

FY 2025

FEBRUARY 2024 - JANUARY 2025

# ANNUAL REPORT

**Medical  Justice**  
health rights for people in immigration detention

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## Vision

Immigration detention in the UK does not harm anybody's physical and mental health in the UK as it no longer exists.

## 20,604 men, women and children detained in 2024

Immigration detention is indefinite, despite not being part of any criminal sentence. It is not ordered by a judge and is optional. 12% more people were detained in 2024 than in 2023 and were held in mainstream prisons, short-term holding facilities and immigration removal centres (IRCs) in the UK, largely run by private companies. On 31 December 2024, 1,940 people were in detention. Most people were released back into the community, calling into question why they had been detained. Many were harmed in the process.

## Who is in immigration detention

Many in detention are survivors of war and torture, and have been persecuted due to their political activity, religion, and sexual orientation. Many have been trafficked. During long, perilous journeys to the UK, many get detained, raped, extorted, and sold, some a number of times over. Some arrive on small boats with untreated injuries. Others have lived in the UK for decades, and have spouses, children and grandchildren here from whom they are separated. Many have physical and/or mental health problems, often as a result of past traumatic experiences.

**Issues in detention include:**

**Torture scars and medical conditions are often not properly documented** - and often not considered in individuals' cases

**Inadequate healthcare** - despite people having complex medical needs, compounded by detention exacerbating medical conditions

**Ineffective safeguards** - vulnerable people left to deteriorate, impacting their mental and physical health

**Damage to mental health** - detention can be the cause of mental illness, untreatable in detention

**Excessive and dangerous use of force** - normalisation of the infliction of pain, suffering and humiliation

**Inhuman and degrading treatment** - toxic culture leading to dehumanising abuse of detained people

**Inappropriate use of segregation** - including to 'manage' distress and symptoms of mental illness

## Deaths in detention

Medical mistreatment is rife and inquests have found that neglect has contributed to deaths, including an 84 year old who died in handcuffs.

## Mission

Ensure the health and associated legal rights of detained people are upheld through the provision of medical evidence so the devastating harms of detention are understood and challenged.

## Who is Medical Justice

Medical Justice was founded in 2005 by a man who was on hunger-strike in detention, and the independent volunteer doctor who visited him at the request of a campaigner. The Home Office refused to transfer the hungerstriker to hospital until a High Court judge ordered it to do so, having considered the doctor's report. After being discharged from hospital, he and others who had been detained, together with campaigners and doctors formed Medical Justice to assist others in detention and change the system

## What Medical Justice does

Today we have 21 paid workers, a team of 42 volunteer clinicians and 34 volunteer interpreters. We work with lawyers, campaigners, and people with lived experience of detention. We handle between 500 and 1,000 cases a year. Our clinicians visit all 7 of the UK's IRCs to document clients' mental and physical scars of torture, medical conditions, injuries sustained during attempts to deport them, and deterioration of health. The medical evidence we generate is considered in clients' asylum and immigration claims, and has led to the release of many thousands of detained individuals over the years.

We also use medical evidence to document the toxic effect of indefinite detention and collaborate with others to advocate for lasting change through research, policy and parliamentary work, strategic litigation, and galvanising the medical community. This has secured improvements for whole groups of people in detention, including pregnant women and torture survivors.

We need support – many detained people get deported before we can reach them. We need more volunteers and more funding to hire additional staff.

## Of a set of 73 detained clients assessed in 2024

- 82% were torture survivors
- Clients were detained for up to 2 years
- 91% had PTSD or PTSD symptoms and 78% had suicidal thoughts
- For 94% of them, the IRCs failed to properly document their increased risk of suicide
- 90% were released, calling into question the justification for their detention in the first place

# CHAIR'S REPORT



*Dr Ruth Talbot and Bridget Banda*

Medical Justice has continued to challenge the harm caused by toxic conditions in immigration detention and the failures of those responsible for it. Despite the extreme dehumanising context which prevails for our clients, the Medical Justice team responds tirelessly every day with the very opposite of that - every interaction, every element of our work is undertaken with compassion and respect; an approach which reflects our fundamental belief that we share a common humanity and must show solidarity with those in difficult circumstances. Our team continues to provide support which is skilful and informed and which is also kind, thoughtful and empathic. And we do this at scale - in the past year we worked with 508 clients. This work is undertaken by a team whose commitment is extraordinary and includes our staff, interpreters and our volunteer clinicians, some of whom Medical Justice acts as their Designated Body. This is not easy work - the team daily hear of horrific experiences and witnesses terrible distress. By standing in solidarity with our clients, they are also exposed to the trauma of what has happened and is still happening. Our team is dedicated and resilient and they just keep going.

All of this is made possible by our funders to whom we are extremely grateful. This year we have been able to grow our team of caseworkers and salaried doctors. They in turn amplify our efforts by recruiting, training and supporting our volunteer clinicians.

At its core, the poor treatment of those detained is made possible by the incessant scapegoating of migrants. We all need to challenge the public displays of hostility towards those who arrive in our country so that politicians, those in relevant professional bodies, and parts of the media come to recognise that systemic mistreatment in detention, the indiscriminate rounding up, detention and deportation of those caught in the asylum system are all inherently cruel and signal a loss of humanity. Medical Justice and all who support us are part of the resistance to this narrative and the mistreatment it facilitates - our profound understanding of our common humanity means we will all continue to shine a spotlight on immigration detention.

So thank you for your support - our staff, our volunteers, our funders, my fellow trustees, our friends and colleagues in other organisations - we need you so please don't stop standing alongside us.

**Dr Ruth Talbot - Chair of Trustees**

# VICE CHAIR'S REPORT

The 2025 FY had its challenges, we watched in shock and horror as the Rwanda round up gained momentum, in May alone, 48 referrals were made to the Medical Justice team between the 2nd and 30th of May. Many of the men and women rounded up were torture and trafficking survivors.

## VICE CHAIR'S REPORT

To compound the trauma even further, the round-up and arrests were videoed and broadcasted for public gaze.

One can only imagine the immense re-traumatisation these people were experiencing. It took immense strength from the Medical Justice team to be there for them and for that I am very grateful for their efforts. It never ceases to amaze me how this dedicated team is so driven and keeps going year after year despite the odds against them.

As someone who has been there, I can tell you the huge difference Medical Justice makes in the lives of detained migrants. When Medical Justice helped me get out of detention, neither of us imagined I would be a CEO of a refugee charity. That's why as busy and as demanding my role is, I will always make time to be the Vice-Chair for Medical Justice.

I was delighted this year to be involved in a Medical Justice working group which developed a casework traineeship role, ring-fenced for someone with lived experience to boost their

career - this is another thing I know from my own experience, how working with the Medical Justice team boosted my experience and confidence to apply for my current role.

It's also so wonderful to see growth in our volunteer interpreter team – they make such a huge difference to our clients who otherwise would not be able to explain to our doctors what has happened to them.

Finally Medical Justice deserves our support and with detention set to expand, we are needed more than ever and will fight harder than ever, we shall not give up but will fight on.

**Bridget Banda - Vice Chair of Trustees**



*“Medical Justice’s strategic direction is strong and clearly defined. Over the years their focus has sharpened and their relationships with the medical sector have deepened, increasing their impact dramatically.”*

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# DIRECTOR'S REPORT



The year felt like constant turmoil. The last government's rhetoric and PR around the policy to deport asylum seekers to Rwanda was damaging to our society and absolutely terrifying for our clients targeted by it. Having to plan for it and collaborate with others to challenge it whilst wondering in dread if it would really happen was described by one lawyer as "like waiting to get punched in the face".

Then, in the run up to local elections in April 2024, it actually happened ; the public spectacle of rounding up and detaining already vulnerable people for deportation to Rwanda was indescribable for our clients, and tough for our staff and volunteers too.

Our casework team and volunteers pulled out all the stops to support our 48 clients targeted for Rwanda, whilst our advocacy team furiously raised the alarm in parliament and the medical community. We published a report documenting the harm entitled "You'll see the outside when you are in Rwanda" - a callous comment made by a guard to a detained woman targeted for removal to Rwanda. All 48 were eventually released and happily did get to see the outside in Hounslow, Bedford and Crawley, not Rwanda.

Labour's general election victory in July 2024 brought relief; they quickly scrapped the Rwanda plan, scrapped the Bibby Stockholm barge warehousing asylum seekers and started processing asylum claims.

Relief swiftly turned to sadness ; just days after anti-immigration riots, the new government announced its plans:

- A "Large surge" in deportations ; we saw comms indistinguishable to the previous government, filming and broadcasting deportations to showcase how many deportation flights it had carried out
- A significant expansion of detention, adopting the previous government's plans to add 1,000 spaces to the existing 2,500 across the UK's 7 IRCs

One of the new government's early moves was deciding to go ahead with the previous government's planned changes that weaken safeguards for vulnerable people in detention.

Immigration detention is known to cause severe harm – the evidence is undisputed. We know that the conditions that led to the disturbing levels of mistreatment of detained people found by the Brook House [public] Inquiry (BHI) persist. In July 2024 detention conditions were the 'worst inspectors have seen'. Yet, chillingly, the Home Office has purposefully weakened its already failing safeguards whilst at the same time planning to expand detention. Clearly, increasing detention whilst weakening safeguards means severely harming more people. The resulting harm cannot be described as accidental.

It didn't come as a complete surprise when the new Labour government started talking about fast-tracking the asylum determination process – they invented the detained fast-track process which hit a 99% refusal in the huge privately run immigration removal centres they built when last in power.

Governments of all colours can't seem to resist using immigration and asylum as political tool. We must not let this torpefy us. We see the courage of our clients in detention, facing enormous challenges, and are motivated by them. We know that Medical Justice can make a significant difference and we must do so. We handled referrals from 508 people in detention in FY2025. The vast majority have been released and many now have leave to remain in the UK.

Furthermore, we used our unique medical evidence base in our advocacy work to successfully challenge detention policies, making detention less harmful for thousands of detained people. We were glad to have re-established the All-Party Parliamentary Group on Immigration Detention in the new parliament as cross-party scrutiny is needed, especially with the Labour super-majority.

Medical Justice is built on the kindness and compassion of our dedicated volunteers and our staff members who go above and beyond for our clients every day. They are massively competent and rightly well respected in the sector. Every day is a privilege to be working with them.

We thank our funders and all who contribute so much to enabling Medical Justice to shine bright in dark days. Our work has never been more needed. Please help us make it happen.

Thank you,  
**Emma Ginn - Director**

# SUMMARY OF ACHIEVEMENTS IN FY2025

FY 2025 OUTCOME	IMPACT
508 people in detention referred in FY2025 - our clinicians have documented clients' scars of torture, deterioration of health in detention, injuries sustained during attempts to deport them and instances of medical mistreatment.	Clients have improved health through better access to needed healthcare, are more likely to find a legal representative that can use our medical evidence, and are more likely to win their asylum claim with our medical evidence. 90% of clients who had a medico-legal report were released.
Handled 48 referrals over 4 weeks for people targeted for forced removal to Rwanda.	All 48 were released.
Research report "You'll see the outside when you're in Rwanda".	Provided the sector with evidence of detention harms for advocacy work and raised awareness, covered in the Independent.
Successful litigation establishing a duty on the Home Office to consult Medical Justice on Adults at Risk policy relating to adults at risk in detention.	The door to policy improvements is now wedged open, potentially benefitting thousands of detained people when our suggestions for change are accepted by the Home Office.
Unlawful detention case of a man who was a BHI Core Participant – weight put on BHI findings which Medical Justice was key to.	Claimant won £204,000 damages and there will be potentially more cases that use BHI findings and Medical Justice evidence which may also lead to policy changes.
Medical Justice evidence quoted by the Royal College of Psychiatrists in its "Protecting the mental health of people seeking sanctuary in the UK's evolving legislative landscape" report.	Medical Justice research, analysis and a case-studies used in this influential report which contributes towards galvanising the medical community, covered by the British Medical Journal.
Medical Justice provided evidence in the case of BLZ who had been released from detention without accommodation suitable for his physical and mental disabilities.	Positive judgement held that there were significant deficits in the Home Office's policy resulting in the Home Office reviewing a standard operating procedure which Medical Justice is set to be consulted on and which may benefit many people being released from detention.
Improved Home Office Rule 35 training for IRC clinicians.	Some of our feedback on the training package was taken on board, sadly the Home Office didn't amend it until Oct 2024 after that training programme was completed- it will hopefully be used for future training and benefit thousands of detained people each year.
Improved NHS England guidance on Rule 35 safeguarding reports.	Changes we put forward were incorporated – e.g. about further R35 reports that should be written if the detained person's health deteriorates further in the detention. This could benefit hundreds or even thousands of detained people each year and potentially be life-saving for some.
'Second Opinion' guidance – relates to hundreds of detained people each year.	In response to our consultation submission, the Home Office made an improvement, including a requirement for second opinion reports to be subjected to the MLR Quality Standards.
Adults at Risk Statutory Guidance – relates to thousands of detained people each year.	The Home Office adopted some of our suggestion such as re-introducing a strengthened presumption against the detention for vulnerable people, as well as adding back in references (which the draft had suggested removing) to detention decision-making being transparent, and reverting to Rule 34 appointments being "given" not "offered".

# BROOK HOUSE INQUIRY WORK

Medical Justice was a Core Participant in Brook House public Inquiry (BHI) established after BBC undercover filming exposed widespread mistreatment. BHI found that within a 5 month period there was a dangerous use of force, a wholesale failure of safeguards and a culture of dehumanisation that led to 19 incidents of credible breaches of Article 3 of the ECHR, which prohibits torture, inhuman and degrading treatment. Dysfunctional safeguards let vulnerable detained people deteriorate mentally and physically, exposing them to mistreatment.

Many Healthcare staff in IRCs do not understand their safeguarding obligations and IRC staff often tend to view detained persons as wilfully disobedient and obstructive instead of understanding their behaviour may be manifestation of mental anguish or ill health. This is interlinked with the inappropriate use of segregation and a quick resort to the use of force on people who are physically unwell and to 'manage' symptoms of mental illness, self-harm and mental health crises. Force is used unnecessarily and excessively in widespread cases. Unauthorised and potentially lethal "control & restraint" techniques were used. Such mistreatment has gone without proper scrutiny until the Inquiry.

Use of force against naked detained persons was "unusually high" and was a direct consequence of the "no notice removal window" policy, later quashed by Medical Justice litigation. The Inquiry found a "breeding ground for racist views". Evidence of pervasive derogatory and violent verbal abuse and racism revealed an underlying lack of any empathy even when people were at their most distressed and vulnerable - even in life-threatening situations.

Home Office and IRC staff, including some who are still in post, and have actually been promoted, were described by the Inquiry as 'unapologetic' and 'intransigent'. BHI found that failures still continue.

## **MAN DETAINED AT BROOK HOUSE FOUND TO HAVE SUFFERED INHUMAN AND DEGRADING TREATMENT AWARDED £204,000**

In September 2024 a man who was a BHI Core Participant won damages. Having had no previous mental ill health, he developed PTSD inside Brook House where he was unlawfully detained for 3 months despite having the legal right to be in the UK. The court accepted weight could be put upon the BHI findings and found that he suffered inhuman or degrading treatment predominantly as a result of factors arising from simply being detained in Brook House, so damaging were the conditions there. Evidence from Medical Justice as a Core Participant and relied on by BHI in its findings played an indirect but crucial role in this case. Failing the government improving detention conditions, we hope we can similarly contribute indirectly, or directly, in more cases.



## BROOK HOUSE INQUIRY WORK

## CHALLENGING THE HOME OFFICE FAILURE TO IMPLEMENT BHI RECOMMENDATIONS

### THE STRUGGLE TO SIMPLY ASCERTAIN THE GOVERNMENT'S POSITION

Throughout 2024 Medical Justice sought ways to encourage parliamentarians to scrutinise the government's entirely inadequate response to BHI.

- In March 2024, the Government published its response to BHI. It was unclear. It accepted the "broad thrust" of the recommendations but only made specific reference to one of the 33 recommendations – the 28 day time-limit – rejecting it.
- In April 2024 Medical Justice drafted a detailed analysis clarifying exactly how and why the government's response completely failed to address mistreatment in detention, including key questions for parliamentarians to ask the government, and provided evidence of ongoing abuse in detention.
- Also in April, Medical Justice submitted evidence to the temporary Statutory Inquiries Committee established in the House of Lords to assess the efficacy of law and practice relating to statutory inquiries. Our submissions raised concerns about the opaque nature of the government's response to BHI.
- We briefed the Home Affairs Committee ahead of its oral evidence session on BHI in May 2024, with our fellow Core Participant, the Gatwick Detainee Welfare Group who spoke at the session, and with parliamentarians.
- In our November 2024 bi-lateral meeting with Home Office officials they claimed that detention conditions had changed since 2017. They used the BHI Chair Kate Eves' lack of legal qualifications as part of its grounds of defence against not having implemented certain recommendations from BHI.
- After a number of unfathomably vague responses to Parliamentary Questions, we worked with Bell Ribero-Addy MP to finally obtain in January 2025 a list of the 30 BHI recommendations it accepted/partially accepted and the 3 it rejected (including a detention time-limit and provision of training for healthcare staff on use of force).
- Frances Hardy, the Home Office's then Director of Detention Services, who has held senior positions since before the BBC undercover filming in Brook House IRC which led to BHI, has been chairing a cross-government group on its response to BHI. Our FOI request for minutes of the group was rejected.

### THE MAIN SAFEGUARD TO IDENTIFY VULNERABLE DETAINED PEOPLE AND ROUTE THEM OUT OF DETENTION HAS BEEN WEAKENED

Contrary to BHI recommendations, the government weakened rather than strengthened its Adults at Risk Statutory Guidance (AARSG) removing the aim of reducing the number of vulnerable people in detention.

### HOME OFFICE RENTS HUGE HANGERS TO TRAIN 800 STAFF IN FORCING ASYLUM SEEKERS ONTO PLANES FOR RWANDA

In 2024 the previous government rented huge hangers with three plane fuselages for a year, at a cost of £6.4m, for training extra Home Office immigration enforcement staff and private contractors in the use of force, apparently to practice forcing asylum-seekers onto planes for Rwanda. We fear the same use of force techniques and practice, found by BHI to be excessive and unnecessary, could be used in the training.



## BROOK HOUSE INQUIRY WORK

Medical Justice submitted its response to the Home Office consultation on the AARSG changes in March 2024 and in April 2024 the Home Office took on board some of our suggested amendments such as re-introducing a strengthened presumption against the detention of vulnerable people (though not completely reverting to the policy's previous wording), as well as adding back in the references (which the draft had suggested removing) to detention decision-making being transparent. The AARSG was weakened but not quite as badly as would have been the case had Medical Justice not provided input, so we succeeded in limiting the damage.

Medical Justice led work to raise the alarm in Parliament about the harmful AARSG changes likely to result in more vulnerable people being detained, for longer. This included ;

- Submitting evidence that explained the AAR policy changes in detail and their likely negative impacts to the House of Lords' Secondary Legislation Scrutiny Committee (SLSC) in May 2024. The SLSC then issued its own report drawing heavily from our evidence and criticising the changes.
- Jointly with 10 other detention-focused NGOs, publishing a written briefing for parliamentarians in June 2024, and an updated version in October 2024.

- Working with Labour's Baroness Lister of Burtersett to hold a debate on the changes in the House of Lords in October 2024. This followed the new Labour government's decision not to withdraw the changes, despite having the option to do so. Demonstrating wide concern, the debate was attended by a range of cross-party peers including senior figures such as the Archbishop of Canterbury and the SLSC Chair Lord Hunt of Wirral.

### THE HOME OFFICE ISSUED POLICY 'CONSULTATIONS' THAT DO NOT SUBSTANTIALLY ENGAGE WITH BHI FINDINGS

Detention Service Orders (DSOs) are mandatory instructions outlining procedures for Home Office and IRC staff. 'Consultations' on DSOs incorporated just a few trivial changes, providing no indication that any reviews called for by BHI have been carried out.

- DSO on Handling of Complaints – A revised DSO on Handling of Complaints was finally published in March 2025 but the changes were not sufficient to address the detailed BHI recommendations. Meanwhile, the Independent Monitoring Board (IMB) said in its 2024 annual report that detained people are frightened of complaining.
- DSO on Use of Force – Ballooning numbers of Use of Force incidents in 2024 highlighted the urgency of the need for a new DSO. While Dame Angela Eagle said in November 2024 that it would be published in Spring 2025, there has been no visible progress

### NHS ENGLAND INVOLVED IRC DOCTOR HEAVILY CRITICISED BY BHI TO DEVELOP NEW GUIDANCE ON SAFEGUARDING REPORTS

Astonishingly, as an 'interim measure', NHS England involved the Brook House IRC doctor who was heavily criticised by BHI. who said it would provide a copy of its report to the GMC - to develop new clinical safeguarding guidance which is deeply problematic. Medical Justice was not consulted formally but some changes we put forward in April 2024 were incorporated, securing some preliminary improvements – for example, about subsequent Rule 35 reports that should be written if the detained person's health deteriorates further in the detention.

## 2024 ROUND-UP AND DETENTION FOR FORCED REMOVAL TO RWANDA

Having lost in the Supreme Court on its policy to forcibly remove asylum seekers to Rwanda, the previous government brought in the Safety of Rwanda Act (SORA) in April 2024, directing the UK courts and others to treat Rwanda as 'safe' irrespective of the situation there, then and at any future time. Days later - just before local elections - in a highly publicised round-up, more than 100 asylum seekers were detained for deportation to Rwanda.

Between 2nd and 30th May we received referrals for 48 people targeted for Rwanda, on top of existing clients and other referrals. 41 were men who were detained at Harmondsworth, Colnbrook and Brook House IRCs and 7 were women detained at Yarl's Wood. All had claimed asylum on arrival in the UK in 2022. Some were awaiting an asylum interview and others for a decision on their case. Several had family in the UK. Most had been detained on reporting and some arrested from home. Many were handcuffed and many described becoming extremely distressed.

Between the beginning of May and 6th June our clinicians carried out 18 assessments, 15 for Rwanda clients.

After up to 50 days, eventually all of our Rwanda clients were released on bail. Many have since been granted refugee status in the UK though they report the shadow of detention has stayed with them: having been suddenly and entirely unexpectedly detained and threatened with removal when they were complying with all conditions imposed on them. For many this has caused lasting damage on their ability to feel safe in the UK, to trust the UK authorities, and to recover from their past trauma.

**Ahmad\***, a torture survivor, was in bed when four people entered his room. One carried a shield, another what he thought was a gun. He was handcuffed and taken by force from his bedroom. For Ahmad, this was a terrifying trigger of past experiences of being tortured. For the Home Office, it was an opportunity to film and broadcast Ahmad's ordeal (what he thought was a gun was a video camera) to publicise the government's Rwanda policy.

## 2024 ROUND-UP AND DETENTION FOR FORCED REMOVAL TO RWANDA

### RESEARCH REPORT

“YOU’LL SEE THE OUTSIDE WHEN YOU ARE IN RWANDA”

PUBLISHED SEPTEMBER 2024

The report examines the cases of 48 detained clients targeted for Rwanda with a detailed analysis conducted on 30 clients’ documentation including “notice of intent for removal to Rwanda” documents, medical records, Rule 35 reports and Home Office responses, medico-legal reports (MLRs) and clinician forms

The report includes powerful case studies and showed the harm and suffering to our clients.

- Those detained included men and women from Syria, Eritrea, Ethiopia, Afghanistan, Iran and Sudan.
- All were seeking asylum. None had a criminal conviction. At the time, 10 did not have legal representation.
- 80% had histories of torture and/or serious ill-treatment, trafficking and mental health conditions.
- 2 lost consciousness whilst being detained - both were taken to A&E, then taken on to an IRC.
- Trafficking survivors likened detention for removal to Rwanda to their trafficking experience.
- Serena\* asked when she could leave and was told “you’ll see the outside when you’re in Rwanda”.

Suicide risk levels and deterioration - Medical Justice clinicians assessed 11 clients:

- All 11 had mental health conditions, including Post-Traumatic Stress Disorder, and all deteriorated.
- 9 had suicidal thoughts, 2 self-harmed and 1 attempted suicide shortly after they were detained.
- 8 expressed that they will or would take their own life if they were forcibly removed to Rwanda.

Safeguards failed completely - With a surge of people arriving into detention who have complex healthcare needs, the dysfunction of safeguards was acutely evident, failing to identify, protect and route vulnerable individuals out of detention. None of 30 people from this cohort for whom we had IRC healthcare records had a Rule 35 (1) or (2) safeguarding report completed by the IRC healthcare unit as should have happened, including for those who were suicidal. Of the ten Rule 35 (3) responses we had access to, the decision was to maintain detention, regardless of the content of the report (Note: this was the same in 2022 during the first round-up of people detained for deportation to Rwanda). This raises concerns that essential safeguards all too easily become ineffective when politically inconvenient.



## IN JULY 2024, HMIP FOUND CONDITIONS AT HARMONDSWORTH IRC WERE THE ‘WORST INSPECTORS HAVE SEEN’

- ▶ 48% of detained people surveyed said they had felt suicidal.
- ▶ A ligature point used in 3 suicide attempts had not been removed.
- ▶ One man was carried into Harmondsworth on a stretcher - the Home Office accepted he wasn't fit to be detained
- ▶ A man previously subjected to severe mistreatment, exploited for sex work and forced labour died after release.



*Medical Justice staff, volunteers and supporters at the 2025 London Legal Walk*

***“Through the greatest of difficulties Medical Justice holds on to the idea that people are people and human beings are human beings. It gives me hope to know that Medical Justice is in the world doing this dogged work.”***

Funder



# CASEWORK



During 2024, with the invaluable support from Anthony (our Office Manager), our team of 5 caseworkers - Cat, Eliza, Lisa (senior caseworker), Naomi, and Theresa (Head of Casework, pictured right) – handled 508 referrals, 36% of which were self-referrals from people in detention. The rest were referred by other NGOs including many visitors groups, legal representatives, friends and family and fellow detained people.

## USE OF FORCE DURING HOSPITAL VISITS AND WHILE DETAINED PEOPLE ARE SELF-HARMING

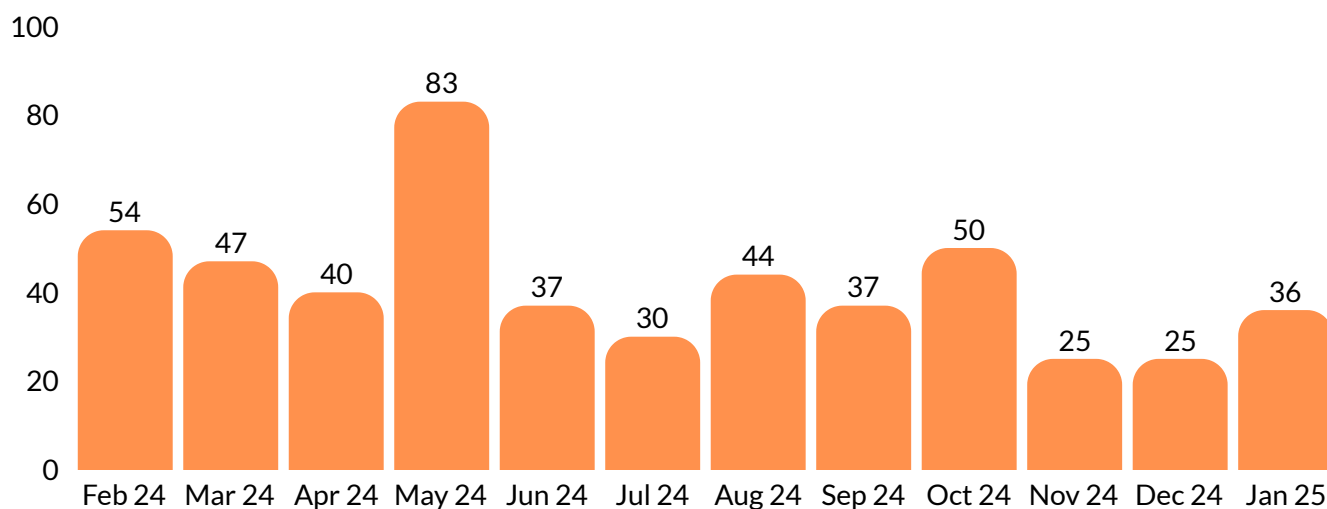
Force and/or restraints were used during hospital appointments, and in response to clients self-harming or attempting suicide.

IMB 2024 Annual Report: Gatwick IMB found that close to 100% of people taken to hospital appointments were handcuffed.

## OCTOBER 2024 : 26 YEAR OLD FRENCH BORN THEOPHILE KALIVOTIS DIED AT BROOK HOUSE IRC

Theophile's death came almost a year after an Albanian man who had died days after attempted suicide at Brook House in October 2024. The cause of his death is not yet known and an Inquest is ongoing. Our thoughts are with his family and loved ones. In the aftermath of his death people detained at Brook House reported increased distress and feeling fearful and unsafe. Notices circulated to all those detained alongside him by the detention centre warned of taking substances and asked for support to staff, but failed to mention any support available to detained people.

## REFERRALS BY MONTH



## CASEWORK

### MANY LACK LEGAL REPRESENTATION

The large number of self-referrals and referrals from concerned fellow detained people reflects that many do not have legal representation. They have to apply for release as well as navigate the often highly complex immigration and asylum cases alone. Our caseworkers will gather the client's documents and take their account. With that support, together with the prospect of a medical assessment by one of our clinicians, it is often possible for us to secure legal representation and many go on to be successful in their applications for release from detention and permission to stay in the UK.

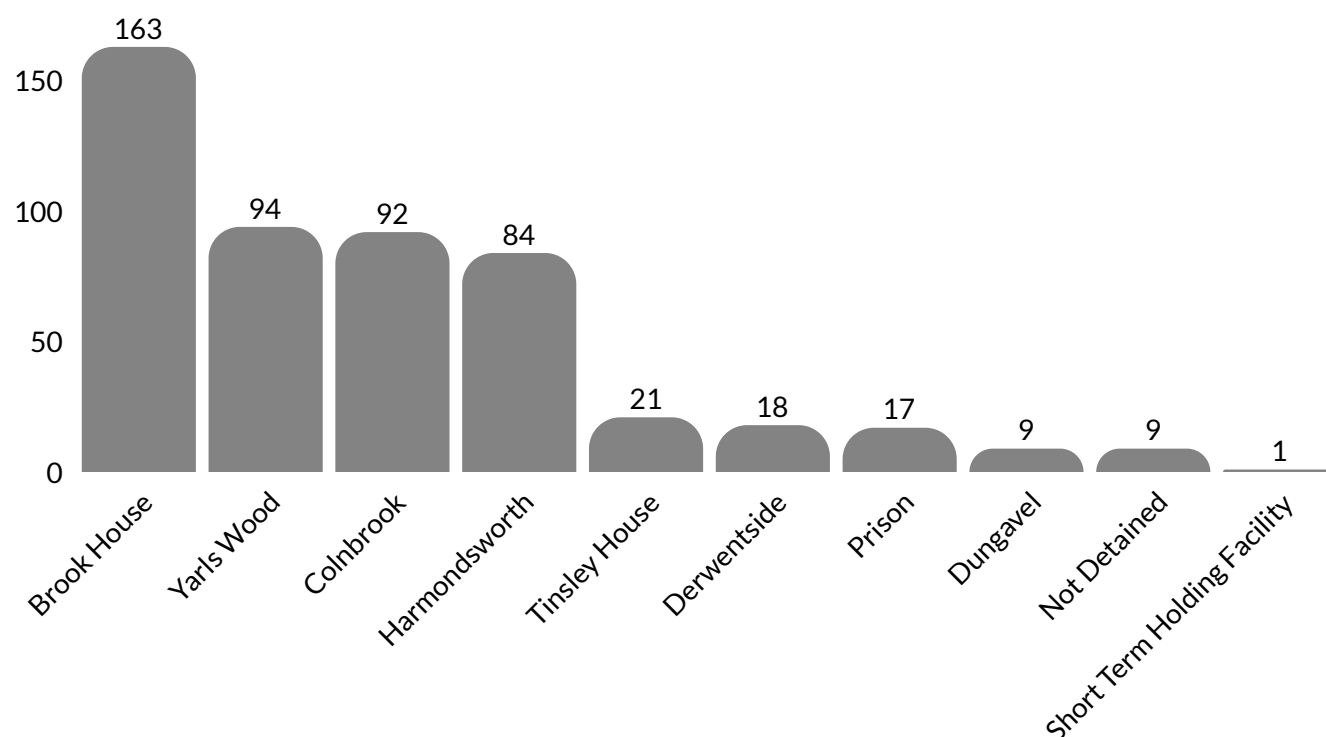
The government has been keen to publicise that in its first 6 months of being in power deportations increased by 48%, that 16,400 people had been removed from the UK and 34 deportation flights had been chartered. On one day, 3 clients had 'removal directions', each to a different country.

### INCREASE IN CHARTER FLIGHTS RISKS PEOPLE BEING REMOVED TO THE THREAT OF PERSECUTION

Since the new government in July 2024 we have been seeing a stark increase in people referred to us who already have 'Removal Directions' and the Home Office chartering private planes to remove a large number of people from one country at the same time. The exact flight times is kept secret in order to prevent disruption. Charter flights have included to Poland, Romania, Albania, Vietnam, Brazil, Nigeria and Pakistan.

During the run-up to these flights we get large numbers of referrals for people targeted to be on them. Many have complex health conditions and often long, complicated immigration histories. So many people being threatened with removal at once makes it extremely difficult for us to complete all necessary tasks in time, including gathering previous immigration decisions which may have been left at the person's home address when they were unexpectedly detained. Not knowing the time of the flight means we do not know how much time we have available for urgent work before a removal. We need to find legal representation for them at a time when

### REFERRALS BY IRC



## CASEWORK

solicitors' capacity is often already saturated due to working urgently with their existing clients also booked on the same flight. We need to carry out urgent medico-legal assessments for those who need one, but the number of cases means that we do not have enough capacity. Though thanks to the work of our caseworkers, clinicians - including our fantastic volunteer clinicians - and volunteer interpreters, we were able to do so for many clients in time. This enabled their solicitors to obtain court orders preventing their removal, allowing the client's case to then be fully considered. As charter flight operations continue we fear that people will be removed to the threat of persecution or other human rights breaches due to the challenges of obtaining advice, representation and the needed evidence in time.

### ACCELERATED ASYLUM-DECISION MAKING IN DETENTION - TOO FAST TO OBTAIN NEEDED EVIDENCE

We have seen an increase of referrals for people on the Detained Asylum Casework (DAC) process, an accelerated asylum-decision making process that takes place entirely in detention. Their asylum cases are frequently 'certified' so they do not have a right of appeal against refusal. The process is extremely fast often taking only a few weeks from someone entering the asylum process to removal being scheduled ; little time for anyone struggling to immediately disclose their history - particularly while detained - to obtain required medical and other evidence.

We are extremely concerned by recent announcement by the Home Secretary that she intends to introduce an accelerated asylum appeal process for people from countries considered to be 'predominantly safe'. Many clients on DAC come from such countries (including Vietnam, Albanian and Nigeria) - due to their specific experiences, often including trafficking or torture, returning to their country is not safe for them. Forcing them through a process that is too fast would put them at a high risk being removed to persecution.

### SEVERE MENTAL OR PHYSICAL ILLNESS / MENTAL CAPACITY LOST DUE TO THE TOXIC IMPACT OF DETENTION

During the past year we have seen an increase in clients referred to us who present with severe mental or physical health problems or cognitive impairment and who are unable to navigate immigration processes without assistance. As there is no process to identify people with such difficulties and no assistance provided by the Home Office, many are left stranded in detention for very long periods, unable to access legal representation or to advocate effectively for themselves. Often these clients are referred to us by fellow detained people who are acting as informal carers, or by family outside, if they have any, or other NGOs.

We work with partner NGOs who go into IRCs regularly to identify and offer support to these clients. Our medical reports enable legal representatives to become involved, with the help of litigation friends.

Some of these clients did not lack mental capacity when they entered detention but they have become so unwell partly due to the toxic impact of detention.

### HOSPITAL STAFF SERVE LEGAL PAPERS ON PATIENTS REMOVED DIRECT FROM SECURE MENTAL HEALTH FACILITIES

IMB Annual Report 2024 - the IMB raised serious concerns removing those sectioned under the Mental Health Act directly from those facilities. "Here, they were served legal paperwork not by immigration officials, but by hospital staff, and in all cases individuals waived their legal rights in the process."

Previously reported in the Guardian ("[Albanian man taken from UK psychiatric ward to deportation flight – report](#)") – "The man signed release documents but the IMB monitors said they were uncertain he knew what he was signing – all the paperwork was in English and they were unclear about his level of understanding."

## CASEWORK

### LACK OF ACCOMMODATION/ LACK OF CONSIDERATION OF CARE/SUPPORT NEEDS

There have been increasing delays in accommodation being provided by the Home Office to very unwell clients on release leading to greatly prolonged detention. This delay therefore renders crucial IRC safeguarding mechanisms entirely ineffective.

Other detained persons are eventually released into street-homeless due to the delays, including people who were on suicide-watch and those with complex medical needs for whom release without appropriate support presents immediate and serious risks. Not having an address also makes it much harder to access registration with a GP or a referral to mental health team.

Medical Justice has a small emergency fund for a few days of hotel accommodation for a limited number of very unwell clients while our caseworkers pull out all stops to secure onward accommodation. We are usually successful, so subjecting unwell people to homelessness should have been avoidable in the first place. Delays are particularly acute for people who require care and support on release.



Theresa (Head Of Casework), Aileen (Volunteer) Cat and Eliza (Caseworkers)

***“What Medical Justice did was absolutely remarkable. They sent two specialists to see me in Harmondsworth and they did the most amazingly thorough job documenting all my scars. Then I got my medico-legal report which was over 40 pages long. They did thorough, professional work – there is nothing more that they could have done and ultimately this work got me out of detention.”***

Former detained person and Medical Justice client



# CLINICAL WORK

We provided 114 clinical assessments - 101 were done in person by visiting detained clients in IRCs and in eight cases the assessments were undertaken in our office as the client had been released. We did 13 remote assessments. 51 of the visits in 2024 were undertaken by volunteer clinicians. We also provided reviews of medical notes, brief assessments by telephone, and wrote letters and emails to raise concerns about unmet health needs. This included for clients who were detained despite medical conditions which meant they were not fit to fly, those who were released to homelessness or to inadequate accommodation, and clients who were released with a tag or electronic monitoring device which caused them distress or other difficulties.

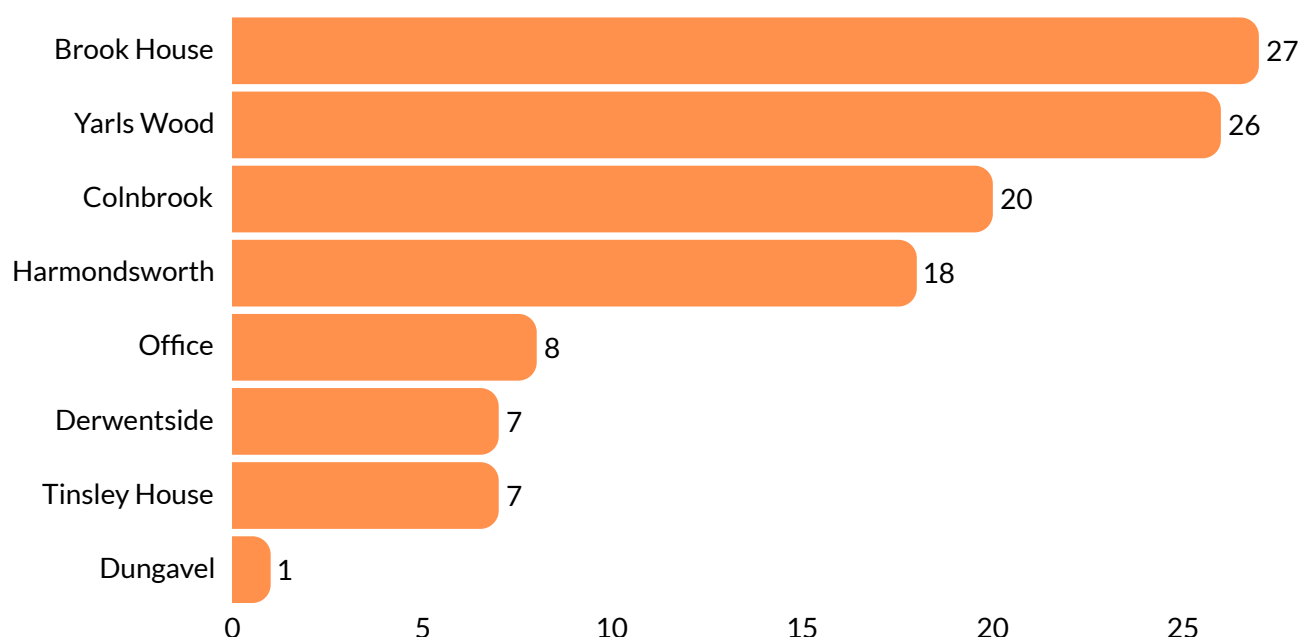
– Dr Rachel Bingham & Dr Liz Clark,  
Clinical Advisors



***“I represented myself in my bail application and the only thing I had was the medical report from Medical Justice. The judge looked at the report and decided I wasn’t fit for detention and granted bail, I didn’t even have to say anything. So it was that report done by Medical Justice that got me out of detention.”***

Former detained person

## CLINICAL ASSESSMENT VISITS BY IRC



## CLINICAL WORK

### CLINICAL CONCERNS – PEOPLE DETAINED DESPITE OVERT PSYCHOTIC SYMPTOMS AND HIGH SUICIDALITY

Through 2024 we observed a high level of clinical need and complexity in the medical and mental health issues assessed. This included people detained despite overt psychotic symptoms, for example those whose symptoms included hearing voices or experiencing delusional beliefs. These symptoms profoundly affect the person's experience of the world around them, often making it more difficult to understand what is happening and to interpret the actions of others. This makes detention exceptionally frightening and destabilising.

In some cases, severe mental health difficulties or impaired mental ability meant people we assessed were not able to understand, remember or communicate vital information about their legal cases, or in medical-legal terms lacked the mental capacity with regards to their legal case or detention. It is concerning to find such highly vulnerable individuals about whom no concerns had been raised by the IRC clinical teams.

We saw people whose serious suicide risk had been unreported by IRC clinical teams, and individuals who had required hospital treatment after attempting suicide. In other cases, individuals had experienced highly intrusive observations and constant watch by non-clinically trained staff. We also saw people who experienced use of force including being handcuffed as a response to distressed behaviour and self-harm, applied in the absence of resistance, aggression or records of having posed a risk to others. A recurrent description noted by our clinicians was the feeling of being treated without compassion, 'like animals'.

Our clinicians identified drug dependency as a significant but often neglected vulnerability and reports of widespread drug availability in IRCs were common. We recorded instances of individuals who had serious mental illness, including psychosis and learning difficulties, being

given drugs by others in IRCs and we have concerns they were used in some cases to 'test' drug batches. Even where the relevant vulnerabilities were identified in IRCs there was an absence of safeguarding reporting on this issue. To help us tackle these issues we arranged additional training for our clinicians on drug dependence delivered by addiction psychiatry consultant and Medical Justice volunteer clinical reviewer Dr Sophie Quarshie.

IMB Annual Report 2024 - "At Brook House IRC drug dealers were thought to have used vulnerable men as guinea pigs to test these substances, with one man requiring medical care on several occasions as a result."

HM Inspector of prisons reported in 2025 on Harmondsworth IRC that there had been "several drug-related arrests of staff" and that it was positive that random drug testing of staff had also begun."

### TRAINING AND VOLUNTEER RECRUITMENT

Our 'Basic Training Days', an introduction to medicolegal assessment in IRCs, were attended by a total of 53 potential volunteer clinicians. 25 new doctors undertook one or more visits accompanied by one of our experienced doctors as part of their initial training.

*"Great day, really informative talks and so useful from everyone. The day was great to meet people face to face. The stand out talk was from the very inspiring Bridget Banda, who spoke so honestly and so passionately, and reminded us all what this is all about."*

*"Really great, thank you for all the organisers. Thanks Anthony for being so easy to contact and prompt in your responses before and after, and also special thanks to Emma for the AMAZING food :)"*

## CLINICAL WORK

An internal advanced training day in April was attended by 53 people including 29 Medical Justice volunteers and 11 external guest clinicians. We also contributed to the organisation of the Medico-Legal Report Network Conference in Liverpool in November with 77 attendees from various organisations – Medical Justice being the only one sending clinicians into IRCs.

## REVIEWING

We continue to provide a peer clinical review of all our medico-legal reports before they are finalised, an important part of assuring high quality and robust reports. Our volunteer clinical reviewers are highly skilled and experienced in medico-legal report writing themselves, and their invaluable feedback contributes to the ongoing professional development of our clinical team. Many thanks to Dr Tim Fetherston, Dr Petra Mäkelä, Dr Sophie Quarshie, Dr Myra Stern, Dr Thelma Thomas and Dr Teresa Wozniak.

*"It's Medical Justice's work on documenting harms in detention that is the key evidence that support move towards the end of detention."*

Funder

**DR PETRA  
MÄKELÄ**



Petra is an academic clinician with specialist training in neurological rehabilitation. She has been a volunteer with Medical Justice since 2018.

"I remember the first time I visited an Immigration Removal Centre as a new volunteer, to shadow an assessment by a highly skilled and experienced Medical Justice doctor. It felt hard to make sense of the horrific detention circumstances, and to witness the raw distress and disempowerment of the person detained. I observed highly attuned care and sensitivity as the assessment unfolded: taking time, building trust, paying close attention. This ethos underpins all that Medical Justice achieves. It means that this is a consistently supportive and sustaining organisation to volunteer with. I am very aware that it is a privilege to be able to do so."

## DESIGNATED BODY FOR THE GENERAL MEDICAL COUNCIL

Through our Responsible Officer, Dr Angela Burnett (pictured right), Medical Justice is a Designated Body for the General Medical Council for licencing and revalidation of a small group of clinicians who do their only or main clinical work for Medical Justice, and we recognise and highly value their dedication in doing so.

Dr Burnett also provided ongoing invaluable advice on recruitment and retention of all clinicians, assuring robust safeguards in these processes, including developing our processes for seeking anonymised feedback from clients in multiple languages.



## CLINICAL WORK

### DR SARA ALSARAF

Sara is a Consultant Psychiatrist and joined Medical Justice as a Clinical Assessor in 2023.

“As a Psychiatrist working for Medical Justice, I often meet people held in detention who have had little or no contact with mental health services, despite suffering severe and enduring mental illness. Of course, in almost every case, the detention centre environment perpetuates mental illness and the care that they need is not available. This is why it is so important that Medical Justice enables these assessments to take place. I have really appreciated the warmth and kindness from staff and peer reviewers at Medical Justice, their input ensures MLRs are detailed, accurate and consider each person's needs carefully.”

### DR ROGER TISI

Dr Roger Tisi is a GP with over 30 years clinical experience. He is an examiner for the Royal College of GPs and associate professor at Anglia Ruskin University (ARU) School of Medicine. He joined Medical Justice as a volunteer doctor in September 2024.

“I heard about the unique work of Medical Justice through a friend, and although my exposure to refugee health had been limited, I wondered if I had the transferable skills needed to be an effective medical volunteer. From my first approach to Medical Justice, through to the completion of a thorough training and induction programme, I have been supported at every step along the way, thanks to the unfailing generosity of team members so willing to share their time, experience, and insight. As a result, I have gained the motivation and confidence to further my involvement in the medical volunteer role.”

### DR CHRIS WOOD



Volunteer doctor Dr Chris Wood joined our group of volunteer doctors using Medical Justice as a designated body. His experience includes working as an HIV consultant for 25 years, during which he did MLRs for patients' immigration cases relating to their medical needs and has also undertaken forensic reporting for victims of sexual violence.

“I first joined Medical Justice as a volunteer just over a year ago, and am very glad that I did. It is a really impressive organisation and does really important work - supporting and advocating for asylum seekers and migrants in detention, as well as research and policy development.. Many of the clients are deeply traumatised and vulnerable and struggling with mental and physical health, and being held in detention is usually only making their situation and suffering worse. I was already familiar with aspects of the detention system before joining Medical Justice but have been shocked to discover more about the close-up reality of the impact of detention on detained people and the extra unnecessary suffering that the system causes. By the Home Office's own criteria the great majority of people in detention should not be there but they are - often stuck without advocacy and appropriate legal support. Medical Justice provides detailed Medicolegal reports and personal support for the individual clients. It has been a steep learning curve, but also compelling and informative.

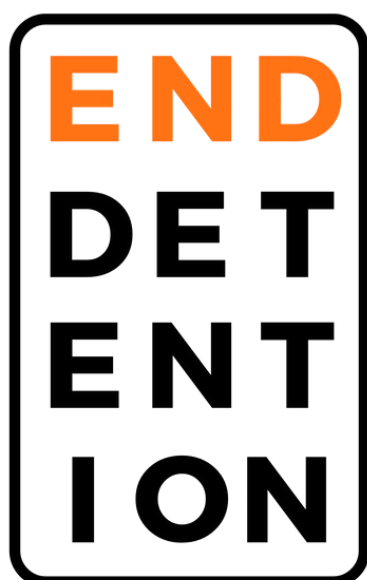
When I joined I was immediately made to feel welcome and it is a very friendly, inclusive, mutually supportive and close-knit team and the ongoing education, training, supervision and practical support is excellent. I would highly recommend it to anyone interested in doing this kind of work.”



# ADVOCACY WORK

As a newcomer to the team, it has been inspiring to witness how the impact of Medical Justice's distinctive combination of casework, research, policy and parliamentary advocacy, and strategic litigation is greater than the sum of its parts. In addition to changing people's lives on a daily basis, Medical Justice's casework allows us to recognise and highlight new challenges in a timely way and engage authoritatively in policy discussions based on a deep understanding of what is really happening in immigration detention. Having dedicated team members working on research and parliamentary affairs ensures that we can translate that information into meaningful findings and ensure that they reach an influential audience. On a personal note, coming from a larger NGO, I have enjoyed joining an organisation which is large enough to draw on a range of specialist knowledge and experience, but small and agile enough to coordinate effectively between the different teams (and to get to know everyone!).

– Rachel Nicholson, Head of Advocacy



## RESEARCH

### MEDICO-LEGAL REPORT AUDIT

This year work began on data collection of clients who had a finalised medico-legal report (MLR) into Medical Justice's first 'MLR audit'. As well as from clients' MLRs, data was collected from clinician forms, clinical letters, MLR instructions, medical records, National Referral Mechanism documentation, relevant casework notes and Home Office documents including Rule 35 reports and responses. The audit allows Medical Justice to easily filter its data and to produce statistics and analysis faster for specific purposes such as strategic litigation, policy consultation, media work, parliamentary work and in correspondence with the Home Office and monitoring bodies.

Another aim of the audit is to start producing an Annual Review on the state of harm and healthcare in UK immigration detention enabling Medical Justice to provide statistical findings and analysis, year on year, of the failing safeguards and healthcare provision in IRCs and the suffering caused to our clients.

**PUBLISHED REPORT: You'll see the outside when you're in Rwanda": Mistreatment in UK detention and Mass round ups for forced removal**

In May, a streamlined version of the MLR audit was created for clients who were referred to Medical Justice, having been detained for forced removal to Rwanda between 29 April and 4 May. The 'Rwanda audit' differed to the ongoing MLR audit in that it was a 'live' document with the situation evolving very quickly and information collected as and when caseworkers received relevant documentation.

## RESEARCH

### PRESENTATION AT OXFORD UNIVERSITY BORDER CRIMINOLOGIES ANNUAL CONFERENCE

Ariel (pictured below), Medical Justice's researcher, presented on a panel at the annual conference in September 2024, attended by 60+ participants from the UK and beyond, on the impact of detention, failing safeguards and healthcare provisions in UK detention.



### PUBLISHED HOME OFFICE STATISTICS COLLATED FROM FOI REQUESTS

Medical Justice produced a [new resource](#) on its website in December which contains Home Office Immigration Detention statistics collated through our regular Freedom of Information (FOI) Requests. The statistics cover Rule 35 reports, Self-harm incidents and ACDT, Segregation and Use of Force.

FOI data and statistics will be updated bi-annually on our website. We hope this will be a useful resource for the those in the sector, monitoring bodies, in strategic litigation, medical bodies and the media. We also hope it helps strengthen the sector's advocacy work and encourage others to also publish information they have received through FOI requests.

## POLICY WORK

### MEDICO-LEGAL REPORT AUDIT

Medical Justice policy work is based on its medical evidence through casework with people in detention. Some of the suggestions we make in the course of our policy work are adopted by the Home Office and NHS England and can have a significant beneficial impact to detained people – in 2024 this included the Adults at Risk Statutory Guidance, the 'Second Opinion' guidance and Home Office Rule 35 training for IRC clinicians. Where our suggestions and correspondence are ignored, they may sometimes later contribute to litigation challenging the policy.

### MEDICAL JUSTICE BECOMES CHAIR OF THE DETENTION TASKFORCE

In October 2024 Medical Justice took over chairing the Taskforce on Survivors of Trafficking in Immigration Detention. The Taskforce is a coalition of 16 expert NGOs who work directly with survivors of trafficking impacted by detention. The purpose of the group is to provide a forum for discussion, to coordinate and collaborate and advocate for improvements to government policy and practice including by developing joint briefings and materials.

Medical Justice taking over the chair of the Taskforce comes at a time when more survivors of trafficking are getting detained. It is therefore ever more important to work together, to share resources and information that will help us best support our clients, and to speak out in response to harmful policy developments.

IMB Annual Report 2024 - There was a failure to ensure detained men were protected in emergency situations. On one occasion, staff failed to evacuate two men who were later found locked inside their rooms, raising concerns about emergency procedures.

## POLICY WORK

In 2024 the Taskforce has :

- Facilitated exchange and information sharing between members through quarterly meetings
- Contributed to the current ongoing review of the Care Standards for Survivors of Modern Slavery, led by the Human Trafficking Foundation and the University of Nottingham
- Responded to the Home Office's Adults at Risk review
- Issued a briefing to raise awareness of the issues in the run up to the general election
- Issued a briefing on the Immigration Enforcement Competent Authority, highlighting concerns about the impacts on victims and survivors of trafficking of this new decision-making body whose stated purpose is to identify victims. Its priorities are clear from the "Immigration Enforcement" bit of its title
- Briefed Parliamentarians on the implications for survivors of trafficking in detention of the provisions of the Border Security Bill 2025

### SUBMISSIONS

The International Covenant on Civil and Political Rights periodic review –there has been substantial legislative and policy changes in detention since their last review in 2020. We made a joint submission together with Bail for Immigration Detainees (BID) in February 2024.

Council of Europe Group of Experts on Action against Trafficking in Human Beings (GRETA) - in October 2024 Medical Justice participated in a full day round table with GRETA and its stakeholders working on anti-trafficking in the UK, including civil society, lawyers and the Home Office. We provided information about the disfunction of safeguards in detention, failures to identify potential victims of trafficking, issues

with the Recovery Needs Assessment, the public order disqualification and objective evidence requirement for reasonable grounds decisions. Anti-Slavery International coordinated a shadow report to GRETA's which Medical Justice contributed to.

### DETENTION SERVICE ORDERS (DSOS)

- Medical Justice is part of the Home Office's stakeholder forum and is consulted on new DSOs and revisions of existing ones.
- DSO on Use of Force - March 2024- see above section on BHI
- DSO on Handling of Complaints – July 2024 - see above section on BHI
- DSO on Child Protection Policies - in December 2024 we responded to this consultation, working together with BID and Social Workers Without Borders.

### OTHER POLICY WORK

- Adults at Risk Statutory Guidance – March 2024 - see above section on BHI
- NHS England guidance on Rule 35 safeguarding reports - April 2024 - see above section on BHI
- Prison Parity Policies - HM Prison & Probation Service consulted on a policy framework intended to create parity between those detained under immigration powers in IRCs and in prisons. This included a policy equivalent to a Rule 35 in prisons, "Rule 21 Operating Mechanism Guidance". We submitted comments in April 2024.
- 'Second Opinion' guidance – in response to our consultation submission, the Home Office made a modest improvement to its 'Second Opinion' guidance in May 2024 around Rule 34 medical assessments, including a requirement for second opinions reports to be subjected to the medico-legal report Quality Standards.

## POLICY WORK

- Independent Monitoring Board (IMB) Rule 62 – in May 2024 the Home Office consulted on four different options for re-drafting of Rule 62 which requires the IMB to visit detained people in segregation within 24 hours. The draft options removed the requirement for the visit and for it to occur (to “where reasonable practicable”) within 24 hours. We responded jointly with BID, opposing all proposed options and rather than reduce the monitoring requirement of the IMB, its capacity to fulfil its legal obligations should be increased.
- New guidance on granting leave to survivors of trafficking following a positive Conclusive Grounds Decision – In Oct 2024 we contributed to and co-signed [a joint briefing coordinated by ATLEU](#).
- Home Office Rule 35 training being delivered to IRC clinicians on a rolling basis - some of our feedback was taken on board and the training package amended in October 2024.

## PARLIAMENTARY

### NEW LABOUR GOVERNMENT HARD TO DISCERN ANY NEW THINKING ON IMMIGRATION DETENTION



The biggest political event in 2024 was the general election in July, resulting in huge losses for the Conservative government after 14 years in power, and a “loveless landslide” win for Labour. Yvette Cooper MP was appointed Home Secretary and Dame Angela Eagle MP was assigned the role of Minister for Border Security and Asylum, with a remit including immigration detention.

The election results mean Parliament now has a very different make up – over half of the MPs are newly elected, with the vast majority (more than 400 of 650) now coming from Labour. Notable was the explosion of support for Reform UK.

*Pictured above: Elspeth Macdonald*

## MEDICAL JUSTICE HAS RESPONDED TO THE CHANGES IN PARLIAMENT IN A NUMBER OF WAYS:

- ▶ In July 2024 we organised a joint letter, co-signed by 10 other NGOs, to the new Home Secretary, making sure she was fully sighted on all the ongoing serious risk to life in detention, to the previous government’s failure to implement BHI recommendations and HM Inspector of Prisons finding the worst ever detention conditions, and urging her to act swiftly to address them. The response, several months later from the Minister for Border Security and Asylum, unfortunately indicated that very little had changed in the approach to detention.
- ▶ Jointly with Detention Action, BID and the Immigration Law Practitioners’ Association (ILPA), we produced [a series of short briefings](#) shared with all new MPs particularly, explaining key facts and concerns about detention.
- ▶ In October and November 2024 we participated meetings in Parliament organised by the Joint Council for the Welfare of Immigrants (JCWI) and Rainbow Migration aimed at new MPs and their staff.
- ▶ Establishing relationships with key newly elected parliamentarians, including Peter Lamb (MP for Gatwick IRCs), Joani Reid (MP for Dungavel and member of HAC) and Tony Vaughan (MP for Folkestone/Napier Barracks and former Doughty Street barrister with experience in human rights/detention work).



## PARLIAMENTARY

### PROVIDING BRIEFINGS FOR PARLIAMENTARY COMMITTEES IN 2024

We provided briefings for the Home Affairs Committee and the Secondary Legislation Scrutiny Committee in May, and to the Statutory Inquiries Committee in September 2024.

### RELEVANT PRIMARY LEGISLATION

#### MENTAL HEALTH BILL 2024

Introduced in November 2024, the Mental Health Bill completed its stages in the Lords and at the time of writing is now in Committee in the Commons. Clause 38 creates a statutory time limit of 28 days for mental health transfers to hospital from immigration detention. Measures that reduce delays in transferring mentally unwell detained people to hospital – which in some cases have stretched to many months – would be a welcome step forward.

#### BORDER SECURITY AND ASYLUM BILL 2025

Some elements of the government's new Border Security, Asylum and Immigration Bill, introduced in January 2025, are positive, including repealing all of the deeply damaging Safety of Rwanda Act 2024 and some aspects of the Illegal Migration Act 2023 (IMA).

The Bill contains other concerning gaps and changes. It fails to repeal Section 12 IMA which grants to the Home Secretary, rather than the courts, the power to determine what constitutes a “reasonable” length of detention and enables the continued detention of a person after the reason for their detention has fallen away.

The Bill also fails to repeal damaging provisions in the Nationality and Borders Act (NABA) 2022 including those that could introduce unfair accelerated detained appeals processes and priority removal notices.

**What is Medical Justice calling for?** - Medical Justice is calling on MPs and Peers to amend the Bill, repealing the IMA in full and the concerning provisions of NABA 2022, removing the retrospective effect of detention powers, and introducing a 28-day statutory time limit on detention.

**Taking action** - Medical Justice is collaborating with fellow Campaign for Asylum and Refugee Justice (CARJ) members, ILPA and the Detention Taskforce in providing joint written evidence for Committee Stage and Report Stage in the Commons and in the Lords, for the Joint Committee on Human Rights, and a joint briefing on a time-limit amendment. Remaining stages will take place after summer 2025 recess, with enactment possible by the autumn.

### MR A: CEREBRAL PALSY, EPILEPSY, POOR MOBILITY AND LEARNING DIFFICULTIES – WANTED TO RETURN TO HIS COUNTRY, DETAINED 10 MONTHS

IBM 2024 Annual Report : Mr A was taken into an IRC in an ambulance. He had cerebral palsy, epilepsy, mobility issues and learning difficulties. Communication was difficult for Mr A, even with native speakers of his first language. A Rule 35 assessment deemed detention “grossly detrimental to his wellbeing” and the Home Office told that it was “unsafe to look after him” at the IRC. His physical health was impacted with at least one admission to hospital. The IMB observed him in distress at his situation and he made it clear that he wanted to return to his country. He was detained for 10 months.

## ADVOCACY WORK

### APPG ON IMMIGRATION DETENTION

Whilst the APPG successfully held its AGM in March 2024, its work was significantly disrupted by the 2024 general election. The dissolution of Parliament in late May, as required by the election, meant the group ceased to exist and would need to be re-established once Parliament returned.

The subsequent landslide win for Labour meant many key APPG members lost their seats, including the group's long-serving SNP Chair Alison Thewliss, and its Conservative officer Sir Peter Bottomley. A tightening of the rules around parliamentarians joining such groups, and the large numbers of new MPs, many of whom seemed hesitant to take on extra roles, added a further challenge in terms of re-forming the group.

Nonetheless, Medical Justice successfully worked to bring the APPG together again, with Labour's Bell Ribeiro-Addy MP elected as the group's new Chair at its inaugural meeting in December 2024, along with former Conservative Attorney General Rt Hon. the Lord Garnier KC, Liberal Democrat Peer Baroness Hamwee and Labour MP Mohammad Yasin as officers.

In her first action as APPG Chair, Bell wrote to Angela Eagle MP in January 2025, proposing a meeting with the Minister and requested that the group is allowed to visit Harmondsworth IRC. Dame Angela agreed to both activities.



*Photo above: Parliamentarians attending the APPG inaugural meeting in December 2024 (L-R): Lord German (Liberal Democrat), Baroness Bennett of Manor Castle (Green Party), Baroness Lister of Burtersett (Labour), newly elected APPG Chair Bell Ribeiro-Addy MP (Labour) and Rt Hon. John McDonnell MP (Labour).*



# STRATEGIC LITIGATION



Photo : Theresa Schleicher, Jed Pennington, Laura Profumo and Shu Shin Luh following the Court of Appeal hearing.

*"They don't try and do everything; they try and identify 'the thing' that needs changing. They are very tactical, which is really important from a litigation point of view."*

Lawyer, interview for the independent Evaluation of Medical Justice.

## SECOND OPINION POLICY

The 'Second Opinion' policy allows the Home Office to disregard a medico-legal report (MLR) from Medical Justice for a detained client while it seeks a second opinion from a Home Office contracted doctor who may never actually meet the detained person or have any expertise in documenting deterioration of health in detention. We have seen a second opinion report take weeks to be produced and meanwhile our client deteriorated further in detention.

In January 2024 we won our judicial review challenging the policy ; the High Court found that the policy was unlawful on two counts :

1. It contradicted the Adults at Risk statutory guidance which stipulated that the vulnerability of the detained person is to be based on the available evidence.
2. There had been an unlawful failure by the Home Office to consult with Medical Justice regarding changes to the Adults at Risk policy, its flagship 'safeguarding' policy which is of huge relevance to our vulnerable clients.

The Court ordered that the Second Opinion Policy be quashed and made a declaration that the failure to consult Medical Justice had been unlawful.

The Home Office said it intended to do 10 'second opinion' reports a week, so the impact of our win at that moment meant that about 500 people a year would be spared languishing in detention for longer, preventing harm to them and restoring their lost liberty. However, this was short-lived ; the Home Office later simply amended the

## STRATEGIC LITIGATION

Adults at Risk Statutory Guidance to include the Second Opinion policy so that it was no longer unlawful.

The Home Office appealed our January 2024 win. The Court of Appeal heard the case in November 2024 and in March 2025 upheld the finding that there had been an unlawful failure to consult Medical Justice.

Mostly the Home Office does consult NGOs on immigration detention policies, and when it does, Medical Justice has sometimes been able to secure improvements to policies, making them less harmful for thousands of detained people. With the Second Opinion policy the Home Office did not consult (other than with their own contractors) and this closes the door to the possibility of improvements. Now the Home Office must consult us on its Adults at Risk policy, the door to policy improvements is forthwith permanently wedged open, potentially benefitting many thousands of detained people. Our lawyer said “I am not aware of another NGO succeeding in a judicial review in establishing a duty to consult ... certainly in the context of the immigration system. It is at least very rare if not unique.”

We were represented by Angus McCullough KC, Shu Shin Luh and Laura Profumo instructed by Jed Pennington at Wilsons Solicitors.

## MEDICAL JUSTICE PROVIDED EVIDENCE IN THE CASE OF BLZ

In January 2025 a judgment was issued relating to BLZ, who had been released from detention without any proper planning by the Home Office, or consideration of how his physical and mental disabilities necessitated adapted accommodation that was safe for him. He was repeatedly placed in accommodation with stairs (notwithstanding his high risk of seizures and falls) and without adequate care. He subsequently suffered serious falls, accidental medication overdoses, and at one point, was advised to confine himself to his room and urinate in bottles.

The judge held that there were significant deficits in the Home Office’s policy and practice for dealing with disabled people in immigration bail. He stated that the Court had “the firm factual anchorage of the powerful case study evidence” from Medical Justice and that the case-studies are “properly illustrative of the importance of a system which proactively considers potential care and support needs”.

In response the Home Office is developing a standard operating procedure on the release of vulnerable people which Medical Justice will be consulted on.

***“Medical Justice is hard hitting and effective. The team is small but so determined and they doggedly pursue what is right. Their strong stance does not inhibit constructive engagement with Government, Parliamentarians, doctors and others, which magnifies their impact even further.”***

Funder

# INFORMING INDEPENDENT DETENTION MONITORING BODIES

## INDEPENDENT CHIEF INSPECTOR OF BORDERS AND IMMIGRATION (ICIBI)

In August 2024 we met with the Chief Inspector (David Bolt) and in October 2024 we participated in the ICIBI's Refugee and Asylum Forum and discussed the challenges in inspecting how the Adults at Risk policy is applied.

## CARE QUALITY COMMISSION (CQC)

We provided a workshop in March 2024 and outlined specific failures in detention healthcare to help them identify failures when they visit IRCs.

## HIS MAJESTY'S INSPECTORATE OF PRISONS (HMIP)

We met with HMIP in February 2024, providing intel and statistics from our medico-legal report audit ahead of its unannounced visit of Harmondsworth IRC.

## CAMPAIGN FOR ASYLUM AND REFUGEE RIGHTS

In 2024 Medical Justice joined with 10 other NGOs to respond to the threats posed by the Illegal Migration Act and the Rwanda plan. Other CARJ members include Asylum Aid, Anti Trafficking and Labour Exploitation Unit (ATLEU), BID, Detention Action, Freedom from Torture, Helen Bamber Foundation, Islington Law Centre, Migrants' Law Project and the Public Law Project.

After the 2024 general election, the coalition considered what role we might play under the new government and in a significantly changed policy context. We have recognised the benefits of working together to respond through legally informed advocacy and, where necessary, strategic legal work to pursue common aims.

The coalition has adopted three objectives for 2025 on which we will continue to work collaboratively with each other and with the wider sector:

- ▶ Defending the right to territorial asylum.
- ▶ Promoting a fair, effective and humane asylum system.
- ▶ Resisting the use and expansion of detention and quasi-detention.



# MEDIA WORK

MEDIA OUTLET	DATE	HEADLINE
British Medical Journal	01 February 2024	<u>Immigration detention: BMA calls for abolition, amid health and human rights concerns</u>
British Medical Association	22 February 2024	<u>Demand to abolish immigration removal centres</u>
British Medical Journal	23 February 2024	<u>Home Office's use of second medical opinions to assess asylum seekers was unlawful</u>
The Guardian	27 February 2024	<u>Sacked UK borders inspector tells MPs he was removed 'for doing his job'</u>
British Medical Journal	01 March 2024	<u>Italian doctors launch campaign to fight "harmful" practice of detaining migrants</u>
BBC	24 May 2024	<u>Inside the secret government Rwanda training base BBC TV News interview</u>
The Guardian	09 July 2024	<u>Conditions at UK immigration removal centre 'worst inspectors have seen</u>
The Guardian	25 July 2024	<u>Albanian man taken from UK psychiatric ward to deportation flight - report</u>
Byline Times	19 August 2024	<u>Self-Harm Rates in UK Immigration Centres Soar Following Report That Found 'Worst Conditions Ever Seen'</u>
British Medical Journal	12 September 2024	<u>Mass containment sites for people seeking asylum must be abandoned</u>
The Independent	20 September 2024	<u>Victims of torture and trafficking rounded up for Rwanda deportation under Tory scheme, report finds</u>
Liberty Investigates	16 October 2024	<u>Migrants in detention 'faced month long wait for mental health assessments' when man took his life</u>
The Guardian	28 October 2024	<u>Man dies in detention at immigration removal centre near Gatwick airport</u>
ITV	29 October 2024	<u>Man, 26, dies in detention at Brook House immigration removal centre in Sussex</u>
The Guardian	10 November 2024	<u>Death in UK immigration removal centre is the first believed to be linked to the drug spice</u>
The Guardian	15 December 2024	<u>Deportations reach five-year high despite concerns of rights groups</u>

## GALVANISING THE MEDICAL COMMUNITY

In Feb 2024 the British Medical Association reports on joint meeting with Medical Justice “Demand to abolish immigration removal centres”. (Photo below)

Royal College Psychiatrists - published its report “Protecting the mental health of people seeking sanctuary in the UK’s evolving legislative landscape” in October 2024, criticising recent legislation and the Rwanda policy. It was co-authored by a Medical Justice trustee, included input from our staff, used evidence from our dossiers and promoted our training and volunteering. The report was covered by the British Medical Journal.

Safety of Rwanda Bill statement - in March 2024, together with other organisations in the medical community, we signed a statement outlining the harm that the Bill was likely to cause. This was issued along side a sector-wide statement opposing the Bill, published for the Lords second reading.

*Dr John Chisholm CBE, BMA International Committee Deputy Chair said indefinite detention system a “national disgrace” and said that it must be “phased out and abolished”*

## VOLUNTEER INTERPRETERS

Throughout 2024 we were fortunate to have a wonderful team of volunteer interpreters working with us who provided many hours of interpretation by phone. Our interpreters worked with our casework team, interpreting phone calls between caseworkers and clients in a range of languages, including Amharic, Arabic, Czech, Mandarin, Portuguese, Punjabi, Spanish, Tamil and Urdu.

We are very grateful to all of the volunteer interpreters who contributed their time and skill to our work. The compassion, commitment and professionalism of our interpreters is very important for our work, which often involves sensitive and emotional conversations about clients’ traumatic experiences and health needs.

### TRAINING AND SUPPORT

During 2024 we held two training sessions and were delighted to have 20 new volunteer interpreters in participating, covering 16 different languages between them.

We would like to thank Beverley Costa and Zora Jackman who volunteered their time to provide training which included knowledge and skills relevant to the role, practical advice, and self-care for interpreters undertaking this work. We are immensely grateful to Beverley and Zora for their long-standing contribution to Medical Justice, supporting our volunteer interpreters over many years.



## VOLUNTEER INTERPRETER RECRUITMENT

We are continuing to recruit for new interpreters and working on expanding our collaboration with providers of interpreting courses, to offer opportunities to new interpreters seeking to further develop their skills and experience in community interpreting. We are particularly seeking interpreters who are able to assist with the following languages: Albanian, Arabic, Kurdish, Polish, Tamil and Vietnamese. To find out more about our work with volunteer interpreters or for an application form, please contact [interpreting@medicaljustice.org.uk](mailto:interpreting@medicaljustice.org.uk)

## VISITORS GROUPS

We would like to thank the staff and volunteers of visitors' groups who provide significant emotional and practical support to our clients. Many clients are referred to us by visitors' groups, who have visited and supported often very unwell and isolated people in detention, and ensured that they reached us.

In 2024 we worked in close collaboration with many groups including Detention Action, Beyond Detention, the Jesuit Refugee Service and Gatwick Detainee Welfare Group and we are very grateful for the crucial support they provide.

# CASEWORK TRAINEESHIP RING-FENCED FOR SOMEONE WITH LIVED EXPERIENCE

Medical Justice is striving to increase the lived experience within the organisation at all levels. Our priority is employing people with lived experience so that they have power and influence.

Medical Justice has worked well to attract many job applications from people with lived experience. In 2024, 60 out of the last 124 job applications Medical Justice received were from people with lived experience as a migrant or refugee. However, we are mostly unable to appoint them due to having limited employment experience due to interruptions in their lives caused by the immigration and detention processes.

To address this, Bridget and a handful of staff formed a working group to develop the Caseworker Traineeship programme ; a 6 month paid position, ring-fenced for people with lived experience, aimed at the trainee gaining missing employment experience whilst also bringing their insights of lived experience to our work. The first trainee was hired in January 2025. They receive training and work under supervision in casework. They shadow our researcher and office manager to increase knowledge in how a small charity operates.

# LIVED EXPERIENCE



Medical Justice was founded in 2005 by a man with lived experience of detention - we have had trustees with lived experience ever since (currently 3 trustees).

Bridget Banda (pictured left), our Vice-Chair, was detained for 6 months in Yarl's Wood IRC, two weeks before major surgery. Medical Justice was instrumental in helping secure her release. The experience so deeply impacted her that she decided to use it to speak out and raise awareness on the horrors of detention. She holds training sessions for our volunteer interpreters and clinicians. Bridget is now the CEO of Play for Progress, working with refugee and asylum seeking young people.

**"MEDICAL JUSTICE HAS TRULY BEEN EXCEPTIONAL IN VALUING AND RECOGNISING LEADERSHIP FROM LIVED EXPERIENCE"**

As a school student, Janahan Sivanathan (pictured right) was detained and tortured for 10 days during the war in Sri Lanka. He fled and arrived in London aged 17. He lived in a garage for two years and was discovered by the authorities after a suicide attempt.

Janahan was detained at Morton Hall IRC. He explained "I was there for almost five months in 2014 and detained there again for five days in 2015. ... I went on hunger-strike and self-harmed, burning myself with cigarettes. The scars on my body remind me of that place every single day.

The effects are never-ending." Janahan said that each day he was in detention in the UK he re-lived the 10 days of torture he suffered in Sri Lanka. A Medical Justice doctor visited Janahan in detention and produced an MLR. Janahan was released, filed a fresh claim with the new medical evidence and was granted asylum.

Janahan spoke in parliament at the launch of the All-Party Parliamentary Group (APPG) on Immigration Detention in 2019, has been interviewed by Channel 5 TV News, and has given oral evidence to the Home Affairs Committee.

Janahan became a Medical Justice trustee in 2020, gained his law degree in 2021, is now the Sanctuary Operations Manager at King's College, and recently started a family.

Janahan said "During my time, I witnessed how Medical Justice harnessed the power of individuals with lived experience in shaping the leadership structure. There has been pressing concern of lacking representations at the leadership levels. But Medical Justice has truly been exceptional in valuing and recognising leadership from lived experience, unanimously appointing as vice-chair of trustees a person with lived experience of detention who at that time did not have legal recognition as a refugee.

Personally, I gained so much knowledge and leadership skills that helped me move forward with my life. This is evident that when I got promoted in my place of work. I gained confidence and in-depth knowledge on many areas including policy, procedures and finance.

MJ has come a long way to ensure its ethos and functions remains impactful and not only just protect the people going through detention but also give them an opportunity to rebuild their life like mine."



# TREASURER'S REPORT



Despite a difficult economic backdrop, Medical Justice has continued to demonstrate solid financial foundations. This is thanks in large part to both the continued generosity of its donors, as well as strong cost management – this year saw continued generosity from our donors, as well as stable cost despite the inflationary environment.

However, the financial outlook is far less secure compared to the previous years, due to a combination of the departure this financial year of the two biggest funders in our history, projected future cost increases due to needed new staff positions, as well as an overall difficult macroeconomic backdrop. Additionally, the funding landscape has become more difficult and as a consequence, many fellow charities have shrunk.

On the topline, Medical Justice has continued to receive generous donations from both our existing and new donors, as well as donations from volunteer doctors and interpreters, which make a real difference in a detained client's ability to present their case.

On the bottom line, cost has been tightly managed, with overall cost, excluding Donated Professional Services, broadly flat year on year, and staff cost also broadly flat in an inflationary environment. This reflects excellent cost management, thanks to the lean structure the charity runs, and more importantly, the generosity and hard work of our employed staff. However, there are more challenges to come on the cost side.

First, we face a potential office move as our existing landlord has put up for sale of the property we are leasing from, which leads to further uncertainty on our cost base. Second, we have plans for additional needed staff, including a Head of Operations to strengthen the organisation and increase effectiveness and a Fundraiser to secure much needed new funding. As a result, we expect a likely increase in cost requirement in the coming years.

Finally, in terms of financial forecast, beyond the higher cost requirement, we forecast around 10-15% impact in our annual grant income vs the last 5 years due to the departure of the biggest funder in our history, Comic Relief. This, combined with losing our joint-first biggest funder Oak foundation, means that there is a lot of uncertainty on funding in the coming years, with a shortfall the financial year ending 31st January 2027 of anywhere between £144,000 and £346,000 and in FY2028 of between £307,000 and £836,000 as we stand. There is only one single secured grant that currently extends to 31st January 2028. The economic uncertainty which has led to fewer committed income streams, suggest that despite a very strong year in 2025, the future outlook is far from certain. As a result, we view the current higher reserve level in the fund to be crucial to set a solid foundation for the charity as we face the challenges ahead.

**Xiao Lu - Treasurer**

# ANNUAL ACCOUNTS

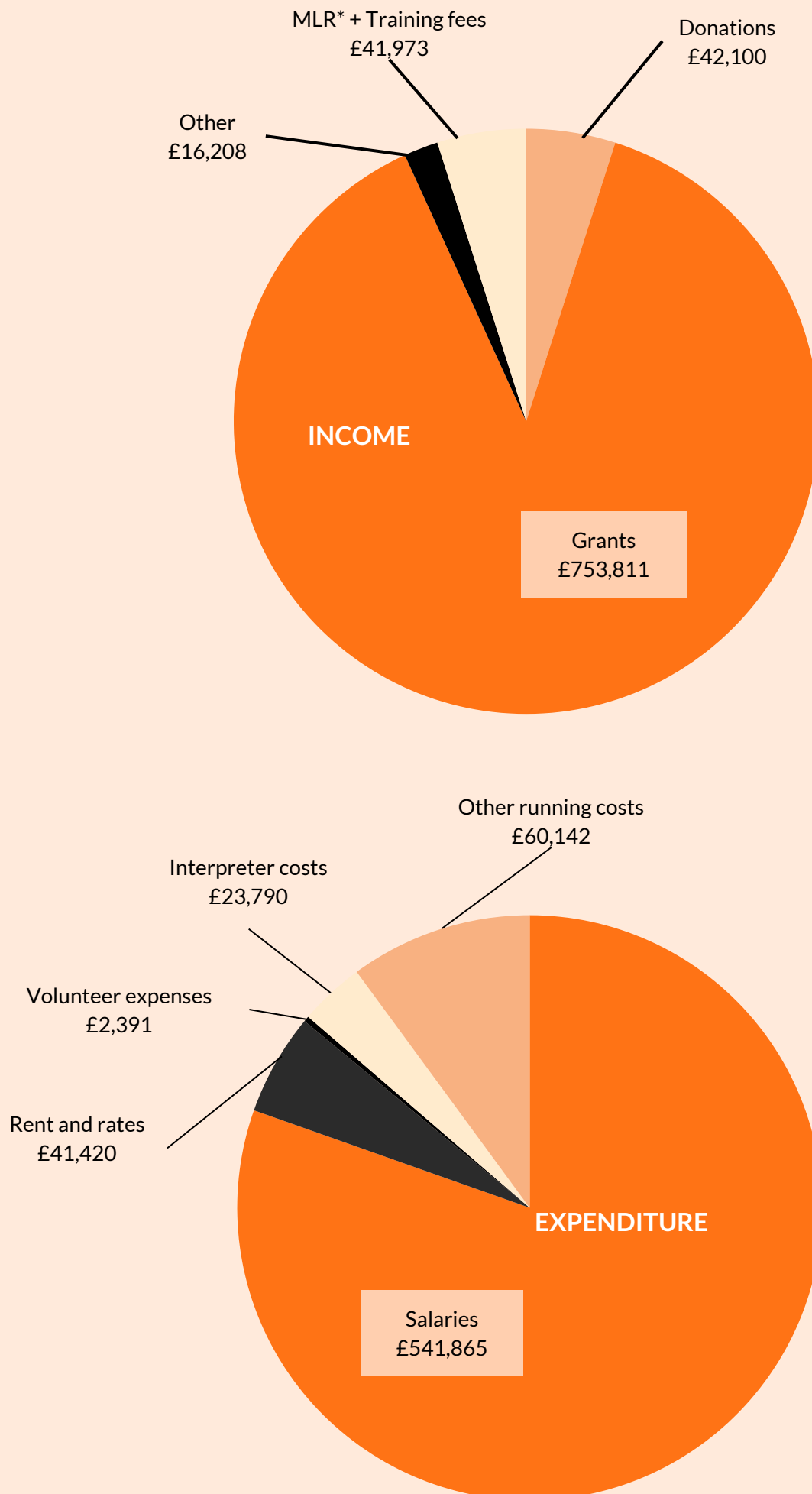
## SUMMARY OF INCOME AND EXPENDITURE FY2025

Income	FY 24-25	FY 23-24	FY 22-23	FY 21-22	FY 20-21
Donations	£42,100	£41,497	£30,251	£20,060	£22,988
Grants	£753,811	£550,465	£632,837	£465,349	£406,694
Other	£16,208	£9,183	£1,451	£4,201	£239
MLR* + Training fees	£41,973	£36,158	£30,736	£20,140	£53,169
<b>Income</b>	<b>£854,092</b>	<b>£637,303</b>	<b>£695,275</b>	<b>£509,750</b>	<b>£483,090</b>
Donated professional services	£80,816	£122,418	£149,766	£129,932	£119,749
<b>Grand Total</b>	<b>£934,908</b>	<b>£759,721</b>	<b>£845,041</b>	<b>£639,682</b>	<b>£602,839</b>

Expenditure	FY 24-25	FY 23-24	FY 22-23	FY 21-22	FY 20-21
Salaries	£541,865	£540,324	£485,965	£371,423	£337,626
Rent and rates	£41,420	£37,696	£32,371	£31,615	£25,778
Volunteer expenses	£2,391	£2,040	£946	£155	£485
Interpreter costs	£23,790	£24,243	£30,021	£19,580	£25,836
Other running costs	£60,142	£67,691	£82,859	£93,964	£74,685
<b>Running costs</b>	<b>£669,608</b>	<b>£671,994</b>	<b>£632,162</b>	<b>£516,737</b>	<b>£464,410</b>
Donated professional services	£80,816	£122,418	£149,766	£129,932	£119,749
<b>Grand Total</b>	<b>£750,424</b>	<b>£794,412</b>	<b>£781,928</b>	<b>£646,669</b>	<b>£558,323</b>

<b>Deficit / surplus</b>	£184,484	-£34,691	£63,113	-£6,987	£18,680
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## ANNUAL ACCOUNTS



## STATEMENT OF FINANCIAL ACTIVITIES

	Unrestricted funds general 2025 £	Unrestricted funds designated 2025 £	Restricted funds 2025 £	Total 2025 £	Total 2024 £
Income from:					
Donations and legacies	122,916	-	-	122,916	163,915
Charitable activities	672,373	-	123,411	795,784	586,623
Investments	16,208	-	-	16,208	9,183
<b>Total income</b>	<b>811,497</b>	<b>-</b>	<b>123,411</b>	<b>934,908</b>	<b>759,721</b>
Expenditure on:					
Raising funds	360	-	-	360	216
Charitable activities	626,653	-	123,411	750,064	794,196
<b>Total expenditure</b>	<b>627,013</b>	<b>-</b>	<b>123,411</b>	<b>750,424</b>	<b>794,412</b>
Net income/(expenditure)	184,484	-	-	184,484	(34,691)
Transfers between funds	15,000	(15,000)	-	-	-
<b>Net movement in funds</b>	<b>199,484</b>	<b>(15,000)</b>	<b>-</b>	<b>184,484</b>	<b>(34,691)</b>
Reconciliation of funds:					
Fund balances at 1 February 2024	273,382	150,000	-	423,382	458,073
<b>Fund balances at 31 January 2025</b>	<b>472,866</b>	<b>135,000</b>	<b>-</b>	<b>607,866</b>	<b>423,382</b>

The statement of financial activities includes all gains and losses recognised in the year.

All income and expenditure derive from continuing activities.

£472,866 unrestricted funds places us at 7.6 months' operating costs - in the middle of our 5-9 month target (see Reserves Policy).



# THANK YOU

## STAFF

Director	Emma Ginn
Head of Casework	Theresa Schleicher
Senior Caseworker	Lisa Incledon
Caseworkers	Rubina Ahmed (joined Jan 2025), Catriona Götz (left Dec 2024), Eliza Lass, Carly Milne (joined Jan 2025), Naomi Olaniyi
Casework Trainee	Dashini Sukumaran (joined Jan 2025)
Clinical Advisers	Dr Rachel Bingham, Dr Liz Clark
Clinical Trainers	Dr Joe Bourdillon-Schicker, Dr Mary Kamara
Clinical Assessors	Dr Sara Alsaraf, Dr Sarah Clark, Dr Norma O'Flynn (joined Apr 2025), Dr Iona Steen (joined Apr 2025), Dr Ali Siddiqi (joined May 2025), Dr Mma Yeebo (joined Apr 2025)
Responsible Officer	Dr Angela Burnett
Head of Advocacy	Idel Hanley (left Oct 2024), Rachel Nicholson (joined Jan 2025)
Parliamentary & Research Analyst	Elsbeth Macdonald
Researcher	Ariel Plotkin
Office Manager	Anthony Omar
Fundraiser	Maria Dardagan (left Oct 2024)

## TRUSTEES

Dr Hilary Pickles and Emma Norton	both resigned in 2024 after serving as trustees for 9 and 6 years respectively. We are grateful for all their time and expertise that has helped the organisation develop.
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4 out of 11 of our trustee have lived experience of the hostile immigration, asylum or detention system

Dr Ruth Talbot	Chair (retired Psychiatrist)
Bridget Banda	Vice-Chair (refugee charity CEO)
Janahan Sivanathan	(Sanctuary Project Officer, King's College London)
Dr Linda Burke	(Non-Executive Director at Hillingdon Hospital)
Phil Haywood	(Barrister)

Our new trustees appointed in May 2024 are:

Prof. Cornelius Katona	(Hon Professor in the Division of Psychiatry at University College London)
Sarah Ricca	(solicitor and founding partner of Deighton Pierce Glynn)
Dr Juliet Cohen	(forensic physician and Fellow of the Faculty of Forensic and Legal Medicine)
Anna Shea	(lawyer, Equity)
Pranavan Balachandran	(Senior AI Engineer)
Xiao Lu	Treasurer (quantitative research director for a large international hedge fund)

## THANK YOU

### COLLABORATION, EXPERTISE AND SOLIDARITY

Medical Justice is completely reliant on a small army of incredibly dedicated volunteer medics, lawyers, detention 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 detained people. Some devote a number of precious evenings or even days each week to Medical Justice and the people in detention. Some volunteers are supposedly “retired”, yet it may not feel like it.

African Rainbow Family	Dr Brodie Patterson	Nicola David
Alison Thewliss MP and Her Team	Duncan Lewis Solicitors	On The Tin Limited
Anne McLaughlan MP	ECPAT UK	Oxford University Border Criminologies
Anti Trafficking and Labour Exploitation Unit	Experts by Experience Employment Initiative	Public Law Project
APPG on Immigration Detention Members	Faculty of Public Health	Rainbow Migration
Association of Visitors To Immigration Detainees	Focus on Labour Exploitation	Refugee Action
Asylum Aid	Freedom from Torture	Refugee and Migrant Children's Consortium
Asylum Matters	Garden Court Chambers	Refugee Council
Bail for Immigration Detainees	Gatwick Detainee Welfare Group	Refugee, Asylum and Migration Policy (RAMP) Project
Baroness Bennett of Manor Castle	Helen Bamber Foundation	Refugees At Home
Baroness Hamwee	Hibiscus Initiatives	Royal College of Midwives
Baroness Lister of Burtersett	Immigration Law Practitioners Association	Royal College of Nursing
Baroness Ludford	INQUEST	Royal College of Psychiatrists
Baroness Mobarik	Islington Law Centre	Rt Hon. the Lord Garnier KC
Bell Ribeiro-Addy MP and her team	Jesuit Refugee Service UK	Scottish Detainee Visitors
Beverley Costa and the Pasalo Project	John McDonnell MP	Sir Peter Bottomley MP
Beyond Detention	Landmark Chambers	The Lord Bishop of Manchester
Bhatt Murphy Solicitors	Liberty Investigates	The Lord Bishop of Sheffield
British Medical Association	Lord Davies of Brixton	Together With Refugees
Campaign for Freedom of Information	Lord Dubs	Trauma Treatment International
City Of Sanctuary	Lord German	Turpin Miller
Coram	Matrix Chambers	UNHCR
Deighton Pierce Glynn	Médecins Sans Frontières	Wilson Solicitors LLP
Detention Action	Micro Rainbow	Women For Refugee Women
Doctors of the World	Migrants' Law Project	Zora Jackman
Doughty Street Chambers	Mohammad Yasin MP	

## THANK YOU

### VOLUNTEER CLINICIANS

Dr Adam Harvey-Sullivan	Dr Hannah Campling	Dr Oliver Yerby
Dr Aideen O'Neill	Dr Helen Richards	Dr Omolola Fakoya-Sales
Dr Ali Swordy	Dr Joanna King	Dr Paul Shepherd
Dr Alifa Isaacs-Itua	Dr Jonathan Evans	Dr Petra Mäkelä
Dr Brian Briggs	Dr Katharine Wood	Dr Polly Brandon
Dr Catherine Huang	Dr Kitty Worthing	Dr Pratheep Suntharamoorthy
Dr Christopher Wood	Dr Leroy Okonta	Dr Roger Tisi
Dr Cornelius Katona	Dr Lucia Chaplin	Dr Samantha James
Dr Elizabeth Green	Dr Mark Jopling	Dr Sophie Quarshie
Dr Elizabeth Hubbard	Dr Miriam Beeks	Dr Steven Reid
Dr Euthymia Manasses	Dr Mma Yeebo	Dr Tamsin Drew
Dr Florence Emond	Dr Myra Stern	Dr Teresa Wozniak
Dr Frances Rose	Dr Navroz Singh	Dr Thanos Tsapas
Dr Georgia Lamb	Dr Norma O'Flynn	Dr Thelma Thomas
		Dr Timothy Fetherston



*Idel Hanely, Dr Roger Tisi, Dr Joe Bourdillon-Schicker, Dr Timothy Fetherston, Dr Sarah Clark*

### VOLUNTEER INTERPRETERS

Aga Mytkowska	Hadda Blackburn	Nimo Askar
Aishah Ahmad	Kalpana Ravivaruman	Qiandai Xiao
Alexandra Pretti	Karina Khokhar	Saad Sufi
Ana Silva	Koupal Davoudi	Saba Kebede Geressu
Arezo	Latifa Chentouf	Sankavi Thavakumar
Ayan Abdi	Lucy Elsdon	Xin Chen
Charanjeet Kaur	Marie Allainguillaume	Xinyu Yao
Cindy Tang	Mengning Tian	Yok Chang
Claudia Livesey	Misba Parvaiz	Zahra Ghafori
Dashini Sukumaran	Monica Manea	Zeina Eid
Giay Abdulla	Ngoc Pham	Zora Jackman
		Vanessa Aparecida Mendes da Silva

## THANK YOUS

## FUNDERS

The Kurt & Magda Stern Foundation	Sam and Bella Sebba Charitable Foundation	SC & ME Morlands Charitable Trust
AB Charitable Trust	Esmee Fairbairn Foundation	Samworth Foundation
Balcombe Trust	Griffsome Trust	This Day Foundation
Bromley Trust	Lloyds Bank Foundation	Treebeard Trust
Comic Relief	Oak Foundation	Trust for London

***“Medical Justice has an outsized impact for its size – it is highly effective and the team is absolutely terrific, which is all the more impressive in the difficult political context.”***

Medical Justice donor

## DONATIONS

A Wulf	J Reiss	Mr Worthy
Angier C	LA Barnes	Ms Bayley
Bond NJP	Lazou James	Nathan Goldblatt
Cowan	Li Gladys Veronica	Philip Matthews
Dominic Clarke	London Legal Walk	Price Tomes
Fox A D	Lucy Summers	Ravi Cheedella
G HAWKS	Margaret Sherwen	Rebecca Marcus
Gene-Cos Nuri	Martin Hovezak	Sophie Harpwood
Griffiths-Reeve	Martin Shaw	Veronica Butler
Harbinson Charitable Trust	Michael Daly	Wilhelm Skogstad
		Williams K



## THANK YOU

## JUNE 2024 - LONDON LEGAL WALK

A dedicated team of 13 intrepid staff, volunteers and trustees set off on the annual London Legal Walk; staff members Eliza Lass, Rachel Bingham, Lisa Incledon, Ariel Plotkin, Liz Clark, Idel Hanley, Theresa Schleicher, and Cat Götz. Plus trustees Pranavan Balachandran and Anna Shea. Also our volunteers Aideen O'Neill, Chris Wood, Thelma Thomas, and Mia Manasses. Well done to Ariel for organising the event again this year. Special thanks to Aideen O'Neill and Chris Wood for their incredible fundraising efforts, and to all walkers who raised an incredible £4,950 in sponsorship for Medical Justice! And many thanks of course to those who kindly sponsored our team, including;

Afsaneh Mirfendereski

Aideen O'Neill

Alice Quintana

Angelika Holler

Anna S

Bethany Simpkin

Carol Gemmell

Caroline Fogell

Christopher Wood

Constandina Pospori

David Raedeker

Dawn Wood

Deepa Shah

Edel McGurk

Elaine and Francesco Garzarelli

Fati Naraghi

Gillian Ashby

Isobel Pick

Janani Nguyen

Jane Crispin

Jill Brown

Joe Martin

Joey Hasson

Katherine Lee

Kerry Adams-Strump

Linda Burke

Lulu Bull

Maire McSorley

Maria Goddard

Marianne Maitland

Olivia Townsend

Paul Wilmshurst

Peter Coltnn

Rachel Aveyard

Rebecca Barlow

Richa Manwani

Richard Fredman

Roberta Montagnoli

Rose-Marie Davies

Rosie Breckner

Sajir Mohamedbhai

Sara Hamilton

Sarah Early

Sarah Wynick

Sharon Kane

Sinead Morrin

Sorosh Kordestani

Teresa Smith

Thomas Fox



# Medical Justice

health rights for people in immigration detention

## HOW TO GET INVOLVED

**CLINICIANS** – doctors, psychiatrists, psychologists, and mental health nurses can visit people detained by immigration and/or assist remotely. We hold Medical Justice clinicians training days about 3 times a year.

**INTERPRETERS** – needed to speak to detained people on the phone or visit with doctors. We especially need speakers of Albanian, Arabic, Bulgarian, Farsi, Pashtu, Kurdish Sorani, Polish, Romanian, Tamil, Tigrinya, and Vietnamese.

**LAWYERS** – We frequently need lawyers to represent our clients, sometimes pro bono and often to challenge urgent Removal Directions.

**SUPPORTERS** – could visit people detained by immigration and make referrals to Medical Justice. List of befriender groups:  
<http://www.aviddetention.org.uk/visiting/visitorsgroups>

## DONATING TO MEDICAL JUSTICE

You can donate by debit/credit card, cheque, standing order or electronic transfer. You can set up a monthly payment from the JustGiving webpage [justgiving.com/medicaljustice](http://justgiving.com/medicaljustice). Donations by electronic transfer to the account shown below, or by cheque, which should be made out to “Medical Justice Network Limited” and posted to the address below. Thank you - your support can make a real difference!





Possibly the most significant systems changes to make the migration and asylum system more humane is to end the severe mental and physical harm caused by immigration detention. That is unlikely to happen without medical evidence of the harm.

Medical Justice is the only source of such medical evidence as it is the only charity to send clinicians to see detained people in all the UK's Immigration Removal Centres (IRCs), to document the harm they suffer, to analyse and to present the evidence in a digested format for itself and others to use in advocacy work for system change.

Medical Justice has unparalleled expertise in the inadequacies of detention healthcare and is recognised as the UK's expert on deterioration of detained people's health. We have extensive and uncontested evidence of how and why dysfunctional clinical safeguards can leave detained people at risk of mistreatment.

With the continuing toxic anti-immigration public discourse, system change is challenging. Medical Justice is a critical actor in the required collaboration of organisations ; in addition to providing medical evidence and working with individuals in immigration detention, we are able to galvanise the influential voice of the medical community and prime parliamentarians to act by bringing them together with experts, lawyers, detention monitoring bodies, and people with

lived experience through the All-Party Parliamentary Group (APPG) on Immigration Detention for which we act as the secretariat.

In 2024 the new government sensibly scrapped the performative cruelty of the Rwanda policy though the Home Office continues to broadcast deportations on social media in much the same way as before.. The mistreatment in detention remains seemingly unchanged. The need to end inhuman and degrading detention conditions is urgent. 20,604 men, women and children were held in detention last year. Detained people are at imminent risk in IRCs ; HM Inspector of Prisons found that detention conditions in 2024 in Harmondsworth IRC were the worse they have ever been, clinical safeguards have been weakened causing more harm, yet the government plans to expand detention, in the knowledge of the severe harm this will cause.

#### **THE HARM CANNOT BE DESCRIBED AS ACCIDENTAL.**

The Home Secretary has said she intends to introduce a fast-track asylum determination process and it's impossible to imagine that it will not cause yet more unfairness and harm. Medical Justice will set out to deliver the medical evidence needed to challenge any fast-track process in detention.

#### **TO CONTINUE WE NEED YOUR SUPPORT. THANK YOU.**

**COMPANY REGISTRATION NO. 6073571 | REGISTERED CHARITY NO. 1132072**

**BANK: CAF | SORT-CODE: 40-52-40 | ACCOUNT NUMBER: 00021167**

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**MEDICAL INQUIRIES & REFERRALS: [med@medicaljustice.org.uk](mailto:med@medicaljustice.org.uk)**

**MEDIA INQUIRIES: Emma Ginn on [emma.ginn@medicaljustice.org.uk](mailto:emma.ginn@medicaljustice.org.uk)**

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