issues regarding specialised knowledge and working in demanding detention conditions. This may also facilitate improved working relationships between those operating the scheme.

Recommendation 14: Future contracting arrangements should consider whether advisers are required to demonstrate a continued

level of competency in providing advice to detainees. For example by attending compulsory training/ courses as specified by the Legal Services Commission.

5. APPENDICES

ADVICE ORGANISATIONS FEEDBACK

- In general, advisers responded that access to laptop computers, fax and phones with conference call capability for language line calls would improve the effectiveness of the scheme.
- Security procedures often delay the advisers in entering and leaving the centres, affecting timeliness and lunch arrangements.
- Clients are often not aware that they are being taken to a legal advice appointment when they arrive at the surgery session, meaning they do not always bring their papers. Clients often do not know their UCN numbers and in some cases do not have access to the correct documentation. This can result in prolonged periods of waiting.
- There were concerns expressed about the impact of organisational constraints on advisers' ability to deal effectively with vulnerable clients.
- There have been instances of sessions with only one or two clients with booked appointments, where attendance is not felt to be cost effective.
- Clients who already have solicitors or have left the centre are still included on the appointment list and there is no mechanism for updating the appointments sheet to reflect this.

CENTRE STAFF FEEDBACK

General Feedback (excepting Harmondsworth)

- This data provides general feedback from the centre staff involved in operating the scheme; the exception is Harmondsworth where the scheme's operation differed significantly to all other centres although most of the schemes do differ slightly to accommodate different detention regimes and advice organisations.
- Centre staff has positively received the schemes and the feedback suggests that staff have not encountered too much difficulty in operating the scheme. All centres reported that the scheme provided an improved system of clients accessing legal advice and that they were overall satisfied by the scheme's operation.
- However, there did seem to be some concerns that the late arrivals of caseworkers and overrunning sessions potential to cause frustration for clients.
- A smaller pool of regular detention advisers could help minimise issues with specific client requirements and working in demanding detention conditions.
- Some detention claims require specialised knowledge, such as with ex-foreign national prisoners.

Harmondsworth

- The scheme at Harmondsworth differed fundamentally from those at other centres, as the scheme operated via timed appointment slots and therefore lacked the flexibility of the other schemes. Managing the relationships between all the parties involved in the running of the scheme provided an additional challenge to the success of the scheme. There does not appear to have been a detrimental impact on clients, at least in terms of outcomes, as a similar percentage of cases were taken on as in other detention centres.
- Staff had concerns that the structure of the sessions, timekeeping of the representatives and in some instances their conduct had a negative impact on the service received by the detainees. The staff also felt that the scheme had added significantly to their workloads.
- On the whole, however, the staff did agree that the current scheme was better than the previous situation but were uncertain about their satisfaction with the scheme.
- Harmondsworth must be considered separately to the other schemes, as there is more work to be done in negotiating suitable arrangements.

CLIENT FEEDBACK

- The reliability of responses to the client questionnaire is severely affected by the small number and quality of the responses. The large number of blanks in some of the responses also indicates a difficulty in answering the questions posed. Additionally, the general trend showed that those who had had successful outcomes, i.e. further legal work identified, reported more favourable comments than those without. On average, clients responded that they found the service helpful and would recommend the service to other detainees.
- We also asked clients to elaborate on any of the answers they had previously given if they felt they needed to explain their answer and to provide their thoughts on the scheme's operation and any suggestions to improve it. Generally clients felt they required more time and help to deal with case complexities and that they themselves often did not have access to the correct information about their own cases to be able to make full use of the sessions.

DETENTION USERS GROUP FEEDBACK

- At Harmondsworth and Colnbrook, there were general trends in the cases that different organisations were taking on.
- Client inability to choose their adviser causes difficulties, especially if the firm in question before had advised the client.
- Fast Track clients often get the least advice, as there are usually no merits to pursue the case so are unlikely to be represented.
- Bail applications are key advice need and some organisations felt the surgeries did not address this need.

- Advisers need to be experienced with working with appeal-exhausted clients.
- A number of organisations reported that they had not been made aware of the schemes prior to roll out. This is a serious concern as the LSC specifically consulted with Detention User Group members in order that all relevant groups would be made aware of the scheme.
- Some clients feel the advice surgeries are part of the detention estate.
- Some NGO staff had experienced situations where families have a representative but they are not actively undertaking work.
- **Haslar only:** Face-to-face advice much better take up than telephone only advice.