FY 2026

FEBRUARY 2025 – JANUARY 2026

ANNUAL REPORT

Medical Justice

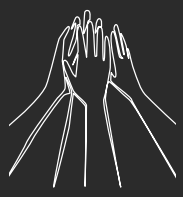
health rights for people in immigration detention

22,996 MEN, WOMEN AND CHILDREN DETAINED IN 2025

Immigration detention is indefinite. It is not part of any criminal sanction and not ordered by a judge: it is optional. 11% more people were detained in 2025 than in 2024 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 Dec 2025, 2,090 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. 44% were removed, up 20% over the year.

Vision

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



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.

> Medical Justice's life-changing casework **secured the release of 90% of clients** for whom we produced a medico-legal report (MLR): last annual MLR audit.

Who is in immigration detention?

Many in detention are survivors of war and torture, and have been persecuted due to their political activity, religion, or sexual orientation. Many have been trafficked. During long, perilous journeys to the UK, many have been detained, raped, extorted, and sold, some on multiple occasions. 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 mental health problems, often as a result of past traumatic experiences.

2025 Annual Review: of a set of 73 detained clients assessed

- **82% were torture survivors**
- **Clients were detained for up to 2 years**
- **91% had PTSD or suspected PTSD**
- **78% had suicidal thoughts**
- **For 94% of them, the IRC GP failed to properly document the harm detention had caused them**

Issues encountered in detention include:

- **Torture scars and medical conditions are often not properly documented –** and not considered in individuals' cases
- **Inadequate healthcare –** despite people having complex medical needs, compounded by detention exacerbating medical conditions
- **Dysfunctional safeguards –** vulnerable people often left to deteriorate, impacting their mental and physical health
- **Inhuman & degrading treatment –** toxic culture leading to dehumanising abuse of detained people
- **Significant deterioration of mental health in most cases –** greatly increasing suffering and the risk of suicide
- **Excessive & dangerous use of force –** normalisation of the infliction of pain, suffering and humiliation
- **Inappropriate use of segregation –** including to 'manage' distress and symptoms of mental illness
- **Deaths in detention –** Medical mistreatment is rife and past inquests have found that neglect has contributed to deaths, including an 84 year old who died in handcuffs. There were 3 deaths in detention in 2025.

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 doctor produced a medico-legal report that helped secure a lawyer. The Home Office refused to transfer the hunger-striker 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, lawyers and doctors formed Medical Justice to assist others in detention and to change the system.

What Medical Justice does

Today we have 18 paid workers, a team of 37 volunteer clinicians and 25 volunteer interpreters. We still work with lawyers, doctors, campaigners, and people with lived experience of detention. We handle between 400 and 600 cases a year. Our clinicians visit all 8 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 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. We know our approach works as we monitor and evaluate our output and have 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 and this is set to happen more as the government plans to increase detention by 40%. We need more volunteers and more funding to hire additional staff.



CHAIR OF TRUSTEES REPORT

FY2026 has been another brutal year. The Home Office chose to post videos on social media of asylum seekers being arrested and taken into detention, demonstrating their cruel policies and parading the suffering of the vulnerable. There is ample evidence that detention itself is intrinsically harmful but this goes beyond that. It is, and is intended to be, a public denigration of those being detained and as such not only harms those individuals but also our wider society who come to see such treatment as 'normal'.

This is cruelty for cruelty's sake. The frenzy of government policies further fuels the sense of justification, amplified by misleading headlines which further stoke anti-migrant sentiments. Medical Justice shines a spotlight on what these policies, this rhetoric and this cruelty mean for actual human beings.

Medical Justice is an extraordinary organisation. Its staff, volunteers, funders and supporters refuse to submit to the narrative of inhumanity which attempts to defend what is indefensible. We are all working to challenge what is happening alongside those whose humanity is being attacked. Our team members need a particular sort of resilience as they hear directly from our highly traumatised clients.

Those who have lived experience of immigration detention and our immigration system help work out how best to support our clients and remind us good outcomes are possible, with your support.

Ruth, Chair

VICE-CHAIR'S REPORT

Dear Medical Justice Friends and Supporters,

I know what it feels like to be detained. I know the disorientation, the fear, and the profound sense of helplessness that immigration detention inflicts on a person. And I know from the inside what a difference it makes when someone shows up for you in that darkness.

That is what Medical Justice does. Every single day, for some of the most vulnerable people in our society, this extraordinary team shows up. It takes immense strength and dedication to be present with clients at what may well be the most difficult moment of their lives and yet our team does it, again and again, without question. In 2025, they did it for 444 people. I am profoundly grateful for everything they give.

I could not have imagined, at the point when Medical Justice helped me get out of detention, that I would one day become one of its trustees – nor that the experience, the support, and the confidence I gained from working as a part of this team would help equip me to go on to lead a refugee charity as its CEO. That journey is a testament not only to what Medical Justice does for people in the immediate crisis of detention, but to what it can unlock in a person's life long after.

It is why I am so proud to have been part of a working group that developed a casework traineeship role, ring-fenced for someone with lived experience of detention. Bringing those voices, our voices, into the heart of this organisation is not just the right thing to do; it makes our work stronger, more human, and more effective. Read more about our broader programme to embed lived experience at every level of Medical Justice in the pages that follow.

I must also be honest about the challenges we face. In 2025, funding has become a serious issue – not for Medical Justice alone, but across the refugee sector. Our Board of Trustees has monitored our financial position closely and remained deeply engaged throughout the year to ensure strong governance, effective risk management, and organisational resilience. We have paid particular attention to safeguarding our staff, our volunteers, and our clients, and have supported measures to strengthen both security and wellbeing across the organisation. Again, more detail follows in this report.

And yet, even as I write of challenges, I am more certain than ever of the urgency and importance of our mission. With detention expanding and vital safeguards under threat, the need for Medical Justice has never been greater. We will not be deterred. We will fight harder. We shall not give up.

To every member of our staff and our dedicated volunteers, to our supporters, and to our funders who make it possible for us to shine a light in what are the darkest of days for our clients – thank you. From the bottom of my heart, thank you.

With determination and gratitude, Bridget, Vice Chair

DIRECTOR'S REPORT

The expansion of immigration removal centres, the weakening of safeguards and the worsening of detention conditions meant that Medical Justice was needed more than ever in 2025.

When the then prime minister said in 2025 that immigration had caused "incalculable" damage to the country, we knew that could result in more division which political parties try to benefit from. In 2025 political parties aping one another's demonising of our clients has been normalised. Introduced in 2025, the UK-France 'One-in-one out' agreement is as dehumanising as its very name suggests, treating displaced people as bargaining chips: for each person removed to France, another person in France can – in exchange – be transferred to the UK.

We believe that a continuum of this dehumanising approach that risks mistreatment in detention being possible and for it to go – at best – unnoticed by the public, and at worst – accepted.

Government plans to use force on children to remove them from the UK, including handcuffing them is surely a marker of a society that has become desensitised and lost its way.

There are people who do care, and we are blessed to have so many in our circle. Medical Justice is built on the kindness and compassion of our dedicated volunteer teams and our staff. Every day is a privilege to be working with them as well as the fantastic partners with whom we collaborate.

Our team speaks with marginalised and sick clients every day, documenting the severe and avoidable harm caused by detention, from which some may never recover. We may not yet be winning yet but we are making a difference – thanks to the unwavering determination of the Medical Justice team, we are changing lives and clients say that we have saved their lives.

And, despite the challenges, we were not only able to prevent a roll-back of rights on many issues in 2025, we secured positive change in key areas – this is why we must continue. Medical Justice agrees with the British Medical Association that immigration removal centres should be phased out – this will clearly take time, and it will not happen without the work we are doing now.

Medical Justice secured its first dedicated operations support role in 2025 – we welcomed Imogen in the new position of Head of Operations. Imogen is helping us to respond to the challenges 2025 brought, including security issues and the increased need for wellbeing, psychological support and resilience.

Whilst we posted a modest surplus of funds in FY2025, our forecast going forward is the weakest it's ever been in our 20-year history which is particularly concerning as the demand on Medical Justice is set to increase.

We urgently need support from funders to enable us to continue. Our work has never been more needed. Please help us continue.

Emma, Director

CASE-STUDY

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 was 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 Independent Monitoring Board (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.

– IMB Annual Report.

Medical Justice protecting lives and changing the system

Examples of achievements

Despite the alarming context of the government knowingly exposing more vulnerable people to severe harm by expanding detention and weakening clinical safeguards, Medical Justice has successfully challenged the Home Office using its uncontested medical evidence, not only preventing roll-back of rights but also achieving some actual advances.

ACHIEVEMENT	IMPACT
444 client referrals – many were assessed by our clinicians who documented their scars of torture, health deterioration, injuries sustained during violent deportation attempts and medical mistreatment.	Our medical reports can provide crucial evidence in clients' cases where little other evidence may be accessible, directly affecting outcomes. Also, with our medical evidence in hand, clients may be more likely to find a legal representative who can use it.
90% of clients are released having received a medico-legal report from our clinicians.	Vulnerable clients regained their liberty and their health improved through access to needed medical care.
Removal of 'one-in one-out' trafficking survivors halted by the Home Office following provision of medical evidence.	Some clients' asylum claims have been heard in the UK and been granted refugee status.
Home Office must review policy that creates homelessness – Medical Justice provided evidence in the case of BLZ who had been released from detention without accommodation suitable for his physical and mental disabilities.	The positive judgement in 2025 held that there were significant deficits in the policy and practice. There will be a Home Office review which we are set to be consulted on and hopefully our recommendations will be adopted.
Better protections against misuse of segregation – our July 2025 policy consultation submission to the Home Office included our casework evidence of segregation used unlawfully as punishment, to manage people who are mentally ill, or self-harming, or indiscriminate use as a means of aiding deportation.	The Home Office guidance amended: detained people must not be put in segregation to facilitate removal, staff must recognise when disruptive behaviour may be due to mental health or learning difficulties and a greater emphasis on de-escalation.
Supreme court success boosts our policy work effectiveness – Previously the Home Office did not consistently consult with us on its 'Adults at Risk' policy – our judicial review win means they must now do so. In July 2025 the Supreme Court refused the Home Office permission to appeal our win.	This wedges open the door to policy consultation and an increased likelihood that our suggested improvements are adopted. And, other charities have been able to successfully use the precedent our judicial review set in their legal challenges of Home Office policy.
New policy protects those who lost mental capacity – In Sept 2025, following our judicial review proceedings challenging the continued failure to make provisions for detained people who have lost mental capacity (usually due to deterioration during detention), the Home Office disclosed a new policy.	The policy is to not serve certain legal decisions on people who have medical evidence they lack capacity and are not legally represented. This provides some protection for the most vulnerable detained people. We continue to campaign for more protection, amplifying the impact.
More GP appointments for 'Rule 35' reports in detention – as more people were detained for the 'one-in one-out' programme, Medical Justice warned of lengthening waiting lists for 'Rule 35' medical reports from IRC healthcare. In response the Home Office organised more appointments in Oct 2025.	This means less delay in getting Rule 35 reports, the significance of which was underlined in a recent inquest into a death in detention "if we had done the Rule 35 ... then we wouldn't have had that outcome [death]." – Head of Colnbrook IRC healthcare.
Urgent external medical care for detained pregnant women – following policy consultation in Sept 2025	Additions made to ensure that access to urgent medical care outside the centre is facilitated when required.
APPG delegation visits Harmondsworth IRC – July 2025 following HM Inspector Prisons finding "the worst" ever conditions there.	Members of the All-Party Parliamentary Group (APPG) on Immigration Detention are better placed to take action.
AH & IS judgement – we provided evidence for our client AH. A "clear and persistent picture of a failure" of the system intended to prevent inhuman or degrading treatment was found in Dec.	The use of force against AH, segregation and filmed strip search were all unlawful. The judgment is likely to help other cases and influence the pending review of Rule 35.
Use of Force policy improvements – Many of our recommendations were adopted in full or in part, including greater emphasis on de-escalation and the use of force as a last resort, improvements regarding use of force on pregnant women and in the presence of children.	Force was used 1,205 times in the year to June 2025. Improved policy should lead to less harm being caused during use of force and a greater ability to hold staff to account in investigations – e.g. Prison & Probation Ombudsman and the courts.

Challenges for the next 12 months

The government has set plans that make the lives of more migrants even more precarious, risking exploitation and criminalisation, leading ultimately to more immigration detention and deportation. It plans to reverse the ban of use of force and handcuffs on children, to expand detention by 40%, and to decimate clinical safeguards in detention which we fear may cost more lives. The need for Medical Justice's work will not be abating.

Dangerous detention conditions

Detained people are in imminent danger

2023

Near-routine levels of inhuman and degrading treatment documented

The Brook House Inquiry (BHI) documented that a dangerous use of force, a wholesale failure of safeguards and a culture of dehumanisation led to the inexcusable and unconscionable dehumanising abuse of vulnerable detained people, finding 19 instances of inhuman or degrading treatment at just one IRC in a 5-month period in 2017. Medical Justice continues to see healthcare staff in IRCs viewing detained persons as 'wilfully disobedient' and obstructive instead of understanding their behaviour may be a 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.

Unnecessary and excessive use of force has been prevalent, as has the normalisation of the infliction of pain, suffering and humiliation. Pervasive derogatory and violent verbal abuse and racism revealed an underlying lack of empathy even when people were at their most distressed and vulnerable – even in life-threatening situations.

2024

HM Inspector of Prisons (HMIP) reported that detention conditions were the worst their inspectors had seen and 48% of detained people had said they were suicidal.

Death in Brook House IRC

Théophile Kaliviotis "made more vulnerable and unwell because of his detention"- French national, Mr Kaliviotis died on 27 October 2024. His pre-inquest review heard that he had a seizure, missed taking his epilepsy medication on four occasions and had access to the drug spice before he died. Staff failed to comply with Rule 35 and raise concerns about his health. His family's lawyer said he was "vulnerable and mentally unwell" and "arguably he is made more vulnerable and unwell because of his detention" and that staff failed to comply with Rule 35 and raise concerns about his health.

2025

HMIP reported that at Dungavel IRC only three detained people had the required Rule 35-2 safeguarding reports documenting their suicidality, even though 36 had been placed on constant suicide watch. One man was put on constant suicide watch for 4 days and was twice placed in anti-ligature clothing, yet no Rule 35-2 report was submitted.

2026

Independent Monitoring Board reported "a troubling picture of systemic failings across immigration detention that continue year after year ... longstanding issues are not only unresolved but are becoming more acute".

"In one case we reviewed, the decision-maker said a detainee had no known vulnerabilities, despite him telling immigration staff that he had a brain injury, depression and PTSD, and medical records confirming that he had been assessed with a learning difficulty."

Brook House IRC case, HMIP 2025-6 Annual Report

Expert by experience informs parliamentarians of traumatising detention conditions

As the secretariat for the All-Party Parliamentary Group (APPG) on Immigration Detention, Medical Justice organised a public meeting in March 2025 attended by over 40 parliamentarians and NGOs. HM Chief Inspector of Prisons described the "awful, neglectful state" they had found at Harmondsworth IRC in 2024 and how serious concerns remained in 2025, particularly regarding the safeguarding of vulnerable people. An expert by experience campaigner previously detained at Harmondsworth described detention as "a system that dehumanises, traumatises, and endangers those it claims to process with dignity".

"At Dungavel, a woman had been described by the Home Office's arresting officer as severely malnourished and struggling to communicate. She was eventually assessed as lacking mental capacity and hospitalised under the Mental Health Act. However, on the day of her detention, the Detention Gatekeeper had authorised detention following receipt of a referral which stated that that she was 'in good general health with no vulnerability concerns'."

HMIP annual report 2025-6

Disturbingly, rather than strengthen the clinical safeguards the government weakened them and plans to decimate them.

Failing safeguards

Risking inhuman and degrading treatment

The decimation of detention safeguards that we fear could cost lives

Adults at Risk (AAR) will be replaced by Assessment of Vulnerable People in Detention (AVPD) to allow for the inclusion of children. Medical Justice co-ordinated the sector's response to the Home Office consultation of its AVPD policy and of Detention Centre Rules 34 and 35 in April 2025, leading on a joint submission with 14 partner NGOs.

The Home Office took until March 2026 to outline its proposed changes which seems to have ignored input from independent clinicians and NGOs who are struggling to make sense of it.

One of the most significant changes is a shift to an 'evidence of needs' model, focusing on current needs rather than risk of future harm. In practice this will lead to a 'wait-and-see' approach – i.e. evidencing harm that has already occurred to a vulnerable detained person rather than anticipating and avoiding it by routing them out of detention. This approach is deeply troubling as it appears to be an explicit return to the previous approach known as 'satisfactory management' which was found to be vague and lacking in clinical meaning. It was comprehensively criticised by the Shaw Review and the Brook House Inquiry as it was found to be at the heart of widespread inhuman and degrading treatment.

The Home Office also plans to change the current three AAR vulnerability levels to four, with reference to evidence of whether a person's needs can be 'managed in detention' – i.e. without releasing them – based on the frequency of interventions they require, rather than considering whether they are experiencing distress or suffering and whether this may have longer term consequences for them.

There will be no separate Rule 35 (1), (2) and (3) categories and the threshold for completing a Rule 35 report raised to only when the IRC medical practitioner considers that 'a person's needs may not be met in detention'. The definition of torture will be removed and a history of torture will no longer be reported via Rule 35. It is not yet clear exactly how the IRC healthcare teams will notify the Home Office of concerns about suicidal intentions or that a person may have experienced torture and trigger a review of the detained person's detention.

Challenging these changes – The new policies will be incorporated into updated guidance documents and statutory instruments and Medical Justice will continue to feed in to the relevant consultations and use all possible avenues to ensure scrutiny and to challenge the changes.

Explainer:

Rule 34 requires a detained person to be examined by an IRC doctor within 24 hours of arrival. Rule 35 is a process to report a detained person's vulnerabilities to the Home Office so it can consider releasing them. R35-1 is to report a risk that detention could be injurious to a person's health, Rule 35-2 is to report a suicide risk, and Rule 35-3 is to report a risk the person is a torture survivor. Adults at Risk policy is used by the Home Office in considering release to 'balance' the levels of a detained person's vulnerability against 'immigration factors' (reasons to not release them).

CASE-STUDY

Suicidal client AH – 94 days detention, use of force, segregation and filmed strip search all found unlawful

AH's initial screening noted his suicidal thoughts, hearing of voices, and history of self-harm, yet the IRC GP was unaware of this – although they produced a Rule 35(3) report that AH may be a victim of torture, they failed to produce a Rule 35(2) report about AH's suicidality so that was not considered in the Home Office's review of continued detention.

Despite AH's troubling medical history and the violent nature of his self-harming, it was considered an isolated incident. AH went on to self-harm further and was placed in isolation, under suicide watch. His solicitors referred him to Medical Justice and we sent an independent doctor to see him who had serious concerns and expressly recommended a Rule 35(1) and 35(2) assessment by the IRC's GP. It didn't happen. Medical Justice worked with his solicitors and AH was eventually released.

AH and IS judgement: "clear and persistent picture of a failure" to prevent inflicting inhuman or degrading treatment

Article 3 prohibits a state from inflicting inhuman or degrading treatment or punishment and imposes obligations to implement a legislative and regulatory system for protection. The judgement stated that "there is a clear and persistent picture of a failure of the system intended to protect the Article 3 rights ... It is characterised by a failure to apply properly or at all the provisions of Rule 35" and that no effective steps were taken to address the failure in the system.

In December 2025 the judge found the failure to be in ensuring the implementation of the system and not in its design. The rule 35 system could work if the Home Office made the effort for it to do so. This is what Medical Justice has been telling the Home Office about Rule 35 for decades. The judgement is likely to help in other legal challenges.

Pilot scheme: 'One-in-one-out' UK-France deal

Assisting trafficking survivors subjected to this dehumanising 'deal', exposing and challenging their treatment

Between the start of the deal being implemented in August 2025 and March 2026, 380 people seeking safety in France were permitted to apply for asylum in the UK, in exchange for 377 who arrived by small boat being detained and removed back to France where many have described extreme difficulties, including facing onward removal. It has been reported that one man who removed to France was set to be deported on to Syria.

Medical Justice casework for 'one-in one-out' clients

Medical Justice began receiving referrals for people detained under the scheme mid-August 2025 and for the latter part of the year they made up the majority of our casework referrals. They were subjected to an accelerated process, with initial notices of intent giving only 7 days to make representations. A team of 11 Medical Justice clinicians visited clients detained under the scheme. The number of referrals and speed at which action was needed placed considerable pressure on our casework and clinical resources and we are so grateful to all of our casework and clinical team for their efforts, to our wonderful clinical volunteers who provided so many urgent assessments and to our volunteer interpreters for their skilful support.

Our medical reports documented our clients' often multiple experiences of torture, trafficking and/or modern slavery. Many had been subjected to violence and exploitation during their journeys and suffering severe ongoing psychological and physical consequences of torture in Libya. We heard accounts of bereavements by suicide, ill-treatment and destitution in France. For some, having survived exceptionally traumatic events and losses, their first experiences of suicidal thoughts began when they were detained in the UK.

The experience of then being detained in the UK and subjected to the UK-France scheme caused considerable distress, with the apparent arbitrariness of decisions regarding who was selected adding to that distress, causing mistrust and despair. Many had arrived on a small boat with others, who were in virtually the same situation yet were not detained and had their asylum claims processed in the UK. The Independent Monitoring Board (IMB) reports that it was told the criteria for who gets detained is deliberately 'random'.

'One-in one-out' clients

71 men, women and children

Nationalities include Eritrean, Sudanese, Afghani, Iranian, Palestinian, and Yemeni

Some have had no legal representation

Some have not had access to interpreters

Barriers to disclosure

Survivors detained in immigration removal centres face multiple barriers to disclosing their account of trafficking. As put by one lawyer: "Victim identification is a process that takes time; it can't be done speedily, not if it is to be done properly." In September 2025 the Home Secretary revealed a lack of the most basic understanding of barriers to disclosing accounts of trafficking and of the functioning of the government's 'one-in one-out' deal when she commented on the removal to France of an Eritrean man: "Migrants suddenly deciding that they are a modern slave on the eve of their removal, having never made such a claim before, make a mockery of our laws and this country's generosity". Alternatively, the lack of humanity was purposeful.

In September 2025 the Home Office made changes to its statutory guidance to deny the right to reconsideration of negative reasonable grounds or conclusive grounds decisions regarding trafficking/modern slavery for anyone being removed to a country that is a signatory to the Council of Europe Convention on Action Against Trafficking in Human Beings (ECAT) and the European Convention on Human Rights (ECHR). This had a significant impact on most clients detained under the UK-France scheme, many of whom had indicators of trafficking. Clients who received negative decisions before they had been able to get legal advice or submit evidence, including medical evidence, were denied the opportunity to have that decision reconsidered and were removed without ever being recognized as victims of modern slavery. We also saw clients who had been released and recognised as victims of trafficking being denied Victims of Trafficking or Slavery (VTS) leave and re-detained for removal.

Children

Referrals for people detained under the UK-France scheme included many more age-disputed young people than usual – the IMB reported that 12% of cases at Gatwick involved age disputes. Some were later recognised as being children, released and accommodated by local authorities, but some were removed from the UK. It was deeply concerning to see children being detained in adult detention centres and then removed, and to hear their descriptions of the fear and distress this caused.

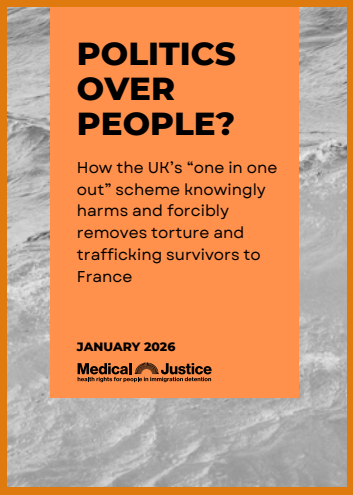
12% of cases at Gatwick involved age disputes. Some were later recognised as being children, released and accommodated by local authorities, but some were removed from the UK

Clients granted refugee status

It is hard to challenge removal directions for clients whose asylum claims have been deemed inadmissible, such as with the 'one-in one-out' scheme. However, a number of clients were taken out of the scheme by the Home Office – their asylum claims were processed in the UK and they since been granted refugee status. Lawyers representing clients have confirmed that our medico-legal reports made a positive difference to some clients.

Achieved for clients – access to needed healthcare and medical evidence, leading to refugee status

- Visit by a Medical Justice clinician who undertakes a full assessment lasting up to 5 hours
- Provision of a medico-legal report and professional correspondence
- Medical Justice caseworkers help accessing medical and home office records
- Help accessing needed medication and healthcare in the IRC and/or to access hospital
- Facilitation of access to legal representatives that can use the medical evidence we provide
- Expert casework leading to release and provision of post-release support – e.g. accessing healthcare and accommodation in the community



REPORT

'Politics over People' research report: an anonymised statistical analysis of medical evidence from our casework

In August 2025, at the outset of the 'one-in one-out' scheme and as the situation evolved very quickly, Medical Justice's researcher collected and analysed information of 33 clients' casework documentation, medical records, Rule 35 reports and Home Office responses. Additional data from 20 clients' MLRs completed by October was included. By November 2025 we were able to present our initial finding to parliamentarians.

We produced a report entitled *"Politics over People? How the UK's "one in one out" scheme knowingly harms and forcibly removes torture and trafficking survivors to France"*, the first available comprehensive analysis of the backgrounds, experiences and mistreatment of people detained under the scheme. All 20 who had a completed MLR in this caseset had clinical evidence of a history of torture, ill-treatment and/or trafficking, and all had serious mental health conditions. Our clinicians also documented the clinical consequences of the use of force and segregation to facilitate removals.

Medical Justice has been documenting the harm experienced by people held in immigration detention for two decades – what sets the mistreatment of clients detained under this scheme apart is the combination of an especially high proportion of trafficking and torture survivors, alarming levels of suicidality, and that almost all of them experienced the dysfunction of the clinical safeguarding system, exposing them to the risk of severe harm that detention is known to cause. Appointments for Rule 35(3) reports were often delayed, despite this group being subjected to an accelerated legal process, and even where reports were completed, shockingly few clients were released as a result – so few that it risked rendering the whole process of clinical safeguards meaningless.

Influencing work and holding the government to account for harms caused by its 'one-in one-out' scheme

Our evidence is influencing public opinion, reaching the medical community and informing parliamentarians about the harms of detention for the 'one-in one-out' scheme. It has provided official monitoring bodies tasked with scrutinising the scheme the first and only detailed set of accounts of the harm caused to individuals subjected to it, as well as providing ready-made statistical evidence for lawyers challenging it.

Challenging the Home Office – Medical Justice has raised concerns with the Home Office about the scheme from its inception, including evidence that safeguarding mechanisms are failing to respond effectively to an influx of vulnerable people in detention and inadequate provision of legal advice and representation, and interpretation. While we had some success in pushing for increased Rule 35 appointments, overall our concerns have not been seriously addressed. With the pilot extended until October 2026, it is not clear if or how the Home Office will share their evaluation of the scheme.

Supporting strategic litigation – Some of our clients were lead claimants in a judicial review which found that the Home Office's September 2025 change to the guidance withdrawing the right to request a reconsideration of negative trafficking decisions was unlawful.

Media coverage – Our 'Politics over People' was covered in the Belgian newspaper LeSoir, in the British Medical Journal and in the Guardian which published a full article dedicated to our report.

UNHCR – Medical Justice participated in a joint NGO meeting with UNHCR, informing their monitoring of the UK-France Agreement, focusing on screening, access to legal advice and provision of information.

UN Special Rapporteur on the human rights of migrants – Together with other NGOs, both in the UK and northern France, we have shared our documentation of the harm the scheme has caused through public statements and campaign activities. A group of nine UN Special Procedures, led by the UN Special Rapporteur on the human rights of migrants, has echoed our concerns and has written to the UK and French governments. The letters were sent in December 2025 and published in February 2026 – the UK government is yet to respond.

Monitoring bodies

We raised our concerns to official monitoring bodies:

- **HM Inspector of Prisons (HMIP) –** HMIP met with our advocacy team in January 2026 to discuss our findings.
- **Independent Chief Inspector of Borders and Immigration (ICIBI) –** Medical Justice met with ICIBI and raised concerns about the scheme. Subsequently ICIBI announced an inspection of the operation of the scheme – something that we and others had recommended. We met with the inspection team and submitted written evidence.
- **Independent Monitoring Boards (IMBs) –** we met the national secretariat whose own report echoed our findings.

CASE-STUDY

Our client Hamid* was detained under this scheme and had clinical evidence of a history of torture. He describes the excessive force and violence he was subjected to during a removal attempt to France. Hamid told Medical Justice:

"The belt that was tied around my shoulders got stuck in my throat. I started screaming and saying I want to die, untie the belt from my neck, but they thought I just wanted to be let go. After a few minutes, I became dizzy, and my voice became weak and my strength was limited to just tears. They saw me struggling for air and honestly, my eyes were turning white and my breathing was difficult. I said in a low voice, I can't breathe, and I thought to myself, Oh, my God."

Parliamentarians

We informed parliamentarians:

- **Home Affairs Committee (HAC) scrutiny sessions –** In October 2025, HAC launched sessions examining the government's approach to reducing small boat crossings. We submitted our findings on the treatment of our UK–France clients which HAC published on its website for informing questioning of ministers and officials.
- **Briefing meeting for the APPG –** we organised a private briefing for parliamentarians in November 2025 about detained people's experiences, as well as implications for refugee protection in the UK. Please see below for further details.
- **Individual parliamentarians –** we shared our report with 580 MPs, peers and other parliamentary contacts. We met with Pete Wishart MP, SNP Spokesperson on Home Affairs, and Alex Sobel MP, a member of the Joint Committee on Human Rights, who later in 2026 shared one of our reports with members of a French parliamentary committee carrying out an inquiry into UK-France border cooperation. Alongside other NGOs Medical Justice went on in 2026 to form a campaign calling on MPs to sign an Early Day Motion urging the Government to end the scheme immediately.

Peaceful protest against 'one-in one-out' removals met with riot gear, PAVA spray and dogs

In January 2026, 100 detained people in two IRCs staged peaceful protests against being taken to the airport for removal to France – this was met by officers with riot shields, dogs and PAVA spray.

One detained man said "They brought special forces for us, they used [teargas], they took us by force inside rooms, they took the ones who have tickets by force. We are in pain, our eyes and bodies are burning."

Medical Justice casework

Life-changing support for extremely vulnerable detained people

During the year our dedicated Casework team – Carly, Eliza, Lisa, Naomi, Rubina and Theresa – handled 444 referrals, with the support of our Office Manager, Anthony. Some clients referred themselves by calling Medical Justice directly from detention, whilst others were referred by legal representatives, visitors groups, family, friends or other detained people.

In 2025 we were delighted to welcome our first Casework Trainee with Lived Experience to the team who worked closely with the casework team and on client cases, as well as contributing to our research and other areas of work.

Urgent Assessments

From early 2025 a significant proportion of referrals were for people facing imminent removal, which required rapid consideration and to arrange urgent assessments. There seemed to be a rush to remove people by the Home Office, including cancelled removal directions often being re-set very quickly with limited time for completing medical reports for clients, many of whom had not had any medical evidence raised in their cases before.

We saw many clients with asylum claims that had either been certified (with no right of appeal) or treated as withdrawn due to alleged absconding or not attending asylum interviews – sometimes scheduled years after the initial asylum claim had been made.

Lack of Quality Representation

The long-standing issue of the lack of quality legal representation has continued and worsened. With the 'one-in one-out' scheme, we saw the impact of the huge variation in quality of representation available via the Detained Duty Advice Scheme rota. Some clients were fortunate enough to be allocated good quality advice and representation, whilst others were given appointments with representatives who failed to take any steps on their substantive case, or even to take sufficient information from the client to identify potentially relevant issues, such as histories of trafficking. With many legal firms working at capacity and the government reportedly planning for increased detention and accelerated processes, this situation is only likely to get worse.

Use of force

We continue to hear reports of concerning instances of use of force in removal attempts. Restraints are very frequently used on detained people being taken for hospital appointments, despite the policy requiring individualised risk assessments. Clients report finding the experience of being taken to appointments in restraints distressing and stigmatising and sometimes may be reluctant to attend or remain at hospital as a result.

Detained clients with long-standing and complex mental health problems

We continued to have clients referred to us with long-standing and complex mental health problems, many of whom had been in the UK for a very long time (often since childhood) and who had been detained for long periods. Our clinicians also continued to witness and document the damaging impact of detention on mental health.

Theresa leaves the Casework team she built in good hands

In November 2025 Theresa, our incredible Head of Casework, left after 16 years at Medical Justice. Theresa established and developed the casework team at Medical Justice and trained all of our caseworkers. She had such an impact on individual client cases, on policy, on legal challenges and on developing Medical Justice itself. She will be much missed, but we are grateful that she will continue to support Medical Justice's work, including contributing to volunteer training.

Post-Detention Needs – risk of homelessness and lack of support and continuity of care on release

Another long-standing issue that became more acute in FY2026 was the lack of provision of accommodation and support for people leaving detention. The majority of people who are detained are released to the community in the UK, but often without adequate accommodation, support or continuity of healthcare. Many of our clients languished in detention for extended periods after their release had been agreed or bail granted because of delays in provision of accommodation. Getting released from detention is a key turning point at which vulnerable people can immediately become street-homeless or find themselves in precarious accommodation which led to homelessness shortly afterwards, leaving them at risk of exploitation and re-trafficking.

We saw clients, including very unwell clients, released without any steps being taken to ensure continuity of healthcare and access to medication. Our casework team worked with clients post-detention, by making applications for accommodation, requesting Care Act referrals when needed, supporting clients in challenging accommodation that was inadequate or inappropriate due to their medical needs or vulnerabilities and taking urgent steps where clients are in a situation of street homelessness. We also supported clients in accessing healthcare and ongoing treatment and medication post-release, as well as making referrals to community groups so that our clients can access local support and engagement.

This is becoming an increasing demand on our casework as, more and more, we see issues with the provision of accommodation and support. With the government's planned 40% increase in immigration detention together with a harshening of the 'hostile environment' for migrants, the problem of homelessness and precarious accommodation on release from detention are set to grow significantly.

90% of clients are released

Our latest annual review showed that 90% of our clients who received a medico-legal report from Medical Justice were released from immigration detention.

MEDICAL JUSTICE CASEWORK

Referrals	TOTAL	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026
Brook House	124	5	7	11	13	16	11	20	12	11	7	4	7
Harmondsworth	101	7	7	7	7	11	14	7	13	9	8	6	5
Yarls Wood	81	9	6	5	6	7	13	4	5	10	9	5	2
Colnbrook	58	4	5	8	10	5	4	6	3	3	3	3	4
Tinsley House	35	-	2	1	2	10	3	2	4	4	3	3	1
Not Detained	12	2	-	2	1	1	1	-	-	-	-	1	4
Prison	12	1	1	1	-	2	2	-	-	3	-	1	1
Derwentside	11	-	-	1	-	2	1	2	-	3	2	-	-
Dungavel	9	1	2	-	-	2	2	1	-	-	1	-	-
Short Term Holding Facility	1	-	-	-	-	-	-	-	-	-	1	-	-
Total	444	29	30	36	39	56	51	42	37	43	34	23	24

Referrals by IRC

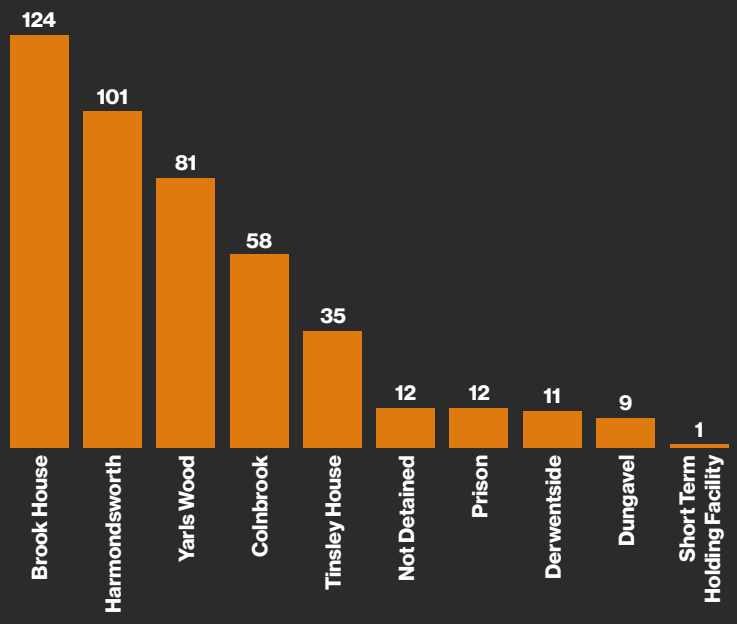


Photo: Casework team member reviews a Home Office file and medical records that they have obtained on behalf of our client.

Photo: Medical Justice client re-united after release with the volunteer that visited them in an IRC

"It's the day to day, almost mundane, stuff that Medical Justice does that most impresses me. Case after case that ends up on my desk, often very serious failures, someone who should never have been anywhere near detention, and yet again, it's a Medical Justice doctor who first picked it up. That initial report, that e-mail in the records, and only then the progress towards release. Medical Justice catches a lot of people. Utterly essential safeguard."

Nick Armstrong KC

Clinical assessments

Advocating for clients' access to needed healthcare and provision of independent expert medical evidence

Medical Justice clinicians provided 121 assessments with detained clients during the year, of which 101 were face to face visits, others were done remotely by video link or telephone.

Despair, paranoia and spiralling mental health deterioration: clinical concerns in detention

Overall, the complexity of cases in FY2026 was higher than ever. We saw many detained people with serious mental health issues alongside physical health problems and scars of past torture. Some had spent most of their lives in the UK and background medical information was at times extensive.

We saw people for whom being detained had induced despair, paranoia and spiralling mental health deterioration. Detained people told us they felt they were treated like 'animals', that healthcare staff did not care. Some detained people believed that staff or processes in the centre were deliberately trying to harm them. Some were severely distressed, hearing voices, visibly distracted, frightened and agitated. We documented harm to health in detention and injuries relating to use of force.

It was often difficult for detained people with such experiences to put their trust in visiting clinicians. We took extra time and care to build trust, aided by being able to reassure people of our independence. Thanks to relationships built by the Medical Justice casework team, we found that reminding detained people that our visits had been arranged by their trusted caseworker helped a great deal to allow people have faith in us with detailed disclosures of highly traumatic past experiences, distressing symptoms and examinations of their scars.

Suicide risk for detained people: inconsistent and unsafe clinical responses

We saw people who remained in detention after attempting suicide. In such cases the detained person had often been placed on a constant watch, under the Assessment Care in Detention and Teamwork (ACDT) process, for a period. This continued to be disconnected from other safeguarding processes, and not routinely reported using Rule 35(2), the mechanism by which people who are at risk of suicide should be reported to the Home Office. The clinical response in the IRC was inconsistent and unsafe. For example, we saw people whom healthcare staff had failed to assess for symptoms of depression or PTSD, and even where no mental state examination had been documented when they were reviewed in segregation.

We saw cases where a clinician had advised of a specific number of weeks or even months after which the person "may deteriorate" – there is no clinical evidence base for this type of judgement, particularly in the absence of detailed mental health assessments, and the inaccuracy of these statements was confirmed by our clinical findings indicating that individuals' health had already deteriorated within the period in which no risk was identified.

"On the way out of the IRC, I was sad to hear one of the staff tell me what a horrible man he [our detained client] was, expecting me to agree. She seemed to have no understanding that he was ill and when I pointed this out she just laughed, even though the clinical staff clearly documented his illness in the notes. There is clearly a need for some basic training for the non clinical staff in the IRC to help them make sense of the feelings and behaviours of some of those detained who are unwell. These environments can be brutalising and traumatising to staff too if not well trained and supported."

Dr Jonathan, volunteer consultant psychiatrist

'Second opinion' reports by Home Office-instructed psychiatrists: not trauma informed

Two 'second opinion' reports by a Home Office-instructed psychiatrist about detained people our clinicians had assessed were shared with us. These had in common that they were done remotely without face-to-face contact, were not trauma informed, gave no opinion on the possibility of the detained person being a torture survivor using the Istanbul Protocol, and included non-clinical opinions on country or legal matters.

We were able to respond to these, highlighting the detailed, appropriate assessments and good clinical reasoning in our MLRs. It remains a serious concern that the Home Office's 'second opinion policy' disregards findings that were not shared across the two reports, when a face-to-face, highly detailed and trauma-informed assessment would be expected to find more clinical information than one which was less so.

"I frequently encounter the prolonged use of one-to-one observations for individuals at high risk of self-harm or suicide. NICE guidance is clear that this should be a short-term intervention delivered by appropriately trained clinical staff who can use their observations therapeutically to inform ongoing assessment and treatment planning. In detention settings, however, these observations are often carried out by security staff without the necessary clinical training. Seeing highly distressed individuals monitored in this way, without meaningful therapeutic engagement, raises serious concerns about the systemic normalisation of practices that would likely not be considered acceptable in other care environments."

Dr Mma, clinical psychologist

Training and development

46 volunteer clinicians trained – We ran two introductory training days, attended by 46 clinicians including ten psychiatrists and five psychologists.

"Undoubtedly one of the best and relevant training days I have been able to participate in during my 30 plus years career"

Volunteer clinician, 2025

20 new clinicians shadowed an assessment by an experienced Medical Justice doctor, and eight did a supported joint visit in which they led the assessment. The aim is that they will go on to undertake 'solo' visits into IRCs.

"Assessing people in immigration detention is clinically challenging in ways that are distinct from any other setting I have worked in. People are often experiencing profound psychological distress linked not only to pre-existing mental health difficulties and trauma, but also to the reality of detention itself including the collapse of safety, stability, hope, and future plans. What I continue to find most difficult is witnessing that level of distress within a system that can feel profoundly callous in its response to human suffering."

Dr Mma, Clinical Psychologist

Ongoing training for clinicians assessing detained clients – We are grateful to our in-house team and external speakers including a former Children's Commissioner and paediatrician, Meltem Avcil who was detained as a child, Dr Juliet and Cornelus for contributing to advanced, ongoing training for clinicians already carrying out assessments with detained clients.

We remained a member of the Medico-legal Report Writers Network organisational team and contributed its annual conference in November.

"I'm a new volunteer with Medical Justice. When I retired from a career in Haematology, I was keen to do some voluntary work to make use of my medical background. I heard about MJ and started reading about immigration detention. The more I read, the more shocked I became about the health impacts on those held in detention. I attended a MJ introductory training day and subsequently applied to be a volunteer.

I have been enormously impressed and grateful for all the support from the MJ team. It was daunting to visit an immigration detention centre for the first time and see at close quarters the most harmful aspect of the UK immigration system. I shadowed experienced MJ clinicians for the first visits. It was a steep learning curve for me. I took the lead on the most recent visit, and it was great to hear that the client was released from detention soon after the submission of my initial findings. Hopefully this will prevent any further deterioration in his health and he'll be able to access the support needed to address his healthcare needs."

Dr John, volunteer doctor

Expanding our team of peer reviewers for medico-legal reports (MLRs)

All MLRs were peer-reviewed before being finalised. We are grateful to volunteer clinical reviewers Dr Petra, Dr Teresa , Dr Thelma, Dr Tim, Dr Myra and Dr Sophie, and to Dr Helen, who joined the reviewing team this year bringing an additional wealth of experience from her work with Medical Justice and Freedom from Torture and as a GP and clinical lecturer. The year was particularly busy for the reviewers due to many urgent cases and rapid turnaround times required for those detained for removal to France.

New monthly trauma-informed reflective practice group

We ran a monthly peer group for clinicians, and a new monthly trauma-informed reflective practice group was initiated thanks to Dr Ed, a consultant clinical psychologist with extensive experience in supporting NHS clinicians and teams working with trauma.

4 new paid clinicians joined the team in 2025

Four new clinicians joined us, employed for one or two days a week. Dr Mma, a clinical psychologist with experience across inpatient and community mental health services, and psychiatric inpatient settings within prisons; Dr Ali, a GP and lead doctor at Freedom from Torture's London office; Dr Iona, an acute medicine consultant with extensive experience assessing physical and psychological consequences of torture; Dr Norma, a GP with 30 years' experience and former Clinical Director at the National Guidelines Centre, Royal College of Physicians.

12 volunteer clinicians using Medical Justice as a Designated Body to the General Medical Council

Medical Justice is approved by the General Medical Council to oversee licencing and revalidation of doctors connected to us for this.

"I would like to thank the appraisers for their excellent work, clinical leads for their great leadership and to all the Medical Justice doctors for their high-quality report writing.

The clinical leads and I together have developed robust clinical policies, safeguards and standards at Medical Justice and have ensured that recruitment is safe and standardised. Currently 12 doctors are appraised and revalidated through Medical Justice, the remaining doctors having their appraisals and revalidation through the NHS."

Dr Angela, Medical Justice Responsible Officer

"These shortcomings resulted in routinely illogical situations, whereby people with extreme vulnerabilities were assessed as unfit for detention only after they had already been detained, yet were ineligible for release because of the lack of hospital beds or difficulties accessing support in the community."

IMB annual report 2025

Detained people with severe mental illness or cognitive impairment

Some protective measures introduced following Medical Justice litigation and advocacy

Some detained people, due to severe mental illness or cognitive impairment, may lack mental capacity to instruct a solicitor to challenge their detention, the conditions in which they are held, or the use of segregation. They are often provided with no assistance. Some did not lack mental capacity when initially detained but have become very unwell, largely due to the toxic impact of detention.

Being unable to make representations regarding their immigration status can mean that they spend prolonged periods detained, causing further harm to their mental health, and may also mean that they are subjected to inappropriate measures by IRC staff such as lengthy periods of segregation as a way of managing their symptoms. Assessments by IRC healthcare for clients where capacity concerns are raised almost never include any specific assessment of whether the person has capacity to instruct a solicitor or make representations concerning their immigration case or detention.

Among the most deeply troubling of clinical assessments in FY2026 were those in which our clinicians found the person lacked mental capacity. For these individuals, difficulties with memory and information processing made what was already often a confusing and frightening experience in detention even more difficult to cope with. Our clinicians provided detailed assessments, documenting the individuals' abilities and difficulties, and identifying what support was needed to allow the detained person to participate and be represented in legal processes. These careful assessments by Medical Justice clinicians of the person's needs, vulnerabilities and risks often starkly contrasted with failures by IRC clinicians to identify their vulnerabilities previously.

Medical Justice judicial review – measures to protect detained people lacking mental capacity introduced

Not for the first time, Medical Justice challenged the Home Office's failure to put in place adjustments for detained people with cognitive impairment or who lack mental capacity due to deterioration in detention. This failure was found unlawful 6 years ago yet had remained the reality. The Home Office has done nothing to monitor the scale of the issue, continually stating it was working on it without doing anything meaningful to allow effective participation of detained people who lack capacity. Although we were not given permission to proceed, two protective measures were introduced by the Home Office subsequent to Medical Justice judicial review proceedings and further proceedings by a Medical Justice client;

1. **Immigration decisions not to be served on someone lacking mental capacity who has no legal representation –** this new guidance, disclosed in response to our litigation, states the Home Office should not serve and enforce immigration decisions which carry a right of appeal or avenue to respond with submissions or challenged by judicial review on detained people who have no legal representation and about whom there is a concern – supported by medical evidence – that they lack mental capacity. Sadly, we continue to see instances of detained people in this situation – some who were referred to Medical Justice even got close to being removed from the UK, raising concerns that there may be others in the same position, who we were not aware of, and who were removed.

2. **Independent advocacy service –** In 2026 the Home Office said it would start a 12 month trial introducing an advocacy service for detained people who lack mental capacity, delivered by a charitable advocacy organisation providing support to understand, communicate, or act upon immigration decisions whilst in detention. The Home Office plans to engage with external stakeholders before launching the trial.

Whilst the new guidance and the advocacy service are welcomed and will hopefully protect some detained people to some degree, we will continue to campaign for an end to the detention of people with mental illness, cognitive impairment or who lack mental capacity.

"The IMB has also noted the use of segregation for people with mental health issues, noting that: "Boards regularly observed people with complex mental health needs being held in separation units for prolonged periods: one detained person at Heathrow IRC had yet to be transferred to a local psychiatric unit after five weeks. This is often because of challenges in accessing appropriate mental health beds in the community."

IMB Annual Report 2025

"I saw a man in an IRC who was very confused and distressed suffering from an acute psychosis. He did not have the capacity to understand why he was being held in an immigration removal centre. Normally someone who is as unwell as this, would be treated in hospital under the Mental Health Act. He was not benefiting from his medication which he took intermittently as he did not understand what it was for. He experienced all the distress of detention without the balance of the benefit of effective treatment which would ease his psychosis and improve his insight. Lost in a no man's land, his mental health was deteriorating.

I found it hard to accept I was unable to sort this out. Normally in my role as an NHS consultant I would have the ability to ensure he had the correct treatment in the most appropriate setting. The situation was shocking but perhaps not surprising to me given what we have long known about the detrimental effects of detention on mental health"

Dr Jonathan, volunteer consultant psychiatrist

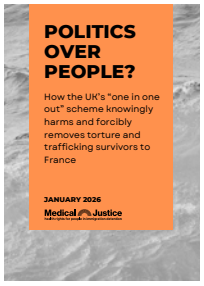
Medical Justice research

The platform for our advocacy work, available for others challenging detention

ONGOING

Medico-Legal Report (MLR) audit

The audit collates data from clients' MLRs, clinician forms, clinical letters, MLR instructions, IRC medical records, National Referral Mechanism documentation, relevant casework notes and Home Office documents (Rule 35 reports and responses). The audit allows Medical Justice to easily filter its data and to produce statistics and analysis quickly for specific purposes such as research reports, strategic litigation, policy consultation, media work, parliamentary work and in correspondence with the Home Office and monitoring bodies.



PUBLISHED JAN 2025

"'Politics over People' research report"

This report focuses on the 'one-in one-out' scheme (please see above) and is an example of how we can rapidly publish research on a particular theme.

PUBLISHED

Home Office statistics collated from FOI requests

Also available on the Medical Justice website for anyone challenging immigration detention policies are the statistics Medical Justice collates through regular Freedom of Information (FOI) requests on Rule 35 reports, self-harm incidents and ACDT, segregation and use of force.

PUBLISHED JULY 2025

Annual Review on the state of harm and healthcare in UK immigration detention

The review is available for use by those challenging immigration detention policies. It provides an analysis of anonymised data relating to the vulnerabilities of detained people, how they have been treated in detention, their health deterioration while detained, their levels of suicidality, and access to healthcare provision in detention. The review reveals worrying failures in implementation of clinical safeguards in detention – including of the initial healthcare screening undertaken by IRC healthcare staff, medical examinations mandated by Rule 34, reporting of vulnerabilities under Rule 35, and ACDT. The review also highlights the inappropriate use of segregation and the use of force on vulnerable detained people.

Policy work

Securing improvements, transparency and accountability

Medical Justice continued to raise concerns about the experiences of our clients in detention with the Home Office and monitoring bodies such as the ICIBI through regular participation in stakeholder forums relevant to our work. Through our participation in the Asylum Strategic Engagement Group's Detention sub-group, Medical Justice secured a number of policy improvements in 2025. These policy changes may or may not result in improvements in practice. Where practice does not change, this can be challenged – by Medical Justice or others – citing the improved policy. This ensures greater transparency and accountability for Home Office and IRC staff through oversight processes, in investigations (e.g. by the Professional Services Unit, the Prison & Probation Ombudsman and the courts) and reviews by monitoring bodies.

Many of our submissions to Home Office policy consultations in 2025 were made jointly with other NGOs to ensure a clear and coordinated message, including the Helen Bamber Foundation (HBF), Detention Action (DA), the Refugee Council, Bail for Immigration Detainees (BID), Women For Refugee Women (WFRW), Immigration Law Practitioner's Association (ILPA), the Jesuit Refugee Service (JRS), and Gatwick Detainee Welfare Group (GDWG).

Other NGOs often look to Medical Justice to take the lead on submissions regarding policy relating to detention healthcare, the treatment of medical evidence, clinical safeguards, segregation, suicide watch, and use of force.

Our submissions for consultations on Detention Service Orders (DSOs) in FY2026 included:

Detention Service Order	Submission	Issued	Joint submission with	Improvements following our DSO submission – where one of our recommendations was adopted (other recommendations may have been ignored)
Inpatient hospital admissions	June 2025	June 2025	HBF, DA	If a detained person is transferred to a hospice care, they must be released from immigration detention.
Room sharing risk assessment	Feb 2025	Nov 2025	-	Addition of a new section providing greater clarity on the interrelation between the Room Sharing Risk Assessment and medical single occupancy processes.
Care and management of pregnant women in detention	Sept 2025	June 2026	Refugee Council (lead organisation)	Additions in the updated DSO to ensure that access to urgent medical care outside the IRC is facilitated when required, and that staff must review and consider the physical and mental condition of the detained individual as part of the dynamic risk assessment process [during transfers].
Removal from Association and Temporary Confinement	July 2025	Nov 2025	-	• Strengthened: "An individual must not be removed from association or placed in temporary confinement for administrative convenience in advance of an individual's removal from the UK. • More guidance to staff on recognising when disruptive behaviour may be a result of mental health conditions or learning difficulties and how to respond accordingly. • New section added detailing alternatives to segregation, including de-escalation.
Use of Force for Adults in Detention (there had not been a stand-alone DSO in place previously)	July 2025	Nov 2025	BID, WFRW, DA, ILPA, JRS and the Refugee Council	The DSO makes it clearer that use of force must be a last resort and should be avoided as far as possible in the presence of children. It promotes greater consideration of guards removing Personal Protective Equipment (PPE) and states categorically that balaclavas are not part of standard PPE. Staff are called to "recognise that non-compliant behaviour may be a manifestation of vulnerability rather than defiance", and to have an assumption of using professional interpretation.
Detention and escorting: safeguarding children	Jan 2025	May 2026	BID	Includes the need for staff to be proactive and alert to the risk that children may be wrongly assessed as adults.
Handling complaints	July2024	February 2025	-	Includes a strengthened assurance of "the fact that a complaint has been made and is under investigation will not interfere with [...] their treatment whilst in the centre"
Commissioning investigations	April 2023	Sept 2025	-	• Added: debriefs to allow lessons to be learned. • Added: a reference to Care Quality Commission (CQC) Regulation 18 that the healthcare provider/commissioner must notify CQC of all incidents that affect the health, safety and welfare of people who use services.

POLICY WORK

Detention Service Order	Submission	Issued	Joint submission with	NO improvements following our DSO submission
Assessment Care in Detention and Teamwork: suicide watch	June 2025	Feb 2026	BID, JRS, HBF	We highlighted the extremely low numbers of Rule 35(2) reports about suicidality compared to the number of detained people on ACDT and how ACDT failures have featured prominently in inquests of deaths in IRCs – our recommendations were ignored.

DSOs consulted on in FY2026 but not yet published (we do not have visibility whether our recommendations are adopted)

Detention Service Order	Submission	Joint submission with	Yet to be published
Interpretation services	Sept 2025		We highlighted issues based on our casework evidence including clients questioned with interpreters for the wrong language or none at all.
National Escorting Framework for Adults during Escorted Operations;	July 2025	BID, WFRW, DA, ILPA, JRS and the Refugee Council	The DSO makes it clearer that use of force must be a last resort and should be avoided as far as possible in the presence of children. It promotes greater consideration of guards removing Personal Protective Equipment (PPE) and states categorically that balaclavas are not part of standard PPE. Staff are called to "recognise that non-compliant behaviour may be a manifestation of vulnerability rather than defiance", and to have an assumption of using professional interpretation.
Use of Restraint(s) for Escorted Moves	Nov 2025	BID, Beyond Detention, DA, GDWG, JRS, Refugee Council, WFRW	For both DSOs, we emphasized the need for a clear presumption against the use of restraint equipment.
Managing escape or abscond risk within immigration detention	Nov 2025	-	Our recommendations included ensuring that mental ill health is not mischaracterised as presenting an escape risk.
Manual for Escorting Safely (HOMES) Framework for Adults during Escorting Operations	Jan 2026	BID, HBF, DA, GDWG, and JRS	HOMES is a restraint system used by escorting teams on in-country, overseas and charter operations. We recommended greater emphasis on use of force as a last resort.

Strategic litigation

Holding the Home Office to account and compelling change

Our legal action and provision of evidence for others contribute to challenging unlawfulness on the part of the Home Office and/or its private contractors, to clarifying legal standards governing detention, and improving safeguards for individuals held in detention.

Vulnerable disabled people being left homeless on release from detention

Medical Justice provided evidence for BLZ in his judicial review of Home Office failure to provide safe and suitable accommodation for disabled people on release from detention. The court's findings in a judgment in early 2025 included that there was an unlawful failure by the Home Office to have arrangements in place and an unlawful 'policy gap' regarding identifying whether a person had eligible care needs. Medical Justice is set to be consulted on revised policy.

Supreme Court refuses Home Office permission to appeal in Medical Justice's Judicial Review of the Second Opinion policy

In March 2025 the Court of Appeal upheld the High Court's finding that there had been an unlawful failure by the Home Office to consult with Medical Justice on its policy regarding the treatment of adults at risk in detention. The Home Office sought to appeal this decision, but was refused permission by the Supreme Court on 4th July 2025.

Although the Home Office often does consult NGOs on detention policies (and when it does, Medical Justice has sometimes been able to secure policy improvements, making them less harmful for thousands of detained people – see the Policy section above for examples), sometimes it does not consult – as with the Second Opinion policy – closing the door to the possibility of improving a policy before it impacts the detained people subject to it. Now the Home Office must always consult us and so the door to policy improvements is permanently wedged open. Other NGOs have since successfully used 'our' precedent in their litigation.

> ***"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."***
>
> **Solicitor representing Medical Justice**

Medical Justice granted Core Participant status in the COVID inquiry

Although we were granted Core Participant status, our application for funding was rejected so we were unable to proceed. We were able however to participate in a round-table discussion in May 2025 with other experts in healthcare in custodial settings and raised awareness of difficulties faced by detained people held in solitary confinement for months on end.

Challenge to the ongoing failure of Home Office safeguards to prevent mistreatment

In April 2025 Medical Justice provided evidence for our client who was detained as part of the Rwanda round-up in 2024. Correspondence between APPG Chair Bell Ribeiro-Addy MP and the Immigration Minister Angela Eagle MP regarding little progress in implementing the Brook House Inquiry recommendations was also referred to in the case. The case was dismissed at first instance and permission to appeal has been granted with the hearing set for December 2026.

Joint intervention with BID in the European Court of Human Rights, ASK

Our client, ASK who had psychosis and was detained for several months whilst waiting for transfer to a psychiatric hospital. We are waiting for the case to be heard.

Medical Justice judicial review challenging lack of provisions for detained people lacking mental capacity

Following our litigation and litigation by a Medical Justice client for which we provided evidence, some provisions are now being made by the Home Office – see section "Medical Justice judicial review – measures to protect detained people lacking mental capacity introduced" above for details.

Parliamentary work

Raising parliamentary awareness, influencing legislation, promoting scrutiny of the Home Office

Border Security and Asylum Act

The Border Security, Asylum and Immigration Act 2025 repealed the Safety of Rwanda Act and much of the Illegal Migration Act (IMA) but left several harmful provisions from the IMA and the Nationality and Borders Act (NABA) intact. These include expanded detention powers, reduced protections for modern-slavery survivors, automatic inadmissibility for claims from certain countries, and provisions that could introduce rushed, unfair procedures in detention such as accelerated appeals and priority removal notices.

Feb – Nov 2025: Medical Justice worked with others to call on MPs and Peers to amend the Bill, repeal the IMA in full, and repeal concerning provisions of NABA. Our briefings and evidence included:

- Written evidence for Commons Committee Stage – the Detention Taskforce, co-chaired by Medical Justice
- Joint written evidence for Commons Committee Stage – with Detention Action and BID
- Joint briefings for Commons Report Stage, Second Reading and Committee Stage – Coalition for Asylum Rights and Justice (CARJ), including Medical Justice

Time limit amendment – along with Detention Action, BID and ILPA we briefed parliamentarians on a proposed amendment to the Bill which would introduce a 28-day limit on detention, a key BHI recommendation. The amendment was debated in the Lords in September 2025. It was not pushed to a vote, though the debate offered a useful opportunity to raise concerns about detention.

Joint Committee on Human Rights – legislative scrutiny of the Bill – Medical Justice and BID made a joint submission which was directly cited in the report by the Committee who adopted the same recommendations as ours.

APPG: All-Party Parliamentary Group on Immigration Detention

Providing a parliamentary platform for NGOs and experts by experience, amplifying our collective impact

Private meeting with the Minister

In March 2025, APPG members and Medical Justice (as APPG secretariat) met with the then Minister for Border Security and Asylum, Dame Angela Eagle MP, raising concerns about the ongoing expansion of immigration detention, the lack of implementation of BHI recommendations, and detention-related aspects of the Border Security, Asylum and Immigration Bill 2025.

Photo: APPG members visiting Heathrow IRC

APPG visit to Harmondsworth IRC

Following the HMIP finding conditions were the worst their inspectors had seen at Harmondsworth IRC in 2024, the APPG on Immigration Detention visited in July 2025. The APPG delegation visited the IRC, met senior Home Office officials and contractor staff, held discussions with detained men, and toured key facilities. We arranged a briefing prior to the visit by BID, JRS, and Medical Justice regarding NGOs' key concerns at the IRC. The APPG Chair followed up with the Minister on various concerning issues identified during the visit.

APPG public meeting

In March 2025 we organised a public meeting hosted by the APPG at which HMIP and an expert by experience spoke – please see "Dangerous detention conditions becoming 'more acute' in 2025" section above for details.

'One-in one-out' private briefing meeting for APPG members

As the APPG's secretariat, Medical Justice organised a private briefing meeting for parliamentarians in November 2025 to increase understanding of the one-in one-out scheme's impact on detained people, as well as concerns around its longer-term implications for refugee protection in the UK. MPs participated as well as clerks from the Home Affairs Committee (HAC), Joint Human Rights Committee (JCHR) and the Commons Library. ILPA spoke about the poor provision of/access to legal advice many detained individuals are facing.

Photo: Carly, Dr Rachel B and Elspeth from Medical Justice, members of the APPG on Immigration Detention, Hannah from the Gatwick Detainee Welfare Group and Zoe from the Immigration Law Practitioners Association.

Building collective power

Galvanising the medical community and building capacity across organisations by sharing resource and knowledge

Medical Justice actively contributes to building collective power, working collaboratively with those who share our vision, raising public awareness though the mainstream and medical media (see below) and producing and sharing vital evidence of the harm caused by detention that is also used by others in their campaigning.

Medical Justice promotes political empowerment through work to engage parliamentarians and ensure that they hear about the realities of detention. We worked with partners on a campaign encouraging supporters to contact MPs about the harms of the UK-France scheme and ask them to sign an Early Day Motion to scrap the 'one-in one-out' scheme. We also provide a parliamentary platform through events we organise in Westminster, bringing people with lived experience, community members, official monitoring bodies, lawyers and experts together to address parliamentarians directly, priming them to act and amplifying our collective impact.

We recognise the importance of working collaboratively to build our power and effect real change, and so Medical Justice frequently joins with other NGOs, activists, public figures and communities of allyship to share resources and skills to jointly campaign around issues such as the 'one-in one-out' scheme and the use of force of children.

We have connected with medical organisations to include their clinical expertise and influential voice into successful campaigns such as limiting the detention of pregnant women and children.

Medical Justice provides expert training for around 50 clinicians each year in documenting the mental and physical scars of torture and the deterioration of health in immigration detention – the benefits of this expert knowledge builds capacity and understanding beyond our organisation as many of our doctors also work with migrant communities which include people who have been detained.

Coalition for Asylum Rights and Justice (CARJ)

Medical Justice is a part of CARJ whose objectives for 2025 were defending the right to territorial asylum, promoting a fair, effective and humane asylum system, and resisting the use and expansion of detention.

CARJ members' expertise ranges across clinical work, litigation, policy, campaigning and advice provision. Its members are Asylum Aid, Anti-Trafficking and Labour Exploitation Unit (ATLEU), BID, DA, Freedom from Torture, HBF, Islington Law Centre, Medical Justice, Migrants' Law Project and the Public Law Project. We work together (as well as with the wider sector) through legally informed advocacy and, where necessary, strategic legal work to pursue common aims.

In 2025, CARJ met with parliamentarians and policy think-tank advisors to better understand how to influence government policy. CARJ discussions on the UK-France deal and other topics have enabled us to share expertise, and legal advice, avoid duplications and strategise jointly to make the best use of our collective resources in striving for real impact.

Photo: Joint event with the British Medical Association (BMA) with speakers from the BMA and Medical Justice.

Anti-trafficking work

Challenging the dismantling of modern slavery protections

Medical Justice – Chair of the Taskforce on Survivors of Trafficking in Immigration Detention

The Taskforce undertakes specialist advocacy work, drawing on the expertise of its 18 member organisations who work with survivors of trafficking and towards ensuring none are treated as immigration offenders and detained. The Taskforce's members are: Medical Justice (Chair); Focus on Labour Exploitation (FLEX, Coordinator); After Exploitation; ATLEU; Anti-Slavery International; Association of Visitors to Immigration Detainees; BID; Beyond Detention; DA; Duncan Lewis Solicitors; Every Child protected Against Trafficking (ECPAT UK), GDWG; HBF; Hibiscus; JRS; Latin American Women's Rights Service; Snowdrop; and Unseen.

CURRENT PROJECT

Resisting the dismantling of protections and documenting the impact on detained trafficking survivors

The aim of the project is to reverse and resist recent and proposed rule changes which represent continued dismantling of protection for trafficking survivors. Our research will document the impact of the September 2025 removal of right to request reconsideration of negative reasonable or conclusive grounds decisions in the National Referral Mechanism (NRM) for people it intends to remove to countries that are signatories of the Council of Europe Convention on Action against Trafficking in Human Beings (ECAT) and the European Convention on Human Rights (ECHR), which the High Court recently found to be unlawful. Our evidence will also be used in response to May 2026 rule changes regarding the impact of timing of disclosure on credibility assessment and proposals for forthcoming legislation.

This work includes challenging the narrative used to justify the rule changes that people are "abusing" the modern slavery system to block their removal and to make "vexatious claims" of trafficking. Many survivors experience multiple and significant barriers to disclosure, including the impact of trauma the person has experienced. Additionally, they may not recognise themselves as a victim of modern slavery or be reluctant to be identified as such, may not understand what is happening to them, and may be distrustful of authorities.

We aim to provide solid evidence for advocacy around provisions in the Immigration & Asylum Bill 2026 and in amendments to Modern Slavery guidance including addressing barriers to disclosure, the NRM process and decision making, and the Home Office's identification process before and during detention, as well as the impact on detained people of removal of the right to request reconsideration of negative decisions.

We are collaborating on research and advocacy for this project with HBF, Anti-Slavery International, ATLEU, BID and Focus on Labour Exploitation (FLEX).

Media coverage

Shifting the narrative, influencing parliamentarians and government

1st April 2025 **British Medical Journal**

7th April 2025 **British Medical Journal**

5th May 2025 **Guardian**

15th Sept 2025 **Guardian**

16th Sept 2025 **Guardian**

18th Sept 2025 **Independent**

17th Oct 2025 **Independent**

30th Oct 2025 **Byline Times**

18th Nov 2025 **Guardian**

26th Nov 2025 **Independent**

16th Nov 2025 **Guardian**

15th Dec 2025 **Guardian**

9th Jan 2026 **Byline Times**

19th Jan 2026 **Guardian**

22nd Jan 2026 **Le Soir**

28th Jan 2026 **Independent**

28th Jan 2026 **British Medical Journal**

Why Medical Justice is needed more than ever

To provide medical evidence to challenge greater harm on the horizon and to assist individuals affected

Detention to expand by 40%

The government has re-opened and is expanding Campsfield House IRC near Oxford and Haslar IRC near Gosport. Campsfield had previously operated from 1993 until it was closed in 2018. It re-opened in December 2025. Despite a long history of issues including riots, roof-top protests, fires and hunger strikes, the contract has been awarded to Mitie again. We have a referrals route through Asylum Welcome who are visiting people detained at Campsfield, as they did when it was open before 2018. We also have local volunteer clinicians and experienced clinicians who visited clients at Campsfield prior to its 2018 closure.

'Return hubs' / more restrictive interpretation of Articles 3 and 8 of the ECHR

The Council of Europe's Chișinău Declaration gives governments greater political cover to process requests for international protection in a third country and to remove rejected asylum seekers to third-country "return hubs". The government said in November 2025 that it was in "active negotiations" with several countries including Egypt, Ethiopia, Libya, Rwanda, Uganda and Uzbekistan. The declaration also seeks a more restrictive interpretation of Articles 3 and 8 of the ECHR, (the protections against torture and inhuman treatment, and the right to private and family life), specifically in relation to deportation and removal.

Wider measures announced in November 2025 are set to increase detention and deportation

The government has re-opened and is expanding Campsfield In November 2025 the Home Secretary announced plans that will make the lives of vastly more migrants even more precarious, risking deprivation, exploitation, and criminalisation, leading ultimately to more immigration detention including:

- **Making it more difficult to get asylum / increasing the risk of deportation –** denying appeal rights in certain cases.
- **Further harshening the hostile environment –** plans include severely curtailing family reunion rights, increasing family removals, restricting the nature of refugee status, revoking the duty to accommodate asylum seekers, making many asylum seekers wait up to 30 years for long-term residency and eligibility for benefits and social housing.

Immigration & Asylum Bill 2026

Provisions Medical Justice will be challenging, together with partners including CARJ and the Detention Taskforce:

Survivors of trafficking – medico-legal reports will be almost routinely required by all survivors – The legislation will further tighten areas where the government says that the modern slavery system has been "abused by those vexatiously seeking to block their legitimate removal from the UK", including survivors being disbelieved or disqualified from protection because of the 'late' timing of their disclosure. The Home Office is also seeking to increase yet again the evidential requirements on survivors, saying that reasons for delayed disclosure must be documented at the time and supported by professional insight, such as an expert medical report in order to evidence their claim and have it accepted. These claims now almost routinely require, for example, a medico-legal report (and often the only realistic chance of getting one whilst in detention is through Medical Justice, yet our capacity is very small in comparison to the demand). At the same time, the Home Office has also been significantly reducing the timescales that people are given to provide this evidence, as well as making it more difficult to apply for reconsiderations of negative decisions.

'Independent Immigration Appeals Authority' / fast-track – fears for how medical evidence will be treated – The Home Office plans for the first tier asylum and immigration tribunal to be replaced with an appeals body that sits within the Home Office, with the aim of speeding up removals. Judges will be replaced by mostly non-legally qualified adjudicators to speed up decision making. Our concerns include whether the new adjudicators will have the required expertise to consider medical evidence and who will train them. In addition to the vast complexities of immigration and asylum law, there is also a need for adjudicators to be trained on how to interact with particularly vulnerable witnesses, including understanding trauma, mental health issues, learning difficulties and language barriers, and how vulnerabilities may affect evidence-giving. We are particularly worried about the suggestion that a shared set of expert materials could be used.

New powers are planned to fast-track appeals from 'late claimants' and those facing removal, which may make it even more difficult for people to find legal representatives with the capacity to take cases on short timescales. The previous iteration of detained fast-track was found to be unlawful as it was too fast to be fair, and could not be made to be fair. Medical Justice will focus on the treatment of medical evidence, and the amount of time and resources needed to produce it. Robust medical evidence could be the only means for people to challenge their fast-tracked removals.

Pilot deporting 150 families with children / Family Returns policy including use of force on children

Litigation to which Medical Justice provided evidence alongside our campaigning, resulted in the ban on use of force on children for the purpose of removing them from the UK in 2013. The Home Office's proposed new Family Returns policy means – amongst many other alarming aspects – reversing that ban. Its justification is summed up as: "[...] when returns fail as a result of a child's non-compliance, there are considerable financial costs ... an enforced return for a family of three is estimated to cost c.£96,000 [...]. As a matter of fairness, we need to prevent enforced returns failing". The Guardian reported that a father was already threatened with the use of handcuffs on his children if they did not accept a "voluntary" return.

In challenging the proposed new policy, Medical Justice will be working with all those who helped establish the 2013 ban and those involved in establishing the time limit on detaining children prior to that.

Contribution Medical Justice can make to bringing about the needed change

With such significant changes being made by the government, and the Home Office's track record of making policy change without informing stakeholders in advance, it is crucial to be able to spot new developments as early as possible and to communicate with lawyers and our partner NGOs. Our casework and our MLR audit allows us to recognise and highlight new policies quickly and engage authoritatively in policy discussions based on our expertise on immigration detention and how and why mistreatment of detained people occurs.

Medical Justice is one of the relatively few NGOs working directly with detained people so our intel is often sought by monitoring bodies, journalists, lawyers and parliamentarians wanting to know what is happening behind closed IRC doors.

The expansion of detention that the government plans entail will inflict more severe harm to men, women and children, and the government has not disputed the substantial evidence of this. Yet, chillingly, the Home Office has purposefully weakened its already failing clinical safeguards. Clearly, increasing detention whilst weakening safeguards means severely harming more people. This harm is not accidental.

Many of the government plans mean that medical evidence is set to be more crucial than ever, yet without increased funder support, Medical Justice cannot meet current demand, let alone the increased need.

Developing and strengthening Medical Justice

Increasing effectiveness in all that we do

Medical Justice has done well as a small charity to see as many detained clients as it has, to have become the UK's recognised expert on the damaging effect of detention, and for its advocacy work to have affected much lasting change. This has been achieved without any dedicated operations or fundraising staff positions.

We now need to also focus on challenges to our work posed by the increased number of potential risks from various directions, including security issues. We want to grow the organisation so that we can achieve more, but first we must strengthen it. To this end we created a new Head of Operations position and recruited Imogen in Oct 2025.

Safety issues

The febrile climate around the Home Office placing asylum seekers in hotels, the extensive far-right demonstrations and the spot-light on the 'one-in one-out' deal all led to a heightened risk for Medical Justice, other NGOs and of course our client group. A number of charities had to close their offices and services. Given previous death threats and a serious arson attack on the Medical Justice office, we are looking for a more secure location.

New role: Head of Operations

"It has been inspiring to join Medical Justice and witness the dedication and breadth of expertise across our staff and volunteers. In my new role as Head of Operations, I am leading a range of projects to strengthen organisational development and support our teams to continue delivering high-impact work.

Our staff and volunteers work closely with clients who have experienced significant health harms in detention and the effects of dehumanising policies. In this context, providing robust psychosocial support is essential. We offer clinical supervision, one-to-one counselling, and wellbeing resources. We are building on this support by collating a varied list of providers that staff can approach, all of whom have experience working with those in the sector and therefore an understanding of the challenges of working in this space.

We have also begun strengthening monitoring and evaluation by refining our theory of change and developing an impact framework. The organisational risk register has been updated to reflect emerging risks, including far-right activity and the increasing use of AI. In parallel, we are developing internal AI guidance to ensure the protection of client data and privacy.

With external support, we are reviewing our client database and data protection processes to ensure effective and compliant use of information. Safeguarding processes for both clients and staff are also being reviewed alongside developments to our internal reporting systems.

Finally, we have begun developing a Professional Development Framework to support staff and line managers in having meaningful development conversations, creating opportunities for growth while advancing the work of Medical Justice."

Imogen, Head of Operations

Volunteer Interpreters

Helping to ensure we reach vulnerable detained people who may not understand what is happening to them

Throughout FY2026 we were fortunate to have a wonderful team of volunteer interpreters working with us, including interpreters who have lived experience of the hostile immigration system. Our volunteers 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 Arabic, Kurdish Sorani, Mandarin, Polish, Portuguese, Punjabi, Tamil and Vietnamese.

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 FY2026 we held two training sessions for new volunteer interpreters and were delighted to have many interested new volunteers join us.

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.

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 or for an application form, please contact interpreting@medicaljustice.org.uk

> ***"Medical Justice gives vital support to people who are in detention – they give people a sense of hope, knowing that someone is out there trying to help them get out of the detention and move on."***
>
> **Volunteer Medical Justice interpreter**

Lived Experience

Holding ourselves accountable to the communities affected by detention

The system that lands people in immigration detention is built upon xenophobia, controlling the movement of people – mostly people of colour – into the UK through repressive legislation. We know that fundamental change entails exposing the true origins and practice of the immigration system – Medical Justice is working with others to call into question the whole basis of immigration detention and to delegitimise it through our evidence-based advocacy work. We are live to the fact that meanwhile aspects of our work involve working within this system.

The fundamental changes we seek to begin dismantling the damaging system include transfer of power both beyond and within our organisation to people with lived experience who have the real understanding of the true impact this repressive system.

Accountability to the communities we serve is paramount: it goes beyond discussion and must include a shift in power whereby people with lived experience of immigration detention are involved in setting the strategy as well as operationalising it.

Photo: Public meeting in parliament organised by Medical Justice – people with lived experience ask questions, demand answers and hold a senior Home Office official on the panel to account.

Medical Justice was founded in 2005 by a man with lived experience of detention

We have had trustees with lived experience ever since.

Bridget, 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 a charity working with refugee and asylum seeking young people.

Medical Justice 6 month paid Casework Traineeship ring-fenced for those with lived experience of detention

Our priority is to employ people with lived experience at all levels so they have power and influence. We are aware that many people with lived experience face challenges in finding employment in the sector including because of limited employment experience due to interruptions in their lives caused by the hostile environment and detention. To address this Bridget, our Vice-Chair, led an initiative to establish our 6 month paid Caseworker Traineeship programme in 2025, aimed at providing missing employment experience whilst bringing the trainee's lived experience insights to our work. We have undertaken a full evaluation of the traineeship to help us reflect and bring the learnings from the traineeship into the next initiative that Medical Justice develops.

Lived Experience Advisory Group: detention policy consultation

We are establishing a group of people with lived experience, including former Medical Justice clients, to shape our work on detention policy consultations. This is a key area of work where being led by the insights and direct experience of those with lived experience is crucial and where Medical Justice makes tangible, positive differences to detention policy that can affect the way tens of thousands of detained people are treated every year. Enhancing this work can bring an enormous and meaningful impact in a relatively short period of time.

Developing further initiatives

We have secured dedicated funding to further develop our strategy to increased lived experience at all levels of the organisation and in particular in the staff team to ensure decision-making power. This will refine our understanding of the ongoing needs of both Medical Justice and of people with lived experience so that we can develop sustainable and effective new initiatives that centre their voices and knowledge. This includes working with and learning from other organisations and partners, with the hope that we can also support and contribute to wider progress across the sector.

"Medical Justice has truly been exceptional in valuing and recognising leadership from lived experience"

As a school student, Janahan (photo 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 helped launch the All-Party Parliamentary Group (APPG) on Immigration Detention, 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. "

"Medical Justice are doing more than most to centre people with direct experience of detention; this is meaningful engagement, not performative."

Medical Justice donor

We recognise the disproportionate impact of immigration detention on people facing racism and structural inequality and are committed to being an actively anti-racist organisation.

Finance Overview

Facing our biggest ever funding deficit, we are taking measures to ensure the challenge does not turn into a crisis

The financial year ending 31st January 2026 (FY26) was more challenging than the previous year: our costs increased and – as anticipated – our income decreased. We still finished with a modest surplus, albeit greatly reduced from £184,484 in FY2025 to £37,798 in FY2026. The coming year – FY27 – is set to be considerably more challenging.

On the topline, we had anticipated that our income would decrease as our second largest funder in our history ended funding work to challenge immigration detention in the UK and later in the year another large funder that has funded us for 16 years closed its programme whilst it re-strategises. This follows losing our largest funder in our history in FY25 and another significant funder who closed its programme whilst it re-strategises and has not yet re-opened.

On the bottom line, our costs rose as predicted in FY26 as we hired more doctors earlier in the year. Our costs would be significantly higher had it not been for the fantastic and substantial contribution of our team of dedicated volunteer clinicians and interpreters.

The outlook is challenging: costs are increasing with a continuing overall difficult macroeconomic backdrop and funding is getting harder than ever to secure.

At the time of writing (July 2026), we face a deficit of up to £93,635 in FY2027. In FY2028 our deficit could be anywhere between £187,700 and £457,700 depending on the outcome of funding applications. There could be scope for reducing that deficit further if we were to be very fortunate with finding funding. The magnitude of the potential deficit is undeniably concerning and is largest we have ever faced in the organisation's history.

The reasons the funding landscape has become immensely difficult for Medical Justice and others in the sector are numerous: some funders have ended funding the challenging of immigration detention, a number have closed down their programmes to review their strategy – which may or may not mean that Medical Justice continues to fit their criteria when they re-open for grant applications, some funders have shifted their focus to support small grassroots community led campaign groups, many funders have much less funds to give, and the competition for the lesser amount of funding available has become intense. It has become very hard to forecast predicted funding application success rates. Application cycle times can be long. If an organization gets a string of application rejections for grants that it had high hopes for, it means that reserves can be eaten into and a financial crisis can evolve all too quickly. This underlines the need to maintain our higher reserves level to avoid having to cut activity and make redundancies as a number of charities in this sector have had to.

Another factor behind rising costs is our need to move to a more secure location due to the security threats charities in this sector are facing. We also hope to employ a Lived Experience Co-ordinator and a Fundraiser.

Medical Justice has enjoyed excellent cost management, thanks to the lean structure the charity runs. We are tightly managing our costs, constantly re-assessing our funding pipeline and monitoring our cash-flow. When a member of staff leaves we reconsider our team structure and we have at times had to freeze recruitment to replace an existing role until some funding is either unlocked or looking more secure. Our reserves level is crucial in setting a solid foundation for the charity as we face these challenges ahead.

Medical Justice is blessed with having a number of 'by invitation only' funders and also with funders and private donors who have been extremely loyal and generous, demonstrating their belief in our work.

We would like to sincerely thank all funders and donors as well as all the volunteers who donate their time, energy and compassion. Please don't stop. Many of the government's plans to expand detention mean that medical evidence is set to be more crucial than ever, yet without increased funder support, Medical Justice cannot meet current demand, let alone the increased need.

We would like to take this opportunity to sincerely thank all our funders for their fantastic support, enabling Medical Justice's life-changing casework and impactful advocacy work to change the system.

> ***"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

Summary of Income and Expenditure FY2024

Income	FY2025-26	FY2024-25	FY2023-24	FY2022-23	FY2021-22	FY2020-21	FY2019-20
Donations	31,283	42,100	41,497	30,251	20,060	22,988	31,969
Grants	722,479	753,811	550,465	632,837	465,349	406,694	352,633
Other	14,708	16,208	9,183	1,451	4,201	239	392
MLR* + Training fees	58,749	41,973	36,158	30,736	20,140	53,169	53,002
Income	**827,219**	**854,092**	**637,303**	**695,275**	**509,750**	**483,090**	**437,996**
Donated professional services	59,181	80,816	122,418	149,766	129,932	119,749	222,438
Grand Total	886,400	934,908	759,721	845,041	639,682	602,839	660,434

Expenditure	FY2025-26	FY2024-25	FY2023-24	FY2022-23	FY2021-22	FY2020-21	FY2019-20
Salaries	644,320	541,865	540,324	485,965	371,423	337,626	336,966
Rent and rates	41,783	41,420	37,696	32,371	31,615	25,778	20,679
Volunteer expenses	2,073	2,391	2,040	946	155	485	588
Interpreter costs	22,235	23,790	24,243	30,021	19,580	25,836	8,946
Other running costs	79,010	60,142	67,691	82,859	93,964	74,685	52,652
Running costs	**789,421**	**669,608**	**671,994**	**632,162**	**516,737**	**464,410**	**419,831**
Donated professional services	59,181	80,816	122,418	149,766	129,932	119,749	222,438
Grand Total	848,602	750,424	794,412	781,928	646,669	558,323	633,323
Deficit / surplus	**37,798**	**184,484**	**-34,691**	**63,113**	**-6,987**	**18,680**	**18,165**

Statement of financial activities

	Notes	Unrestricted funds general 2026 £	Unrestricted funds designated 2026 £	Restricted funds 2026 £	Total 2026 £	Total 2025 £
Income from:						
Donations and legacies	3	90,464	-	-	90,464	122,916
Charitable activities	4	675,357	-	105,871	781,228	795,784
Investments	5	14,708	-	-	14,708	16,208
Total income		780,529	-	105,871	886,400	934,908
Expenditure on:						
Raising funds	6	569	-	-	568	360
Charitable activities	7	742,163	-	105,871	848,034	750,424
Total expenditure		742,163	-	105,871	848,602	750,424
Net income		37,798	-	-	37,798	184,484
Transfers between funds		10,000	(10,000)	-	-	-
Net movement in funds	9	47,798	(10,000)	-	37,798	184,484
Reconciliation of funds:						
Fund balances at 1 February 2025		472,866	135,000	-	607,866	423,382
Fund balances at 31 January 2026		520,664	125,000	-	645,664	607,866

Thank you

Staff during FY2025

Name	Role
Dr Ali	Clinical Assessor
Dr Angela	Responsible Officer
Anthony	Office Manager
Ariel	Researcher
Carly	Caseworker
Dashini	Casework Traineeship
Eliza	Caseworker
Elspeth	Parliamentary & Research Analyst
Emma	Director
Imogen	Head of Operations
Dr Iona	Clinical Assessor
Lisa	Senior Caseworker
Dr Liz	Clinical Advisor
Dr Mary	Clinical Trainer
Dr Mma	Clinical Assessor
Naomi	Caseworker
Dr Norma	Clinical Assessor
Dr Peter	Clinical Trainer
Dr Rachel	Clinical Advisor
Rachel	Head of Advocacy
Rubina	Caseworker
Dr Sara	Clinical Assessor
Dr Sarah	Clinical Assessor
Theresa	Head of Casework

Trustees

Name	Role
Dr Ruth (retired Psychiatrist)	Chair
Bridget (refugee charity CEO)	Vice-Chair
Janahan (Sanctuary Project Officer, King's College London)	-
Dr Linda (Non-Executive Director at Hillingdon Hospital)	-
Phil (barrister)	-
Prof. Cornelius (Hon Professor in the Division of Psychiatry at University College London)	-
Sarah (solicitor and founding partner of Deighton Pierce Glynn)	-
Dr Juliet (forensic physician and Fellow of the Faculty of Forensic and Legal Medicine)	-
Anna (lawyer, Equity)	-
Pranavan (Senior AI Engineer)	-
Xiao (quantitative research director for a large international hedge fund)	Treasurer

"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

Visitors groups supporting our clients

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, ensured that they reached us, and worked collaboratively with our casework team to progress our clients' cases.

In FY2026 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.

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.

Oxford University Border Criminologies
African Rainbow Family
Royal College of Nursing
Turpin Miller
Micro Rainbow
Dr Brodie Patterson
Duncan Lewis Solicitors
On The Tin Limited
ECPAT UK
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
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
Helen Bamber Foundation
Royal College of Midwives
Immigration Law Practitioners Association
INQUEST
Royal College of Psychiatrists
Islington Law Centre
Jesuit Refugee Service UK
Scottish Detainee Visitors
Beverley Costa and the Pasalo Project
Beyond Detention
Landmark Chambers
Bhatt Murphy Solicitors
Liberty Investigates
British Medical Association
Trauma Treatment International
City Of Sanctuary
Coram
Matrix Chambers
Deighton Pierce Glynn
Médecins Sans Frontières
Wilson Solicitors LLP
Detention Action
Women For Refugee Women
Doctors of the World
Migrants' Law Project
Zora Jackman
Doughty Street Chambers
People Choreographer
Clear Honest Design
Hibiscus Initiatives

Volunteer clinicians

Dr Aideen
Dr Carol
Dr Christopher
Dr Clare
Prof. Cornelius
Dr Elizabeth
Dr Euthymia
Dr Florence
Dr Frances
Dr Glori-Louise
Dr Helen
Dr John
Dr Jonathan
Dr Katie
Dr Kitty
Dr Leroy
Dr Martin
Dr Michael
Dr Miriam
Dr Myra
Dr Oliver
Dr Paul
Dr Petra
Dr Polly
Dr Pratheep
Dr Rachel H
Dr Roger
Dr Ross
Dr Saati
Dr Sophie
Dr Stania
Dr Tahera
Dr Tamsin
Dr Teresa
Dr Thanos
Dr Thelma
Dr Tim

Volunteer Interpreters

Aga
Aishah
Alexandra
Amirhossein
Anei
Charanjeet
Cindy
Giay
Hadda
Hoai
Kalpana
Lucy
Marie
Mehdi
Mengning
Monica
Rachel C
Raheda
Saba
Sabri
Sankavi
Serra
Vanessa
Xin
Zeina

Funders

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

Donations

We are extremely grateful to all the donors who make our work possible. Some donate £5 a month, some hundreds – it all counts and enable us to reach more vulnerable people. Incredibly, a couple of people donate thousands of pounds.

Special thanks to:
Bhatt Murphy Solicitors who kindly donated £4,700

To the anonymous person who donates £1,000 every single month

You have chosen to be anonymous so we don't know who you are to be able to thank you directly. Please know that we are truly grateful for your kindness. Your £1,000 a month covers:

- ✓ **A whole year's travel costs –** this means getting all our paid and volunteer clinicians to IRCs to visit clients
- ✓ **A whole year's emergency accommodation costs for vulnerable clients on release from detention –** for clients at imminent medical risk or at risk of re-trafficking, we find and pay for a night or two in a bed & breakfast. Your kindness has kept a number of such clients safe for the night.
- ✓ **3 months of our paid interpreters costs –** this means we are able to reach out to the most vulnerable clients who do not speak English and ensure they are able to communicate their needs to our clinicians and caseworkers.

June 2025 London Legal Walk

A dedicated team of intrepid staff, volunteers and trustees set off on the annual London Legal Walk in June 2025. Special thanks also to Dr Aideen for their incredible fundraising efforts yet again, and to all walkers who raised an incredible £5,880 in sponsorship for Medical Justice !

Possibly the most significant systems change to make the migration and asylum process more humane is to end the severe mental and physical harm caused by detention. This 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.

The need to end the severe harm caused by immigration detention is urgent – 22,996 men, women and children were held in detention in 2025 and they are at imminent risk in IRCs: in 2023 a public inquiry found that dysfunctional clinical safeguards led to a near-routine level of incidents that could amount to inhuman and degrading treatment, in 2024 HM Inspector of Prisons found that detention conditions in Harmondsworth IRC were the worse they have ever been, and the Independent Monitoring Boards report on 2025 warned that "longstanding issues are not only unresolved but are becoming more acute".

Disturbingly, the government has detailed its plans to expand immigration detention by 40% and to make changes to clinical safeguards that will decimate them, in the knowledge of the severe harm this will cause. The harm cannot be described as accidental.

Recent government policy announcements and draft legislation include plans to dismantle modern slavery protections, accelerate processing prioritising speed over quality of asylum decisions, ramp up deportations, and create off-shore 'return hubs'.

There are plans to use force on children and handcuff them to achieve more removals and a raft of planned measures that will further harshen the hostile environment, leading to increased precariousness, risking destitution, exploitation, detention and deportation. The situation is truly troubling.

How to get involved

CLINICIANS
Doctors, psychiatrists, and psychologists can visit people detained by immigration and/or assist remotely. We hold Medical Justice clinicians training days about twice a year.

INTERPRETERS
Needed to speak to detained people on the phone or visit with doctors. We especially need speakers of Albanian, Arabic, Kurdish, 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: 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
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!

Company registration no. 6073571
Registered charity no. 1132072

Bank: CAF
Sort-code: 40-52-40
Account number: 00021167

General inquiries:
info@medicaljustice.org.uk
Medical inquiries & referrals:
med@medicaljustice.org.uk
Media inquiries:
media@medicaljustice.org.uk
07786 517379

Phone: 0204 551 1280
Fax: 0044-207-900-3346
Website: www.medicaljustice.org.uk
Post: 86 Durham Road, London, N7 7DT

Medical Justice

health rights for people in immigration detention