

Annual Report

1st February 2015 – 31st January 2016



Medical Justice
working for health rights for detainees

What is Immigration Detention ?

Immigration detention in the UK is arbitrary and indefinite. It is not part of any criminal sentence nor is it ordered by a judge, yet over 30,000 men, women and children a year are criminalised in this way, locked up in immigration removal centres, mostly run by private companies, and mainstream prisons.

Many detainees have mental and physical scars of torture and other forms of persecution from which they sought safety in the UK. Detainees' medical conditions are often exacerbated by, and some caused by, prolonged detention

What is Medical Justice ?

Objectives

Our objectives include the advancement of health or the saving of lives by preserving and protecting the physical and mental health of those seeking asylum and foreign nationals held in immigration removal centres (IRCs), the relief of those in need by providing medical assessment and facilitating the provision of legal advice and representation, the advancement of human rights for asylum seekers, and the advancement of education of the public about the position and treatment of asylum seekers.

Our Vision

We believe that the harm being caused by immigration removal centres is so widespread that their existence should be challenged. Meanwhile, we work to reform the institutions and stand up for the rights of those incarcerated within them.

Our Mission

1. To defend and promote the health rights, and associated legal rights, of immigration detainees in the UK.
2. To end the medical mistreatment of detainees and the damaging effects of immigration detention on their health.
3. To call on the government to close immigration removal centres due to the persistent and serious harm to health these institutions cause to detainees, and for an immediate moratorium on building any new ones.

Activities

Medical Justice seeks to fulfil its objectives in 5 main ways:

1. Casework – Medical Justice arranges for independent clinicians to visit immigration detainees in IRCs around the UK to document the physical and psychological scars of torture and to challenge any instance of medical mistreatment. Many ex-detainees have gone on to be granted leave to remain in the UK and have won unlawful detention cases.

2. Research – Medical evidence generated through our casework is captured in our datasystem and can be analysed for research. This enables us to identify systemic failings. We are the only group in the UK that organises independent doctors to visit immigration detainees, so our data is unique. Medical Justice writes themed research reports on the damaging impact that immigration detention has on detainee's health.

3. Policy work – Using our research, we discuss the impact of policies and practice failures with the Home Office, its private contractors who run detention centres, and NHS England. Policy improvements are meaningless if not implemented properly, which too often does not happen, so we monitor conditions and seek to ensure enforcement.

4. Litigation – When discussion with the Home Office fails, we may engage in strategic litigation, challenging certain policies, and provide witness statements evidencing systemic policy failures.

5. Campaigning, media and parliamentary work – we raise public and parliamentary awareness of inadequate healthcare in detention centres by using the media and lobbying parliamentarians to influence the decision-makers who we interact with.

Chair's foreword



Last year Medical Justice celebrated 10 years since we started. Our eleventh year has marked the coming of age of Medical Justice as an organisation. Emma Ginn, whose knowledge and passion has more than anyone else inspired and directed the development of Medical Justice over those years, has been on maternity leave. We are delighted for her and baby Hugo. Kris Harris, our wise and effective policy and research officer, was also on maternity leave this year and we are delighted for her and Luka.

This might have presented an enormous challenge for a small organisation such as Medical Justice. However, the strength and skills of all our staff team

has helped us to continue to thrive over this time. Particular thanks go to Theresa Schleicher who has been amazing in stepping up to the role of acting director. As trustees we have very much appreciated how the organisation has thrived and how easy and trouble-free the period has been.

This year has also seen some changes on the national level. Sometimes it feels like we are pushing a boulder up the hill only for it to fall down again. Though progress may seem slow, there have been some significant changes over the last year. In particular the limits on the detention of pregnant women that we hope will soon result in the end of detention of pregnant women. The Shaw Report is welcome and reiterated many of the things that we have been saying over the last ten years about the damage of detention to vulnerable people, especially those that have been tortured in their own country. Not that we are anywhere near where we would like to be – the end of immigration detention which causes so much distress and has such a bad impact on the health of those who are detained. We can never be complacent we will also in the next few years be battling some very serious new trends, in particular the criminalisation of migrants and who can say what the backlash will be against asylum seekers, especially if the Calais jungle moves to Kent.

Perhaps the most important lesson we can learn is that having clear objectives and persevering in our campaigning to achieve these objectives, whatever the setbacks, will be worth it.

Christine Hogg

Acting Director's report



The overall direction of travel in the last year has been one of increased criminalisation and demonisation of migrants including asylum seekers and detainees, with the Home Office intend on creating a 'hostile environment'. This continues into the new financial year with the Immigration Act 2016.

Sometimes this can be disheartening but giving up is not an option! As important protections for detainees are removed, the work of Medical Justice becomes even more important. And who knows what the Home Office would be doing if we were not watching.

There have also been important opportunities and some successes during the course of the year:

In February 2015 the Home Office announced a Review of the Detention Vulnerable People in detention, to be conducted by Stephen Shaw, the former Prison and Probation Ombudsman. In parallel, there were a number of other reviews and investigations ongoing, including by the Bedfordshire Health & Scrutiny Committee, the BMA and the National Audit Office.

There has also been renewed parliamentary interest in detention, following an inquiry on Immigration detention by the All Party Parliamentary Group on Refugees and increased media attention following an undercover investigation by Channel 4.

To make the most of these opportunities we joined forces with other NGO, medical professional bodies and others. As the only organisation to send clinicians into detention centres we have unique access to intelligence on what happens there and are able to expose the toxic effect immigration detention has on detainees' health.

There have been some successes: the detention of pregnant women has finally been significantly reduced - 3 years after we published our report 'Expecting Change' and started the campaign to end detaining pregnant women in 2013.

Stephen Shaw's report was published at the end of the financial year in January 2016, echoing many of our concerns and referring to our evidence more than 20 times. The Home Office promised 'transformative' change to better protect vulnerable detainees. It will be up to us to monitor in the coming year whether it delivers on this promise.

The last year has also been a busy and challenging year for me personally, as our Director Emma Ginn and our Research and Policy Worker went on maternity leave and I took over the role of Acting Director. I have been very fortunate to have the support of our fantastic staff team, our very supportive trustees and our army of dedicated volunteers, and Medical Justice has continued to grow and thrive.

No doubt FY2017 will be another busy and challenging year. Is it still uncertain what the effects of 'Brexit' will be, but it seems clear that we will continue to be needed to assist individual detainees, to shine a light on what happens in the largely hidden, secretive world of immigration detention and to use our evidence to hold the Home Office to account.

Theresa Schleicher

Casework



In the last year our volunteer clinicians visited 138 detainees in detention centres and prisons, assessed their health and produced reports documenting evidence of ill-treatment or torture and making recommendations for their care.

This year saw the end of the Detained Fast Track (DFT), which was suspended in July 2015. We had received many referrals for clients who were on the detained fast track or who had been through the DFT process without the opportunity to have their evidence of ill-treatment or torture documented. We have seen the replacement of DFT with Detained Asylum Casework (DAC) and continue to receive referrals for detainees who are being detained whilst their asylum claims are ongoing. This can be re-traumatising and also make it difficult for detainees to obtain evidence needed for their asylum claims.

As in previous years, torture survivors and vulnerable people continue to be detained routinely, with the rule 35 system, which is intended to identify those with a history of torture or whose health is likely to be injuriously affected by detention, failing to provide an adequate safeguard. We have seen delays in providing rule 35 reports in many centres, with detainees waiting sometimes a number of weeks before they are able to have a rule 35 appointment. In some centres detainees have also been wrongly refused rule 35 reports because doctors have incorrectly used a restrictive definition of torture. We continue to see variation in quality of rule 35 reports, with some failing to comment on the consistency of scarring with the account given by detainees. We have also seen a number of

inadequate Home Office responses, maintaining detention in the face of independent evidence of torture. One client who had been tortured by the police in his country of origin was refused release after a rule 35 confirming his account on the basis of a claimed risk of absconding. Medical Justice volunteers visited him and prepared a medico-legal report. He was released from detention within a few days of the report being completed.

For those detainees held in prisons, rule 35 does not apply at all, and there is no way to identify and protect the vulnerable.

A large proportion of detainees referred to us are also experiencing mental health problems, and in many cases their detention contributes to these. We see a lot of detainees experiencing PTSD symptoms and high levels of self-harm within detention.

One former client said:

When I was detained by Home Office I had no will to live another day in the detention centre feeling lonely, hopeless and in deep pain until I got accepted into Medical Justice. (...) I am now in the community receiving treatment while awaits decision from the Home Office; it's because Medical Justice helped me and guided me in the right direction. Medical Justice gave me the hope and the confidence to live my life once again.

We have also seen the use of segregation to manage those with mental health problems and our experience of this issue contributed to our research in this area.

Throughout the year we had difficulties in ensuring access and suitable facilities for our volunteer clinicians when visiting detention centres. We had difficulties with centres imposing very limiting restrictions on the time available for visits, or failing to provide appropriate rooms for full medical examinations to be carried out. Such restrictions have a significant impact on detainees' rights to independent medical assessment and to have their evidence of torture or ill-treatment properly documented. We have therefore challenged restrictions where they have been imposed, and will continue to do so.

"Medical Justice gave me the hope and the confidence to live my life once again." - Ex detainee

We are very grateful to our volunteer doctors, psychologists, nurses, midwives and interpreters who give up their time to visit detainees and ensure these essential medical assessments are carried out. We continue to receive large numbers of referrals and are continuously in need of more volunteers who can visit detainees. We are particularly in need of medical volunteers near to Morton Hall in Lincolnshire and the Verne in Weymouth, and volunteer interpreters for Tamil, Farsi, Urdu, Bengali, Russian, Kurdish Sorani and Vietnamese.

Lisa Incledon and Charlotte Mathysse

Office Support Management



We continued to take a large number of referrals throughout 2015. This was facilitated greatly by our online referral form, which reduces time spent on data entry, however most self-referrals were made over the phone and manually added to the data system.

In November 2015, Medical Justice recruited two new office management staff – Jessica Cunliffe (Office Support Manager) and Jacqueline Conibeer (Administration Assistant). This recruitment has significantly increased Medical Justice's capacity to handle referrals and the follow up administrative

work, allowing us to assist more vulnerable detainees.

In April 2016 we launched a new website. We hope volunteers and people interested in what we do will find easier to use and a useful resource.

Website maintenance is also straightforward - Jackie received training from the web designer on using and maintaining the site. She has so far been gradually tweaking bits and updating content.

Jessica Cunliffe and Jacqueline Conibeer



Clinical Advisors report



As before, the main part of my job relates to medico-legal assessments for detainees: either doing my own visits and reports or providing supervision and advice for our volunteers' assessments. The other aspect of this is teaching, as part of the Medical Justice training days or by having volunteers 'shadowing' my detention visits. Over the year I have done about 14 face to face visits and reports, and a similar number of telephone assessments, the latter being initial assessments where there was not time to arrange a visit. Nearly all the visits have been accompanied by a volunteer shadowing me.

Clinical supervision or reviewing of volunteers' medico-legal reports is a key part of maintaining high standards of report writing and helps to provide feedback and learning for volunteers. Over the year I reviewed about 110 reports or letters by other clinicians.

The need for Medical Justice visits to detainees has continued. As before, our volunteer clinicians are often documenting severe ill-health, particularly mental illness, as well as scars of torture and the

negative effects of detention on health. We continue to see many detainees' healthcare needs not being met by the available provision in detention.

A major change in October 2015 was Medical Justice's becoming a 'designated body' for appraisal and revalidation of doctors, meaning that I have become MJ's 'responsible officer' for this process. The benefit is that it allows MJ to retain volunteers who have retired from other work. Without MJ being a designated body, these doctors would otherwise face a much more onerous process of revalidation and appraisal, enough to put some people off continuing to work with us. At present, the numbers involved are small, but they are experienced volunteers whom we hope to retain. The RO role is a new one for me, so involves attending several training sessions and meetings over the year, and reviewing MJ policies in line with the procedures.

I attend the Secure Environments Group of the Royal College of GPs. I gave a short presentation on 'Listening to Detainees' which was well received. We have been asked to present a workshop at this year's conference on a similar theme, 'The Detainee's Experience.' Another presentation slot obtained this year is a workshop at the Royal College of GPs Annual Conference, a joint presentation with Freedom from Torture on 'Caring for refugees and torture survivors in your practice and volunteering opportunities in the UK with a health charity.' We hope this will be an opportunity to raise awareness of our work and volunteering among a wide range of GPs and GP trainers.

The rest of the work involves answering volunteer or staff clinical queries, assisting volunteers where advice is needed, and helping to ensure we recruit, train and motivate our clinical volunteers. As for any doctor, continuing professional development is essential, so I take an active part in the MJ peer support learning programme (led by Sarah Chin) and in medical appraisal/revalidation.

Dr Naomi Hartree

Ex-detainees involvement – Aisha Kabejja



As someone who experienced detention, it came naturally to me to want to get involved with Medical Justice because of the hope they gave to me. I just wanted to be a part of it; I wanted to contribute in whatever way I could. I was ready to get involved with Medical Justice at whatever cost. This determination and anxiousness came as a result of the doctor coming to see me while in detention. I

could not stop thinking of her and how kind she was to reach out for me and I just could not wait to come out and be a part of it. I said to myself, if I came out this is what I am going to do. Even if I have to go there and clean the toilets of Medical Justice or the floor, it did not matter I had to do something to contribute. I could not stop imagining how Medical Justice Offices looked like and how big it was and how many people must be working tirelessly to help us.

Two weeks after being released I went to Medical Justice and I was shocked to see how small it was and the fact that they shared a building with other organisations- because they help so many detainees I had imagine they would have a very big building! I realise that they did not need me to clean the building, but I was invited to join the Ex detainee group instead. Soon after I attended a meeting where MJ invited volunteers among the detainees to join the Management committee. I applied straight away. I was delighted to be offered the opportunity and I gave everything I could and I will continue to do so.

I am so glad MJ exists I cannot imagine life for detainees without them. Medical Justice is a great help and hope for detainees in the UK.

Aisha Kabejja

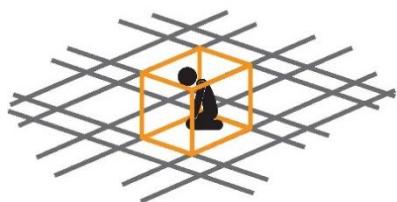
The Medical Justice Ex Detainee Group have recently produced a film, 'I am not a Criminal', about their experiences of detention. Watch the film on our website- www.medicaljustice.org.uk.

Policy and Research



This has been an eventful year. Whilst the environment continues to grow increasingly hostile for migrants there have also been some important reviews of current practices as well as opportunities to influence policy on immigration detention. I have continued to engage with the Home Office, NHS England, Care Quality Commission and official inspectorates in any way that I can to try to influence policy and practice for the better. Medical Justice working model relies heavily on distilling evidence from our casework into quality research reports. Medical Justice has rightly become known for its well-researched and evidence based research reports. Our most recent report – “*A Secret Punishment – the misuse of segregation in immigration detention*” – is no exception.

'A SECRET PUNISHMENT' - THE MISUSE OF SEGREGATION IN IMMIGRATION DETENTION



Medical Justice

There is little public insight into what happens behind the locked doors of immigration removal centres. This is often doubly true of the closed segregation units, where detainees are locked in with little human contact for up to 23 hours a day. Medical Justice has long been concerned about the use of segregation within immigration detention and

in 2015 we finally had the opportunity to investigate the issue thoroughly. I was shocked by what I found

Official inspectorates have been highlighting shortcomings in the use for years but the criticisms are often hidden deep inside inspection reports only reviewed by those with a particular interest and the abuses continue seemingly unchecked. Now for the first time I was able to collate these insights and combine this with the experiences of our clients. Though many had lived through horrific experiences in their countries of origin, and on the journey to the UK, it was often the trauma of segregation experienced in the UK they could not bear to relive or discuss.

Segregation is **overused**. It is used far more frequently than would have been expected in a population who are not held as part of any criminal charges. We found that between 1200 and 4800 detainees are segregated every year. Though the majority are held for a short period of time **some are held for months or even years**. This is particularly worrying when those segregated have mental health issues. One detainee was segregated more or less continuously for 22 months. One detainee was only removed to psychiatric hospital following 80 days in segregation whilst another was segregated more than 8 times during her 800 days in detention.

The great majority of instances of segregation are in accordance with Detention Centre Rules, which allows for the segregation of violent detainees or detainees who constitute a risk to the safety or security of the centre. However, our research also found relatively widespread use of segregation which **contravened the Detention Centre Rules**.

The report found that the **monitoring and oversight of segregation is severely lacking**. Segregation is one of the harshest measures that can be imposed on someone in detention yet there is no central oversight of the use of, or the justification for, segregation. Also, what little monitoring there is **varies considerably from centre to centre**. This can in part be attributed to the fact that there are **no guidelines on the use of segregation** beyond the very brief instructions contained within the Detention Centre Rules. The systems and safeguards for the use of segregation in immigration detention **falls far short of those in place in prisons** which, though not perfect, go some way towards outlining measures that need to be taken to move out of segregation. There are **severe short comings in the authorisation and documentation procedures**. There have been instances of **segregation being used as a healthcare unit** for those in need of extra supervision. This is unacceptable as we know that segregation units are staffed by personnel with no

medical training and in some instances are not staffed at all. Thus placing sick detainees at great risk. There have been at least two deaths associated with detainees who have recently been in segregation;

There is a trend towards the use of **de facto segregation** with innocent sounding names such as 'care and support units'. These units are not subject to the safeguards and monitoring provided by the Detention Centre Rules, limited as they may be. Despite the name, the same stark cells are used and there is little evidence of 'care' or 'support' happening in these places. A schizophrenic detainee died alone in segregation, whilst an age disputed child was segregated for 9 days until the trauma of the situation caused him to stop eating. Inappropriate force has been used on detainees to remove them to segregation including assaults with riot shields.

We are particularly concerned about:

- The unlawful use of segregation as a form of punishment for detainees who are held without the benefit of meaningful judicial oversight and without access to adjudication processes. The detention centre rules do not provide for arbitration mechanisms, there is no way for detainees to answer alleged transgressions and, as such, there should not be punitive measures in place;
- The use of segregation to manage detainees with mental health disorders that cannot be satisfactorily managed in detention. Behaviour rooted in on-going and untreated mental health issues is often mistaken for confrontational behaviour and managed through the use of segregation. Segregation is known to be damaging to mental health. This often leads to a downward spiral of despair;

- The use of segregation to manage detainees at risk of self-harm, despite segregation being an entirely unsuited environment for vulnerable detainees in crisis. One detainee was repeatedly segregated and handcuffed to stop her self-harming. Her treatment was found to constitute 'inhuman and degrading' treatment in breach of Article 3;
- And the indiscriminate use of segregation as a means of aiding in removal processes in the absence of individual risk assessments.

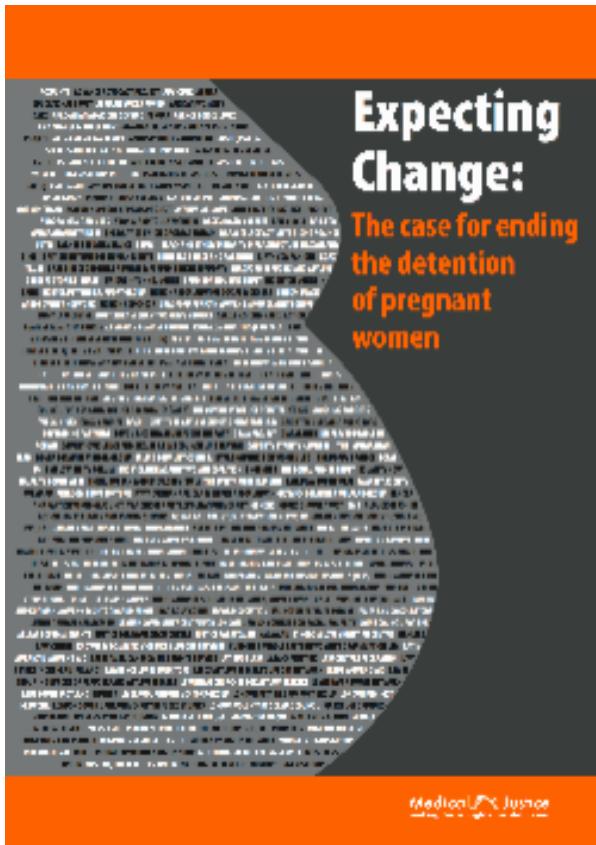
The report concludes that the conditions of detention, including segregation, are so detrimental to the health and wellbeing of those detained that the only way to remedy this situation is to close IRCs. The over-reliance on, and misuse of, segregation in immigration detention reflects the abdication of the state and its private contractors of their moral and legal obligation to treat those in their custody humanely. Medical Justice believes that segregation is inappropriate in immigration detention and that the Detention Centre rules should be changed to reflect this fact.

The final report, '*A Secret Punishment*' was published in October 2015. The launch of the report was hosted by Richard Fuller MP at Portcullis House and was attended by 75 people, including ex-detainees and representatives from Her Majesty's Inspector of Prisons (HMIP), The Royal Colleges of Psychiatrists and of Midwives, NGOs including Liberty, The Immigration Law Practitioners Association, Detention Action, Hibiscus, the Helen Bamber Foundation and the Institute of Race Relations, lawyers working in the field and journalists.

We are now using the report to lobby the Home Office and NHS England to introduce better safeguards to stop vulnerable people from being segregated, and work with the inspectorates to improve their monitoring of segregation.

Kristine Harris

Pregnant Women in Detention



In 2013 Medical Justice published 'Expecting Change' a report into the detention of pregnant women.

We found that detention poses a risk to the health of both the mother and the unborn child. Antenatal care provided in detention is inadequate and the conditions of detention are unsuitable for pregnant women.

The primary purpose of detention is removal, yet our research showed that only a small minority of pregnant women who were detained were removed.

Our findings were endorsed by the Royal College of Midwives and the Royal College of Obstetricians and Gynecologists.

Since 2013 other organisations have joined the campaign - Women for Refugee Women, ILPA, the Royal College of Midwives and Mumsnet – and it has grown and got stronger.

Brave ex-detainee women who had been detained during their pregnancy spoke out in the media and at public meetings and have challenged the Home Office's treatment of them.

Lawyers got involved and challenged the Home Office's policy relying on the evidence in Expecting Change.

Finally, in April 2016 the Home Office announced a new time limit of 72 hours (extendable to 1 week) on the detention of pregnant women. This is a huge step forward since previously pregnant women could previously be detained indefinitely.

It shows that, working together with other organisations - campaigners, ex-detainees, professional organisations and lawyers – we can achieve a huge amount.

There is still more to be done - and we will continue working towards better protection for pregnant women.

Redundancy Never Looked So Good

- Morag Forbes, Volunteer Midwife

I started volunteering with Medical Justice in 2013. In the same year, their "Expecting Change" report was published to highlight the problems of pregnant women in detention. Since then I've felt privileged to work with pregnant detainees to ensure their needs are met. And now, I'm equally pleased that I may never have to do so again.

Every pregnant woman has individual health needs, but many of the women I assessed seemed to be suffering in similar ways during their detention. So much so, that a fellow volunteer midwife and I started referring to "Yarl's Wood Syndrome" to describe the constellation of symptoms that we commonly saw. Women would often find common complaints of early pregnancy much exacerbated by cursory or non-existent care. Pregnancy nausea/vomiting would worsen because of a lack of palatable food and regimented meal times. Abdominal pain or blood spotting would be an ongoing source of worry - sometimes for weeks - due to restricted access to early pregnancy scans which non-detained women can access at will.

At all gestations, the vast majority of women were in poor mental health. Some had experienced war and/or torture. Many more were survivors of rape, trafficking, gender-based violence and/or FGM. Yarl's Wood staff seemed to have little appreciation of how detention might trigger these past traumas. Women repeatedly spoke of how jangling keys, officers' boot steps and weeping from other rooms combined to make sleep impossible.

I admired all these women for their bravery, but particularly Ms PA. When I met PA at Yarl's Wood, I suspected she was suffering depression and possibly PTSD. She gave a history of torture, but a Rule 35

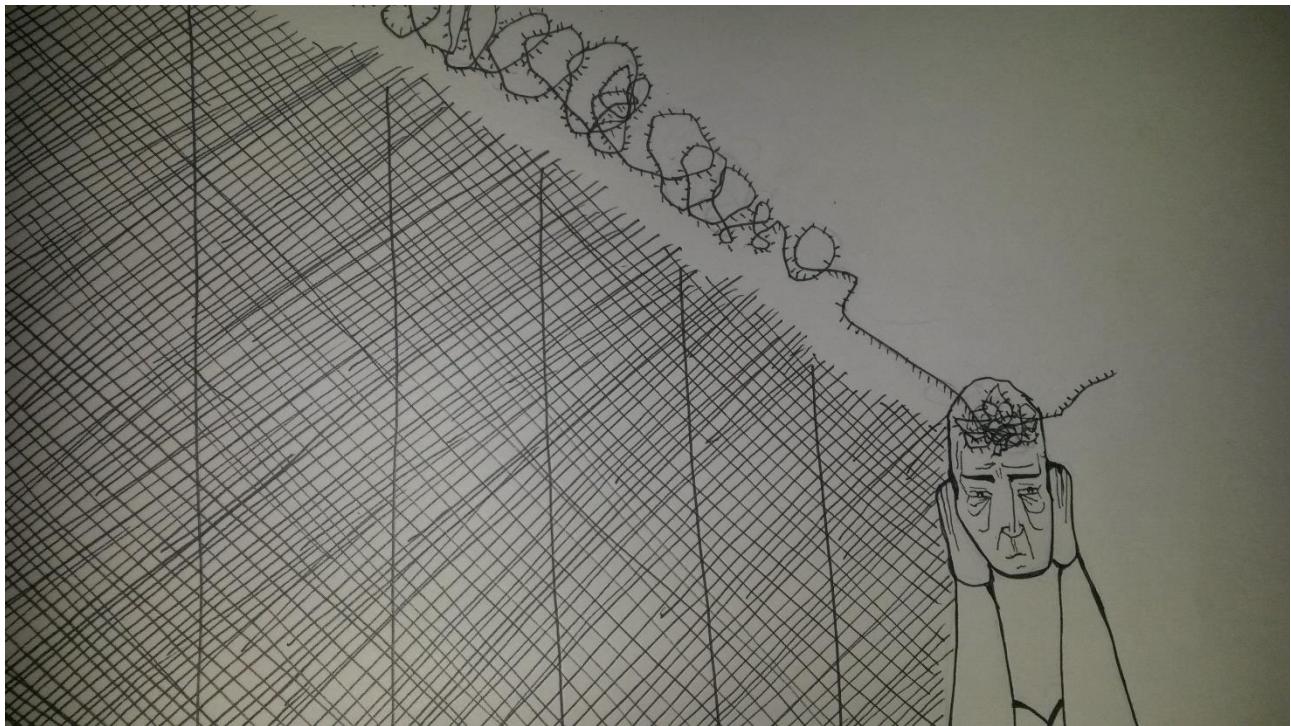
assessment had not been carried out. Additionally, her antenatal care had been disrupted by a no-notice detention; she had missed her 20-week scan.

Despite everything, PA had the courage to challenge the legality of her detention. Two years later, the Home Office issued a written apology, acknowledging her detention was unlawful. Significantly for all pregnant detainees, PA's case triggered a review of detention for pregnant women. The new Immigration Act 2016 states that pregnant women must not be detained for more than 72 hours (extendable to a week with Ministerial Approval).

There are still concerns - most worryingly, the possibility that pregnant women may be released only to be redetained later in pregnancy. We will need to watch and wait. But I'm daring to hope that I may have done myself out of a job.



Mental Health



Drawing by Rhiannon Hughes

In March 2015, the judgment in an unlawful detention case brought any one of our clients started with the following introduction: '*The Claimant was detained administratively for over two years. The longer her detention went on, the more vulnerable she became. Her physical health has been significantly compromised, probably permanently. Her mental health also declined in detention. She eventually fell down a stairwell and broke her back.*'

While an extreme case, the pattern is familiar and by now well-recognised. Detention does lasting damage to detainee's mental health. The longer it goes on, the worse the harm it does, and those with a history of torture or trauma or with pre-existing mental health problems are at greatest risk.

Detention is a secretive world, but over the past year there was been increasing public attention direction to the plight of mentally ill detainees.

At Medical Justice, efforts to input into ongoing investigations and inquiries were led by Kris Harris, our policy and research worker, and Dr Hilary Pickles, who chairs the Mental Health in Immigration Detention Working Group (MHIDWG), a grouping of NGOs, lawyers and psychiatrists, dedicated to improving the situation for immigration detainees with mental health issues.

In February 2015 the Home Office published a report by the Tavistock Institute which had been commissioned in the wake of 5 findings by the High Court that conditions of detention for 5 mentally ill detainees breached article 3 of the European Convention of Human Rights, the prohibition of torture and inhuman and degrading treatment. The report by the Tavistock Institute was critical and led to Stephen Shaw being commissioned to conduct a review into the detention of vulnerable adults.

In March the report of the All Party Parliamentary Group on Refugees into Immigration Detention was published. One of those who gave evidence to the inquiry was our clinical lead, Dr Naomi Hartree. Again, mental health was one of the key issues raised: "*The panel were particularly shocked by some of the personal testimony we heard of people suffering from mental health conditions who were detained for prolonged periods of time*".

In autumn the inquest into the death of Alois Dvorzak took place. Mr Dvorzak was an 83-year old Canadian who had been detained despite being found unfit for detention. He suffered from physical illness, dementia and mental health issues. He died while still chained to an officer.

In November we published the report on segregation. Again mental health was a key issue- we

found that segregation is frequently used to 'manage' detainees who are suicidal or at risk of self-harm or whose mental health problems mean they cannot be otherwise managed in a detention centre. Perhaps unsurprisingly, this frequently has long-lasting damaging effects on their health. Some of the most shocking cases of neglect of mentally ill detainees involve the use of segregation.

In January 2016 Stephen Shaw published his report, finding "*it is perfectly clear to me that people with*

serious mental illness continue to be held in detention and that their treatment and care does not and cannot equate to good psychiatric practice (whether or not it is 'satisfactorily managed'). Such a situation is an affront to civilised values.'

It is imperative that the Home Office learns from these findings and stop detaining mentally ill people. We know that it has a toxic effect on their health. We know that the existing safeguards do not work and have not worked for many years.



Strategic Litigation

An important part of Medical Justice's work is using litigation to advance the rights of detainees. We do this by either bringing cases in our own name or supporting cases brought by detainees.

We much prefer to engage with the Home Office directly to achieve change, rather than using the expensive and uncertain process of going to court. However, we are often left with little choice.

Some failings, like the dysfunctional rule 35 process and the lack of effective safeguards for mentally ill detainees and pregnant women, have been allowed to continue, despite us and other NGOs and inspectorates raising them repeatedly over many years. This means using the courts to force the Home Office to address the problem is sometimes the only option.

Our work this financial year has included:

Intervention in the Supreme Court in the case of 'O'

We intervened in this case jointly with another NGO, Bail for Immigration Detainees (BID), providing expertise on the situation of mentally ill detainees. The judgment provided important guidance including finding that the Home Office has a duty to investigate whether a detainee needs treatment that would be available outside of detention but not in detention. We are grateful to our solicitor Sue Willman at Deighton Pierce Glynn and our barristers Laura Dubinsky, Jason Pobjoy and Mike Fordham QC for their pro-bono work on this.

Challenge to the Home Office's refusal to release an investigation report into the death of an immigration detainee

During the course of the year we continued our challenge in the Information Tribunal to the refusal to publish the PSU account of the death of an immigration detainee. The hearing for this was held

after the end of our FY2016. In this we were represented, pro bono, by Jed Pennington at Bhatt Murphy and Martha Spurrier and Alex Gask.

Open Notice Removals

The Public Law Project, on our behalf, corresponded with the Home Office, seeking to challenge their policy of not notifying people of the date they will be deported from the country. The policy was withdrawn, but later replaced with an amended one which did not remedy all of the issues we had been concerned about. Work on this continues in the coming year.

Providing evidence

We are frequently asked to provide information and evidence from our casework on the effect of Home Office policies on detainees, for litigation. In the past year we have provided witness statements regarding our experience of working with the following groups in detention: torture survivors, pregnant women, people with mental health issues, people who lack mental capacity to make decisions relevant to their detention and immigration situation and those subject to the Detained Fast Track and Detained Casework processes.

We are very grateful to the members of the Medical Justice Strategic Litigation Group:

Steve Symonds (co-opted management committee member), lawyer, Amnesty International.

Sue Willman, solicitor, Partner at Deighton Pierce Glynn Solicitor

Jane Ryan, solicitor at Bhatt Murphy Solicitors.

Submissions and Consultation Responses by Medical Justice

- Submitted evidence to 'Review on Welfare in Detention of Vulnerable Persons' by Stephen Shaw.
- Submitted evidence to All Party Parliamentary Group on Refugees Inquiry into Immigration Detention
- Contributed to review of maternity services by Baroness Cumberledge
- Contributed to the Right to Health shadow report with the People's Health Movement UK and the Just Fair Alliance, assessing UK government's compliance with the International Covenant on Economic, Social and Cultural Rights.
- Responded to consultation on the Reform of Judicial Review
- Commented on draft templates for rule 35 reports and responses
- Responded to consultations on Detention Service Orders on DSO on complaints, Women in detention and Escorting and Restraints
- Responded to consultation on "Reforming support for failed asylum seekers and other illegal immigrants'

Other publications - Dr Hilary Pickles

- Pickles H, Norton E, Ginn E, Schleicher T: 'Physical restraint and the protection of the Human Rights of Immigration Detainees in hospital' in: *Clinical Medicine* 2015;15:334-6].
- Pickles H: 'Fitness to detain in those held under Immigration Powers in the UK and rule 35(1)' in: *Prison Service Journal* 2015;220:43-48.



Photo: Richard Fuller MP speaks at Yarl's Wood demonstration in 2015

Volunteer Training



Volunteer Interpreter's training day

Our volunteers are central to the strength of Medical Justice. We could never repay in kind their dedication and constancy. All, that we can and do offer, is continuing training and support.

Interpreter training

We have over 70 interpreters who volunteer for us, speaking languages including French, Arabic, Vietnamese, Tamil, Urdu, Spanish, Lingala, Farsi, Russian and Polish.

We organised training days throughout the year for our new and existing volunteers. We ran sessions on the asylum system and detention, Dr Beverley Costa (from Mothertongue counselling services) ran sessions on interpreting within a mental health context, Latifa Chentouf (one of our experienced interpreters) ran role-play sessions, Dr Hartree facilitated workshops on visiting detention and ex-detainees spoke about their experiences in detention and the importance of having good interpreters.

Our volunteer interpreters assist us by accompanying clinicians into detention centres and interpreting for medical assessments, they also interpret over the phone for our clients and translate documents. We are hugely grateful for their enthusiasm and dedication.

Clinician's training

Between October 2015 and June 2016, 82 healthcare professionals attended for training. The number of enquiries have been 100.

Peer Learning Support groups for active volunteers are held one evening once a month, except during the seasonal holiday months. Guest speakers with their expertise within the volunteer workforce as well as external speakers, lead the group on topics relevant to our work. We learn together, eat a little together and use the evening also as a platform for sharing experiences. The learning material from each of these evenings is then disseminated to all volunteers nationally.



Photo: Dr Sarah Chin- Clinical Development Advisor

A seasonal newsletter – 4 times a year – is sent to all volunteers. This contains comprehensive information about what is happening both in the bigger picture of the work of Medical Justice and in the everyday. We hope the newsletters encourage inclusion, and eliminate any feeling of distance between an organisation and volunteers who are our life force. Volunteers are reminded in each newsletter that our in-house counsellor is available to them as often compassion satisfaction can silently progress to compassion fatigue.

Treasurer's report

While we have made some important, and welcome, progress on several policy fronts, both the need and the demand for Medical Justice's services continues. This year we have been able to significantly expand our operations, particularly in the resources we have for the Casework that is both vital in assisting individual detainees and forms the basis for our research and policy work. That we have been able to do this is thanks entirely to the support of our various generous donors. While we seek to recover our costs wherever we can, cost-recovery can never be the driver for our operations. The continuing

reduction in government support for legal aid means that an increasing proportion of our work needs to be done on a pro-bono basis. Even when our doctors contribute their time, we are often faced with substantial costs for areas such as interpreting. Our on-going grants have enabled us to provide enhanced services without having to reduce our reserves. As most of our donors have a long term relationship with us, we are confident that over the next several years we will continue to have the resources we need.

Annual accounts

Statement of Financial Activities for the year ended 31st January 2016 (Including a summarised income & expenditure account)

	Unrestricted Funds £	Restricted Funds £	Total 2016 £	Total 2015 £
Incoming Resources				
Incoming Resources from Generated Funds				
Voluntary Income	51,683	0	51,683	63,813
Investment income	131	0	131	221
Incoming resources from charitable activities				
	127,500	103,750	231,250	232,560
Other incoming resources	0	0	0	0
Total Incoming Resources	<u>179,314</u>	<u>103,750</u>	<u>283,064</u>	<u>296,594</u>
Resources Expended				
Cost of generating fund				
Cost of generating voluntary income	216	0	216	234
Charitable Activities	178,073	103,750	281,823	249,495
Governance Costs	3,415	0	3,415	3,329
Total Resources Expended	<u>181,704</u>	<u>103,750</u>	<u>285,454</u>	<u>253,058</u>

Net incoming/(outgoing) resources before transfers	(2,390)	0	(2,390)	43,536
Transfer of Funds	0	0	0	0
Total funds at 1st February 2015	104,962	0	104,962	61,426
Total funds at 31st January 2016	<u>102,572</u>	<u>0</u>	<u>102,572</u>	<u>104,962</u>

Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

Incoming Resources

Voluntary Income	Unrestricted	Restricted	Total	Total
	Funds £	Funds £	2016 £	2015 £
Medico-Legal Report Fees	22,870	0	22,870	37,945
Donations	23,373	0	23,373	21,568
Training income	<u>5,440</u>	<u>0</u>	<u>5,440</u>	<u>4,300</u>
	<u>51,683</u>	<u>0</u>	<u>51,683</u>	<u>63,813</u>
Investment Income	Unrestricted	Restricted	Total	Total
	Funds £	Funds £	2016£	2015£
	<u>131</u>	<u>0</u>	<u>131</u>	<u>221</u>
Incoming resources from charitable activities	Unrestricted	Restricted	Total	Total
	Funds £	Funds £	2016£	2015 £
Joseph Rowntree Charitable Trust	32,500	0	32,500	31,075
Trust for London	0	18,750	18,750	6,250
Comic Relief	0	25,000	25,000	9,470
Network for Social change	0	0	0	17,653
Bromley Trust	15,000	0	15,000	15,000
Sigrid Rausing Trust	0	40,000	40,000	40,000
AB Charitable Trust	0	0	0	10,000
Oak Foundation	40,000	0	40,000	62,112
Esmee Fairbairn Foundation	40,000	0	40,000	40,000
Eva Reckitt Trust	0	0	0	1,000
Samuel Sebba Trust	0	20,000	20,000	0
	<u>127,500</u>	<u>103,750</u>	<u>231,250</u>	<u>232,560</u>

Resources Expended	Cost of generating	Charitable Activities £	Governance Cost £	Total 2016 £	Total 2015 £
	Fund £				
Joseph Rowntree Charitable Trust	0	32,500	0	31,075	31,075
Trust for London	0	18,750	0	6,250	6,250
Comic Relief	0	25,000	0	9,470	9,470
Network for Social change	0	0	0	17,653	17,653
Bromley Trust	0	15,000	0	15,000	15,000
Sigrid Rausing Trust	0	40,000	0	40,000	40,000
AB Charitable Trust	0	0	0	10,000	10,000
Oak Foundation	0	40,000	0	62,112	62,112
Esmee Fairbairn Foundation	0	40,000	0	40,000	40,000

Eva Reckitt Trust	0	0	0	1,000	1,000
Samuel Sebba Trust	0	20,000	0	0	0
Voluntary Income	216	50,573	3,415	54,204	20,498
Unrestricted reserves	0	0	0	0	0
	<u>216</u>	<u>281,823</u>	<u>3,415</u>	<u>285,454</u>	<u>253,058</u>

Resources Expended by category of Expenditure

	Total	Total
	2016	2015
	£	£
Costs directly allocated to charitable Activities		
Salaries and national insurance	211,496	166,069
Consultancy Fee	0	6,075
Medico-Legal Report Fees	11,709	22,713
Medical Notes & Records	8,925	6,454
Event Training & Expenditure	3,404	2,622
Interpretation	6,035	6,726
Staff Recruitment & Training	123	517
Travel	<u>1,308</u>	<u>724</u>
	<u>243,000</u>	<u>212,441</u>
Support costs allocated to charitable activities		
Rent and Rates	17,655	14,272
Telephone & Fax	1,184	1,426
Postage Stationery & Printing	5,995	4,812
Insurance	243	237
Volunteer expenses	2,317	2,637
Subscription	340	164
Website & IT expenditure	5,702	7,810
Other Office Expenses	1,453	449
Depreciation	<u>3,934</u>	<u>5,247</u>
	<u>38,823</u>	<u>37,054</u>
Cost of generating voluntary income		
Fund raising cost	<u>216</u>	<u>234</u>
Governance Cost		
Accountancy Fee	<u>3,415</u>	<u>3,329</u>
Total Resources Expended	<u>285,454</u>	<u>253,058</u>

Thank you's



Photo: Dr Mounty meets Mr N (ex-detainee) after his release from detention. Photo by Omid Salehi.

Medical Justice partners

Including: Yarl's Wood Befrienders, Bail for Immigration Detainees, Detention Action, Gatwick Detainee Welfare Group, Association of Visitors to Immigration Detainees, Asylum Aid, the Refugee Children's Consortium, the Institute of Race Relations, Right to Remain, Women for Refugee Women, Asylum Aid, SOAS Detainee Support Group, MIND, the National Aids Trust, Maternity Action, Birthrights, the Helen Bamber Foundation, Freedom From Torture, Doctors of the World, Immigration law Practitioners Association, Liberty, INQUEST, Bhatt Murphy Solicitors, Birnberg Peirce & Partners, Duncan Lewis Solicitors, Bindmans Solicitors, Sutovic & Hartigan Solicitors, Deighton Pierce Glynn Solicitors, Hodge Jones & Allen, Leigh Day, Islington Law Centre, the Public Law Project, the Migrants' Law Project and barristers from 1 Pump Court, Tookes Chambers, Landmark Chambers, Matrix, Garden Court Chambers, Doughty Street Chambers, Royal College of Psychiatrists, Royal College of Obstetricians and Gynaecologists, Royal College of Midwives, Royal College of GPs and many more.

Volunteers: Medical Justice is completely reliant on a small army of incredibly dedicated volunteer medics, lawyers, detainee visitors and interpreters. Many of our busy volunteers have full-time jobs and family responsibilities, but manage to somehow squeeze in work on behalf of detainees. Some devote a number of precious evenings or even days each week to Medical Justice and the detainees.

Some volunteers are supposedly "retired", yet it may not feel like it.

Staff

Emma Ginn – Director (Maternity Leave 12/2015)
Theresa Schleicher – Casework Manager, Acting Director from 12/2015
Dr Naomi Hartree – Clinical Advisor
Dr Sarah Chin – Medical Reviewer
Charlotte Mathysse - Caseworker
Lisa Incledon - Office Support Manager (until 10/2015), Caseworker (from 10/2015)
Kris Harris - Research & Policy (Maternity Leave 10/2015)
Jessica Cunliffe - Office Support Manager (joined 11/2015)
Jacqueline Conibeer – Administrator (joined 11/2015)

Trustees

Christine Hogg – Chair
Ed Ross – Treasurer and Secretary
Steve Symonds - vice-chair
Peter Coltman (from December 2015)
Maria Gonzales (from July 2015)
Dr Hugh Grant-Peterkin
Emma Norton (from July 2015)
Martha Spurrier (from July 2015)
Dr Teresa Wozniak
Alex Goodman (resigned July 2015)

Speakers and trainers at Medical Justice events

We thank the many great speakers we have been so lucky to have at our events, which consequently have been well attended. We are especially grateful for ex-detainees who have spoken out about their treatment in detention, and we recognise that this can be even harder than anyone else might know. We are extremely grateful also to trainers at medics and interpreters training sessions – without training new volunteers we would not be able to reach all the vulnerable detainees that we do.

'Professionals' - We thank the many 'professionals' who really went the extra mile to help Medical Justice and the detainees, including lawyers and journalists. Many of them modestly claim that they were "just doing their job", but we know they are doing much more than that.

Volunteer medics and interpreters

Abby Selzer	Fatema Ibrahimi	Juliette Garms	Nimo Askar
Abdusalam Zbida	Felicity Hughes	Karen Merivot	Niranjan Joshi
Aga Mytkowska	Fessahaye Gebregiorgis	Kate Wrigley	Nuria Gene-Cos
Agnes Orbach	Gillian Melville	Laila Alabidi	Payam Torabi
Ambi Ananda	Hala Hashem	Latifa Chentouf	Peter Toon
Angharad Pryce	Helen McColl	Laura Kemmis	Phoebe Pallotti
Arezo Zohorrahimi	Helen Price	Laura Stahnke	Princess Chiney
Ayan Abdi	Helen Richard	Liz Clark	Rachel Bingham
Ayan Ali	Hannah Bashir	Lorna Orriss	Rebecca Marcus
Beata Godlewska	Hilary Pickles	Lotte Hardman	Ritesh Sinha
Beili Yang	Hilda Deganutto	Marcus Chevenix	Rosie Tate
Caz Hattam	Hugh Grant Peterkin	Marian Messih	Rosie Townsend
Christelle Blunden	Indrajit Ghosh	Marie-France Rowland	Ruth Sagovsky
Clarissa de Petheny	Iona Steen	Marie-Jean Berger	Sally Jones
Cornelius Katona	Isobel Millard	Marina Pinault	Samaher Awad
Dalia Arab	Jan Reiss	Mark Brinkley	Sammarah Mahmoud
Davina Kaur Patel	Jane Mounty	Mary Kamara	Sara Bazouk
Dina Habib	Jenny Akhurst	Mary Walsh	Sarah Nurgat
Djamel Yahia	Jenny Webb	Miriam Beeks	Sharon Kane
Douglas Fink	Jessica Thornton	Moira Walker	Sinthuja Vasihan
Eileen Walsh	Jiang Ping	Morag Forbes	Sophie Herbert
Elpitha Bruce	John Gilmurray	Nasrat Sayyad	Teresa Wozniak
Elsie Gayle	John Reicher	Nawal Sharief	Thelma Thomas
Eispeth Carruthers	Jon Orrell	Neil Rushton	Veronique Cubilie-Ratio
Emma Wall	Julia Deakin	Ngoc Pham	Wen Fan
Fan Li	Julia Dick	Nicola Williams	

Funders

We thank our funders, without whom we could not continue our work: The Bromley Trust, the Esmée Fairbairn Foundation, Comic Relief, the Joseph Rowntree Charitable Trust, Trust for London, the Oak Foundation, the Sigrid Rausing Trust and the Sam and Bella Sebba Charitable Trust.

Donors

A dozen supporters donate each month by standing order which is very welcome. Some small groups and church congregations collected money for Medical Justice, which is much appreciated. Some doctors working with Medical Justice get some funding for their medico-legal reports from solicitors. Many of the doctors concerned donated some or the entire fee to Medical Justice. We are grateful to all donors – they enable Medical Justice to reach more vulnerable detainees



How to get involved with Medical Justice

Medics – doctors, psychiatrists, psychologists, midwives and nurses can visit immigration detainees and/or assist remotely. We hold Medical Justice medics training days about 4 times a year.

Interpreters – needed to speak to detainees on the phone or visit with doctors.

Lawyers - Medical Justice always needs to link detainees with lawyers willing to represent them, pro-bono where necessary.

Supporters - could visit immigration detainees and make referrals to Medical Justice.

How you can donate to Medical Justice

You can pay by debit/credit card, cheque, standing order or electronic transfer. Medical Justice would most prefer it if you could donate via our JustGiving webpage because the GiftAid and banking is all automated, so it doesn't use up any of our resources at all. You can set up a monthly payment from the JustGiving webpage. Donations by electronic transfer to the account shown below, or by cheque, which should be made out to "Medical Justice" and posted to below the address. Thank you - your support can make a real difference!

JustGiving webpage;

<https://www.justgiving.com/medicaljustice/>



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Company Registration No.: 6073571

Registered charity No. 1132072

Bank: CAF Bank

Sort-code 40-52-40, Account Number 00021167

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