

Charity registration number 1132072 (England and Wales)

Company registration number 06073571

MEDICAL JUSTICE NETWORK LIMITED
ANNUAL REPORT AND UNAUDITED FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 JANUARY 2025

MEDICAL JUSTICE NETWORK LIMITED

LEGAL AND ADMINISTRATIVE INFORMATION

Trustees	L M Burke	
	J Sivanathan	
	B Banda	
	R Talbot	
	P Haywood	
	P Balachandran	(Appointed 12 June 2024)
	A Shea	(Appointed 30 May 2024)
	S Ricca	(Appointed 21 May 2024)
	X Lu	(Appointed 21 May 2024)
	J Cohen	(Appointed 21 May 2024)
	C Katona	(Appointed 21 May 2024)
Secretary	E Ginn	
Charity number	1132072	
Company number	06073571	
Principal address	86 Durham Road London N7 7DT	
Registered office	86 Durham Road London N7 7DT	
Independent examiner	F J Wilde FCCA MBA DChA Warner Wilde 4 Marigold Drive Bisley Surrey GU24 9SF	
Bankers	CAF Bank Limited 25 Kings Hill Avenue Kings Hill West Malling Kent ME19 4TA	
	TSB Bank	

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TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2025

The trustees are pleased to present their annual directors' report together with the financial statements for the year ended 31 January 2025, which are also prepared to meet the requirements for a directors' report and accounts for Companies Act purposes.

The financial statements have been prepared in accordance with the accounting policies set out in note 1 to the financial statements and comply with the charity's governing document, the Companies Act 2006 and "Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019)".

Objectives and activities

Summary of the purposes of the charity;

- The advancement of health or the saving of lives by preserving and protecting the physical and mental health of those held in immigration removal centres through:
 - Reviewing, monitoring, visiting, carrying out research and facilitating access to medical, health and social care.
 - Supporting and compiling medical evidence for the release from immigration detention of vulnerable detainees who have suffered torture, rape, institutional abuse and/or violence, traumatic incarceration or other abuse.
- The relief of those in need by reason of financial hardship by providing them with and facilitating the provision of legal advice and representation;
- The advancement of human rights by monitoring of and conducting research into abuses of human rights, raising awareness of and promoting public support for human rights issues, eliminating infringement of human rights, obtaining redress for and relieving need among the victims of human rights abuse.
- The advancement of the education of the public about the position and treatment of people in immigration detention and encouraging dialogue, consultation and negotiation.

The trustees have paid due regard to guidance issued by the Charity Commission in deciding what activities the charity should undertake.

Director's report

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

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

Our casework team and volunteers pulled out all the stops to support our 48 clients targeted for Rwanda, whilst our advocacy team furiously raised the alarm in parliament and the medical community. We published a report documenting the harm inflicted on those targeted entitled "You'll see the outside when you are in Rwanda".

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

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

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

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

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

Medical Justice performed well again this financial year. It continues to punch way above its weight thanks to its sizeable and dedicated team of volunteer clinicians and interpreters which enabled it to handle referrals from 508 people in detention in FY2024. The vast majority have been released and many now have leave to remain in the UK. We used our unique medical evidence base in our advocacy work to successfully challenge detention policies, making detention less harmful for thousands of detained people.

We were glad to have re-established the All-Party Parliamentary Group on Immigration Detention in the new parliament as cross-party scrutiny is ever more needed, especially with the Labour super-majority.

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

We thank our funders and all who contribute so much to enabling Medical Justice to shine bright in dark days. Our work has never been more needed and we are determined to carry on, to do more, to further develop our skills and effectiveness. Please help us make it happen.

Emma Ginn
Director

About immigration detention - 20,604 men, women and children were detained in 2024. Immigration detention is indefinite, despite not being part of any criminal sentence. It is not ordered by a judge and is optional. 12% more people were detained in 2024 than in 2023 and were held in mainstream prisons, short-term holding facilities and immigration removal centres (IRCs) in the UK, largely run by private companies. On 31 December 2024, 1,940 people were in detention. Most people were eventually released back into the community, calling into question why they had been detained. Many were harmed in the process.

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

Issues encountered in detention include:

- Torture scars and medical conditions are often not properly documented - and often not considered in individuals' cases
- Inadequate healthcare - despite people having complex medical needs, compounded by detention exacerbating medical conditions
- Ineffective safeguards - vulnerable people left to deteriorate, impacting their mental and physical health
- Damage to mental health - detention can be the cause of mental illness, untreatable in detention
- Excessive and dangerous use of force - normalisation of the infliction of pain, suffering and humiliation
- Inhuman and degrading treatment - toxic culture leading to dehumanising abuse of detained people
- Inappropriate use of segregation : including to 'manage' distress and symptoms of mental illness
- Deaths in detention : Medical mistreatment is rife and inquests have found that neglect has contributed to deaths, including an 84 year old who died in handcuffs.

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. Even though the hungerstriker was on the verge of organ failure, the Home Office refused to transfer him to hospital until a High Court judge ordered it to do so, having considered the doctor's report. After being discharged from hospital, he and others who had been detained, together with campaigners and doctors formed Medical Justice to assist others in detention and change the system.

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.

Strategic Objectives

1. More people in detention have access to the support they need to access their health rights
2. Policy and legislative changes which increase health harms of immigration detention are resisted
3. Improved practice in detention facilities by holding to account and influencing
4. Increase awareness of the harms of detention alongside a momentum for change
5. Medical Justice evolves into a more sustainable, learning and effective organization.

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

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

Of a set of 73 detained clients assessed in 2024

- 82% were torture survivors
- One was detained for 2 years
- 91% had PTSD or suspected PTSD symptoms and 78% had suicidal thoughts
- For 94% of them, the IRCs failed to properly document their increased risk of suicide
- 90% were released, calling into question the justification for their detention in the first place
- 72% were still detained even after a clinical report from the IRC confirmed the harm this had caused

Activities and performance

Examples of our achievements in the year ending 31st January 2025 are summarized below.

Casework

During the financial year ending 31st January 2024, Medical Justice handled 508 referrals, 36% of which were self-referrals from people in detention. The rest were referred by other non-governmental organisations (NGOs) including visitors groups, legal representatives, friends and family and fellow detained people.

Use of force during hospital visits and while detained people are self-harming

Caseworkers found that force and/or restraints were used on our clients during hospital appointments, and in response to clients self-harming or attempting suicide.

Many lack legal representation

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

Increase in charterflights risks people being removed to the threat of persecution

Since the new government in July 2024 we have been seeing a stark increase in people referred to us who already have 'Removal Directions' and the Home Office chartering private planes to

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remove a large number of people from one country at the same time. The exact flight times is kept secret in order to prevent disruption. Charterflights have included to Poland, Romania, Albania, Vietnam, Brazil, Nigeria and Pakistan.

During the run-up to these flights we get large numbers of referrals for people targeted to be on them. Many have complex health conditions and often long, complicated immigration histories. So many people being threatened with removal at once makes it extremely difficult for us to complete all necessary tasks in time, including gathering previous immigration decisions which may have been left at the person's home address when they were unexpectedly detained. Not knowing the time of the flight means we do not know how much time we have available for urgent work before a removal. We need to find legal representation for them at a time when solicitors' capacity is often already saturated due to working urgently with their existing clients also booked on the same flight. We need to carry out urgent medico-legal assessments for those who need one, but the number of cases means that we do not have enough capacity. Though, thanks to the work of our caseworkers, clinicians - including our fantastic volunteer clinicians - and volunteer interpreters, we were able to do so for many clients in time. This enabled their solicitors to obtain court orders preventing their removal, allowing the client's case to then be fully considered. As charterflight operations continue we fear that people will be removed to the threat of persecution or other human rights breaches due to the challenges of obtaining advice, representation and the needed evidence in time.

Severe mental or physical illness / mental capacity lost due to the toxic impact of detention

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

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

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

Hospital staff serve legal papers on patients removed direct from secure mental health facilities

IMB Annual Report 2024 - the IMB raised serious concerns removing those sectioned under the Mental Health Act directly from those facilities. "Here, they were served legal paperwork not by immigration officials, but by hospital staff, and in all cases individuals waived their legal rights in the process." Previously reported in the Guardian ("Albanian man taken from UK psychiatric ward to deportation flight – report") – "The man signed release documents but the IMB monitors said they were uncertain he knew what he was signing – all the paperwork was in English and they were unclear about his level of understanding."

October 2024 : 26 year old French born Theophile Kaliviotis died at Brook House IRC

Theophile's death came almost a year after an Albanian man who had died days after attempted suicide at Brook House in October 2024. The cause of his death is not yet known and an Inquest is ongoing. Our

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thoughts are with his family and loved ones. In the aftermath of his death people detained at Brook House reported increased distress and feeling fearful and unsafe. Notices circulated to all those detained alongside him by the detention centre warned of taking substances and asked for support to staff, but failed to mention any support available to detained people.

Clinical work

We provided 114 clinical assessments - 101 were done in person by visiting detained clients in IRCs and in 8 cases there assessments were undertaken in our office as the client had been released. 51 visits in 2024 were undertaken by volunteer clinicians. We also provided reviews of medical notes, brief assessments by telephone, and wrote letters and emails to raise concerns about unmet health needs.

Clinical concerns – people detained despite overt psychotic symptoms and high suicidality

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

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

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

Training and volunteer recruitment

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

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

Reviewing

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

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Fetherston, Dr Sophie Quarshie, Dr Myra Stern, Dr Thelma Thomas and Dr Teresa Wozniak.

Designated body for the General Medical Council

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

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

When I joined I was immediately made to feel welcome and it is a very friendly, inclusive, mutually supportive and close-knit team and the ongoing education, training, supervision and practical support is excellent. I would highly recommend it to anyone interested in doing this kind of work." - Volunteer doctor Dr Chris Wood joined our group of volunteer doctors using Medical Justice as a designated body. His experience includes working as an HIV consultant for 25 years, during which he did MLRs for patients' immigration cases relating to their medical needs and has also undertaken forensic reporting for victims of sexual violence.

2024 round-up and detention for Rwanda deportation

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

Between 2nd and 30th May we received referrals for 48 people targeted for Rwanda, on top of existing clients and other referrals. 42 were men who were detained at Harmondsworth, Colnbrook and Brook House IRCs and 7 were women detained at Yarl's Wood. All had claimed asylum on arrival in the UK in 2022. Some were awaiting an asylum interview and others for a decision on their case. Several had family in the UK. Most had been detained on reporting and some arrested from home. Many were handcuffed and many described becoming extremely distressed.

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

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

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recover from their past trauma.

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

Research report : "You'll see the outside when you are in Rwanda" published September 2024

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

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

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

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

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

Brook House Inquiry work

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

Such mistreatment has gone without proper scrutiny until the Inquiry. Home Office and IRC staff, including some who are still in post, and have actually been promoted, were described by the Inquiry as 'unapologetic' and 'intransigent'. BHI found that failures still continue.

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Challenging the Home Office failures to implement BHI recommendations in FY2024

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

- In April 2024 Medical Justice drafted a [detailed analysis](#) clarifying exactly how and why the government's response in March had completely failed to address mistreatment in detention, including key questions for parliamentarians to ask the government, and provided evidence of ongoing abuse in detention.
- We briefed the Home Affairs Committee ahead of its oral evidence session on BHI in May 2024, with our fellow Core Participant the Gatwick Detainee Welfare Group who spoke at the session, and with parliamentarians.
- In our November 2024 bi-lateral meeting with Home Office officials they claimed that detention conditions had changed since 2017. They used the BHI Chair Kate Eves' lack of legal qualifications as part of its grounds of defence against not having implemented certain recommendations from BHI.
- The Home Office's then Director of Detention Services, who has held senior positions since before the BBC undercover filming in Brook House IRC which led to BHI, has been chairing a cross-government group on its response to BHI. Our FOI request for minutes of the group was rejected.

The main safeguard to identify vulnerable detained people and route them out of detention has been weakened

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

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

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

- Submitting [evidence](#) that explained the AAR policy changes in detail and their likely negative impacts for vulnerable people in detention to the House of Lords' Secondary Legislation Scrutiny Committee (SLSC) in May 2024. The SLSC then [issued its own report](#) drawing heavily from our evidence and criticising the changes.
- Jointly with 10 other detention-focused NGOs, publishing a [written briefing for parliamentarians](#) in June 2024, and an updated version in October 2024.
- Working with Labour's Baroness Lister of Burtersett to [hold a debate](#) on the changes in the House of Lords in October 2024. This followed the new Labour government's decision not to withdraw the changes, despite having the option to do so.

NHS England involved IRC doctor heavily criticised by BHI to develop new guidance on safeguarding reports

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

Home Office policy 'consultations' that do not substantially engage with BHI findings

A 'consultation' on Handling of Complaints include no changes sufficient to address BHI recommendations. Meanwhile, the Independent Monitoring Board (IMB) said in its 2024 annual report that detained people are frightened of complaining. The ballooning numbers of Use of Force incidents in 2024 highlighted the urgency of the need for policy improvements. Angela Eagle MP said in November 2024 that it would be published in Spring 2025, but there has been no visible progress.

Meanwhile the Home Office rents huge hangers to train 800 staff in forcing asylum seekers onto planes for Rwanda

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

In September 2024 a man who was a BHI Core Participant won damages

Having had no previous mental ill health, he developed PTSD inside Brook House where he was unlawfully detained for 3 months despite having the legal right to be in the UK. The court accepted weight could be put on the BHI findings and found that he suffered inhuman or degrading treatment predominantly as a result of factors arising from simply being detained in Brook House, so damaging were the conditions there. Evidence from Medical Justice as a Core Participant was key to BHI findings.

Research

Medico-Legal Report audit

This year work began on data collection of clients who had a finalised MLR into Medical Justice's first 'MLR audit'. Data was also collected from IRC medical records and Home Office documents including Rule 35 reports and responses. The audit allows Medical Justice to easily filter its data and to produce statistics and analysis faster for specific purposes such as strategic litigation, policy consultation, media work, parliamentary work and in correspondence with the Home Office and monitoring bodies.

Published Home Office statistics collated from FOI requests

Medical Justice produced a [new resource](#) on its website in December which contains Home Office Immigration Detention statistics collated through our regular Freedom of Information (FOI) Requests. The statistics cover Rule 35 reports, Self-harm incidents and ACDT, Segregation and Use of Force. We hope this will be a useful resource for the those in the sector, monitoring bodies, in strategic litigation, medical bodies and the media. We also hope it encourages others to also publish information they have received through FOI requests.

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Policy work

Medical Justice policy work is based on its medical evidence through casework with people in detention and successes in 2024 include the Home Office incorporating some of our suggestions regarding the Adults at Risk Statutory Guidance, the 'Second Opinion' guidance and Home Office Rule 35 training for IRC clinicians, making detention somewhat less harmful.

Medical Justice becomes chair of the Detention Taskforce - In October 2024 Medical Justice took over chairing the Taskforce on Survivors of Trafficking in Immigration Detention, a coalition of 16 expert NGOs who work directly with survivors of trafficking impacted by detention. In 2024 the Taskforce contributed to an ongoing review of the Care Standards for Survivors of Modern Slavery, led by the Human Trafficking Foundation and the University of Nottingham, carried out advocacy work around policies that harm Survivors of trafficking in detention, and raised awareness of parliamentarians.

The International Covenant on Civil and Political Rights periodic review – we made a joint submission together with Bail for Immigration Detainees (BID) in February 2024.

Council of Europe Group of Experts on Action against Trafficking in Human Beings (GRETA) - in October 2024 Medical Justice participated in a full day round table with GRETA and its stakeholders working on anti-trafficking in the UK providing information about the disfunction of safeguards in detention.

Parliamentary work

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

Border Security and Asylum Bill 2025 - Some elements of the government's new [Border Security, Asylum and Immigration Bill](#), introduced in January 2025, are positive, including repealing all of the deeply damaging Safety of Rwanda Act 2024 and some aspects of the Illegal Migration Act 2023 (IMA). However, the Bill contains concerning gaps and changes. It fails to repeal Section 12 IMA which grants to the Home Secretary, rather than the courts, the power to determine what constitutes a "reasonable" length of detention and enables the continued detention of a person after the reason for their detention has fallen away.

The Bill also fails to repeal damaging provisions in the Nationality and Borders Act (NABA) 2022 including those that could introduce unfair accelerated detained appeals processes and priority removal notices. Medical Justice is calling on MPs and Peers to amend the Bill, repealing the IMA in full and the concerning provisions of NABA 2022, removing the retrospective effect of detention powers, and introducing a 28-day statutory time limit on detention which is one of the BHI recommendations.

Medical Justice is collaborating with fellow NGOs in providing joint written evidence for Committee Stage and Report Stage in the Commons and in the Lords, for the Joint Committee on Human Rights, and a joint briefing on a time-limit amendment. Remaining stages will take place after summer 2025 recess, with enactment possible by the autumn.

All-Party Parliamentary Group (APPG) on Immigration Detention

The APPG successfully held its AGM in March 2024 and was then significantly disrupted by the 2024 general election and the dissolution of Parliament in late May. The subsequent landslide win for Labour meant many key APPG members lost their seats, including the group's long-serving SNP Chair Alison Thewliss, and its Conservative officer Sir Peter Bottomley. A tightening of the rules around parliamentarians joining such groups, and the large numbers of new MPs, many of whom seemed hesitant to take on extra roles, added a further challenge in terms of re-forming the group. Nonetheless,

MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2025

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

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

Strategic Litigation

Second Opinion policy

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

In January 2024 we won our judicial review challenging the policy ; the High Court found that there had been an unlawful failure by the Home Office to consult Medical Justice regarding changes to its Adults at Risk Caseworker Guidance which stipulates the Second Opinion policy. The Home Office appealed. The Court of Appeal heard the case in November 2024 and in March 2025 upheld the finding that there had been an unlawful failure to consult Medical Justice.

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

Medical Justice provided evidence in the case of BLZ

In January 2025 a judgment was issued relating to BLZ, who had been released from detention without proper consideration by the Home Office of how his physical and mental disabilities necessitated adapted accommodation. He was repeatedly placed in accommodation with stairs (notwithstanding his high risk of seizures and falls) and without adequate care. He subsequently suffered serious falls, accidental medication overdoses, and at one point, was advised to confine himself to his room and urinate in bottles. The judge held that there were significant deficits in the Home Office's policy and practice for dealing with disabled people in immigration bail. He stated that the Court had "the firm factual anchorage of the powerful case study evidence" from Medical Justice and that the case-studies are "properly illustrative of the importance of a system which proactively considers potential care and support needs". In response the Home Office is developing a standard operating procedure on the release of vulnerable people which Medical Justice will be consulted on.

MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2025

Informing independent detention monitoring bodies

Medical Justice met with the Independent Chief Inspector of Borders and Immigration and discussed the challenges in inspecting how the Adults at Risk policy is applied. We provided a workshop for the Care Quality Commission and outlined specific failures in detention healthcare to help them identify failures when they visit IRCs. We met with HM Inspector of Prisons, providing intel and statistics from our MLR audit ahead of its unannounced visit of Harmondsworth IRC.

Campaign for Asylum and Refugee Rights (CARJ)

To respond to the threats posed by the Illegal Migration Act and the Rwanda plan, Medical Justice joined together with Asylum Aid, Anti Trafficking and Labour Exploitation Unit (ATLEU), BID, Detention Action, Freedom from Torture, Helen Bamber Foundation, Islington Law Centre, Migrants' Law Project and the Public Law Project. After the 2024 general election, the coalition considered what role we might play under the new government and in a significantly changed policy context. We recognised the benefits of working together through legally informed advocacy and, where necessary, strategic legal work to pursue common aims. The coalition has adopted three objectives on which we will work collaboratively with each other and with the wider sector:

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

Media Coverage

Medical Justice raised public and parliamentary awareness through the media – our work was covered by the British Medical Journal, the British Medical Association, the Guardian, the Independent, ITV, BBC online and BBC TV news.

Galvanising the medical community

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

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

Visitors groups

Many clients are referred to us by visitors' groups, who have visited and supported often very unwell and isolated people in detention, and ensured that they reached us. In 2024 we worked in close collaboration with many groups including Detention Action, Beyond Detention, the Jesuit Refugee Service and Gatwick Detainee Welfare Group and we are very grateful for the crucial support they provide.

Summary of Medical Justice objectives and performance

In Financial Year 2024-25 Medical Justice performed well against its objectives for the year, including ;

MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2025

Objective : SUPPORT PEOPLE IN DETENTION BY PROTECTING THEIR HEALTH RIGHTS

Indicators include : the number of clients in detention that Medical Justice is able to assist and the number of new volunteers we are able to recruit and train so that they may go on to assist more people in detention.

Performance : Medical Justice assisted 508 clients during the financial year, which included an increased number of detained people on the Detained Asylum Casework process who had little time to obtain required medical and other evidence. We helped them access legal representation and provided medico-legal reports which enabled many to have their histories of trafficking and torture properly considered and to be released from detention. There was also an increase in clients referred to us who present with severe mental or physical health problems or cognitive impairment and who are unable to navigate immigration processes without assistance. Clients' health improved through better access to needed healthcare and are far more likely to secure long-term safety through winning their asylum claim with our medical evidence. We handled 48 referrals over four weeks for people targeted for deportation to Rwanda – all 48 were released. We trained 53 new potential volunteer doctors, 25 of whom undertook one or more visits accompanied by one of our experienced doctors as part of their initial training.

Objective : RESIST HARMFUL LAW AND POLICY AND BUILD POLITICAL OPPOSITION TO DETENTION

Indicators include : systemic change through policy work, strategic litigation, parliamentary action, acting as the secretariat for the APPG, having acted as a Core Participant in BHI and campaigning.

Performance : Medical Justice was able to reform the APPG in the new parliament and the new Chair secured a meeting with the Minister for Border Security and Asylum. Medical Justice has joined with others calling for amendments to the Border Security, Asylum and Immigration Bill (introduced in January 2025) that repeal the Illegal Migration Act in full and the concerning provisions of the Nationality And Borders Act 2022, removing the retrospective effect of detention powers, and introducing a 28-day statutory time limit on detention.

Changes we put forward in April 2024 regarding the NHS England guidance on Rule 35 safeguarding reports were incorporated – e.g. further R35 reports that should be written if the detained person's health deteriorates further in the detention. This could benefit hundreds of detained people each year and potentially be life-saving for some. In response to our consultation submission on the 'Second Opinion' guidance in May 2024, the Home Office made some improvements, including a requirement for second opinion reports to be subjected to the MLR Quality Standards. This relates to hundreds of detained people each year. The Home Office took on board some of our suggested amendments to its Adults at Risk Statutory Guidance such as re-introducing a strengthened presumption against the detention for vulnerable people, as well as adding back in references (which the draft had suggested removing) to detention decision-making being transparent, and reverting to Rule 34 appointments being "given" not "offered". This is set to benefit thousands of people in detention each year.

Our successful litigation established a duty on the Home Office to consult Medical Justice on its Adults At Risk policy which means the door to policy improvements through consultations is now wedged open for Medical Justice, potentially benefitting thousands of detained people when our suggestions for policy improvements are adopted. In the case of a man who had been detained at Brook House and was a BHI Core Participant, weight was put on BHI findings which Medical Justice's evidence was key to – he won £204,000 damages for the harm he suffered. There will potentially be more cases that use BHI findings and Medical Justice evidence, which may also lead to policy changes. Medical Justice provided case-studies for the case of BLZ who had been released from detention without accommodation suitable for his physical and mental disabilities. The resulting positive judgement held that there were significant

MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2025

deficits in the Home Office's policy resulting in the Home Office reviewing a standard operating procedure on the release of vulnerable people which Medical Justice will be consulted on and which may benefit many people being released from detention

Objective : SEEK ACCOUNTABILITY FOR HARMS CAUSED BY DETENTION

Indicators include : engaging with NHS England, individual IRCs and healthcare providers, and IMBs

Performance : Some of our feedback on the Home Office Rule 35 training for IRC clinicians was adopted, sadly not until Oct 2024 after that training programme was completed- it will hopefully be used for future training. Medical Justice met with the Independent Chief Inspector of Borders and Immigration, the Care Quality Commission, HM Inspector of Prisons, and IMBs, raising awareness of the issues our clients face in detention and how the issues can be identified.

Objective : BE PART OF THE MOVEMENT FOR CHANGE

Indicators include : media coverage and galvanising medical organisations.

Performance : The work of Medical Justice was covered by four articles in the British Medical Journal, and in the British Medical Association, the Guardian, the Independent, ITV, BBC online and on BBC TV news. We published a research report entitled "You'll see the outside when you're in Rwanda" which provided the sector with evidence of detention harms for advocacy work and raised awareness, including coverage in the Independent. Medical Justice evidence was quoted by the Royal College of Psychiatrists in Oct 2024 in its influential "Protecting the mental health of people seeking sanctuary in the UK's evolving legislative landscape" report.

Objective : MEDICAL JUSTICE IS A SUSTAINABLE, IMPACTFUL, REFLECTIVE ORGANISATION WITH THE VOICE OF EXPERTS BY EXPERIENCE CENTRAL TO OUR WORK

Indicators include : strengthening of the organisation by improving IT and knowledge management, and increasing the level of lived experience within the organisation.

Performance : Medical Justice started its first Caseworker Traineeship – a 6 month paid role ring fenced for someone with lived experience. The aim is to provide trainees with practical work experience to enhance their prospect of future employment in the sector, whilst also increasing lived experience in the Medical Justice staff team.

Specific objectives for Financial Year 2025-26 include:

1. Increase capacity to meet assist more clients in detention in light of government plans to expand detention
2. Resist harmful policy and practice by challenging the lack of implementation of BHI recommendations and weakening of detention safeguards, as well as documenting the harm caused to our clients.
3. Challenge the expansion of detention
4. Challenge the re-introduction of a detained fast-track process and any form of off-shoring any parts of the asylum process to third countries, including 'deportation hubs' or the likes
5. To secure and maintain the financial health of the organisation and secure more funding
6. To strengthen the organisation with additional roles, including a Head of Operations and a Fundraiser, and to employ people with lived experience of detention

MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2025

Financial review

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

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

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

On the bottom line, cost has been tightly managed, with overall cost, excluding Donated Professional Services, broadly flat year on year, and staff cost also broadly flat in an inflationary environment. This reflects excellent cost management, thanks to the lean structure the charity runs, and more importantly, the generosity and hard work of our employed staff. However, there are more challenges to come on the cost side. First, we face a potential office move as our existing landlord has put up for sale of the property we are leasing from, which leads to further uncertainty on our cost base. Second, we have plans for additional needed staff, including a Head of Operations to strengthen the organisation and increase effectiveness and a Fundraiser to secure much needed new funding. As a result, we expect a likely increase in cost requirement in the coming years.

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

MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2025

Overview of the last 6 years income and expenditure

Income	FY2024-25	FY2023-24	FY2022-23	FY2021-22	FY2020-21	FY2019-20
Donations	42,100	41,497	30,251	20,060	22,988	31,969
Grants	753,811	550,465	632,837	465,349	406,694	352,633
Other	16,208	9,183	1,451	4,201	239	392
MLR* + Training fees	41,973	36,158	30,736	20,140	53,169	53,002
Income	854,092	637,303	695,275	509,750	483,090	437,996
Donated professional services	80,816	122,418	149,766	129,932	119,749	222,438
Grand Total	934,908	759,721	845,041	639,682	602,839	660,434
Expenditure	FY2024-25	FY2023-24	FY2022-23	FY2021-22	FY2020-21	FY2019-20
Salaries	541,865	540,324	485,965	371,423	337,626	336,966
Rent and rates	41,420	37,696	32,371	31,615	25,778	20,679
Volunteer expenses	2,391	2,040	946	155	485	588
Interpreter costs	23,790	24,243	30,021	19,580	25,836	8,946
Other running costs	60,142	67,691	82,859	93,964	74,685	52,652
Running costs	669,608	671,994	632,162	516,737	464,410	419,831
Donated professional services	80,816	122,418	149,766	129,932	119,749	222,438
Grand Total	750,424	794,412	781,928	646,669	558,323	633,323
Deficit / surplus	184,484	-34,691	63,113	-6,987	18,680	18,165

Reserves policy and going concern

Medical Justice has a policy of holding the equivalent of 5-9 months' operating costs as Reserves made up of unrestricted funds to weather financial unpredictability and an increasingly challenging funding environment. Factors leading to this financial uncertainty include:

- Medical Justice has an unpredictable income stream – all grants are for a limited duration – some as short as 12 months - and there is a significant possibility that grants will not be continued
- The current pool of funders who award grants for work in detention is limited and shrinking
- Our two largest funders have ceased funding Medical Justice this financial year – one (which had funded us for 16 years) because the last grant came to an end and the other (which had funded us for 14 years) because it scaling down its funding of activities regarding immigration detention in the UK
- Medical Justice has a “lumpy” income – more funders are moving from quarterly to annual instalments
- With the number of staff we have, Medical Justice has a significant and continuous cost base
- A period of high inflation and a rise in National Insurance means our salary cost increased over and above what was built into grants
- It would take some time to restructure in the event we had to reduce our workforce and activities due to a lack of income
- The work Medical Justice does to secure lasting change can take a number of years so an experienced team with strong institutional memory is needed
- Medical Justice faces a significant deficit in the coming years

MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2025

- The landscape of immigration detention for 2025-26 and beyond is unclear, with the government set to expand immigration detention; Medical Justice needs to be able to step-up and respond at short notice, with reliance on our Reserves

At the close of the financial year ending 31st January 2025 Medical Justice had £472,866 unrestricted funds; 7.6 months' operating costs (Total Expenditure); in the middle of the 5-9 month target.

Risk Register

Medical Justice trustees have given consideration to the major risks to which the charity is exposed and satisfied themselves that systems and procedures are established in order to manage those risks.

External factors outside Medical Justice's control

Medical Justice has grown slowly but steadily since it was founded in 2005. It was registered as a company limited by guarantee in 2007 and gained charity status in 2009. Its first employed a member of staff in 2008 and has added roughly one staff member each year. Its number of volunteers has also risen steadily. Most notably, the work it has undertaken has grown significantly.

A key part of its success depends on its partnerships with funders and its ability to raise ever-greater amounts of funding each year. Funding can never be assured and assisting people held in immigration detention is not a popular cause. Funding is an external factor beyond Medical Justice's control that is relevant to the achievement of its objectives.

Working relationships

Medical Justice has built and enjoyed good relationships with employees and volunteers. It is well respected by other non-governmental organisations which work in the same field and with whom we are continuously collaborating.

The relationship between Medical Justice and the Home Office is challenging. The Home Office controls access to people it holds in immigration detention. Medical Justice had to legally challenge an obstruction of access to its detained clients by independent doctors in 2009; the obstruction subsequently ceased.

Structure, governance and management

The charity is a company limited by guarantee and without any share capital and is governed by a memorandum of association. Trustees of the charity are also directors of the company. The company obtained Charitable Status on 12 October 2009. New trustees are selected according to criteria laid out in the charity's Handbook for Trustees and Staff and are appointed by the Board; during the year in question there were 11 Trustees, including a solicitor, a barrister, two psychiatrists, a forensic physician, a quantitative research director, a lawyer, a senior AI engineer, a Non-Executive Director at Hillingdon Hospital, a CEO of a charity assisting young refugees, and a Sanctuary Project Officer at Kings College. Three have lived experience of immigration detention and/or the hostile immigration system. Officers are elected or re-appointed at the Annual General Meeting.

The Executive Committee: comprises the Chair, the Vice-Chair, the Treasurer, and the Director.

Senior managers: include the Director, the Head of Casework and the Head of Advocacy.

MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2025

Related parties / subsidiaries

Medical Justice does not have any related parties or subsidiaries.

Structure of the Staff Team

- The Director: reports to the Trustees and is line-managed by the Chair.
- The Head of Casework, the Office Manager and the Head of Advocacy: report to the Director.
- 4 Caseworkers, 1 Senior Caseworker, 2 Clinical Advisors, 4 Clinical Assessors and 2 Clinical Trainers: report to the Head of Casework
- 1 Casework Trainee reports to the Senior Caseworker
- 2 Clinical Trainers and the Responsible Officer: report to one of the Clinical Advisors.
- The Policy, Research and Parliamentary Manager and the Researcher: report to the Head of Advocacy.

Staff team in Financial Year 2024-25

Emma Ginn	Director
Theresa Schleicher	Head of Casework
Lisa Incledon	Senior Caseworker
Eliza Lass	Caseworker
Naomi Olaniyi	Caseworker
Cat Goetz	Caseworker (left December 2024)
Carly Milne	Caseworker (joined January 2025)
Rubina Ahmed	Caseworker (joined January 2025)
Dashini Sukumaran	Caseworker Trainee (joined January 2025)
Elsbeth Macdonald	Parliamentary & Research Analyst
Maria Dardagan	Fundraiser (left October 2024)
Ariel Plotkin	Researcher
Idel Hanley	Policy, Research and Parliamentary Manager (left October 2024)
Rachel Nicholson	Head of Advocacy (joined January 2025)
Anthony Omar	Office Manager
Dr Rachel Bingham	Clinical Advisor
Dr Mary Kamara	Clinical Advisor
Dr Joe Bourdillon-Schicker	Clinical Trainer
Dr Sarah Clark	Clinical Assessor
Dr Sara Alsaraf	Clinical Assessor (left April 2025)
Dr Liz Clark	Clinical Advisor
Dr Angela Burnett	Responsible Officer (self-employed consultant)

The Volunteer team

Volunteer Interpreters

Throughout 2024 we were fortunate to have a wonderful team of volunteer interpreters who are co-ordinated by the casework team and interpreted phone calls between caseworkers and clients. This is hugely important for our work, often involving sensitive and emotional conversations about clients' traumatic experiences and health needs. During 2024 we held two training sessions for 20 new volunteer interpreters, covering 16 different languages between them.

MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2025

Volunteer clinicians

The volunteer clinicians are also co-ordinated by the Casework team. They are trained by caseworkers, the Clinical Advisors and Clinical Trainers (all doctors), former clients who have lived experience of detention, lawyers and occasional guest experts. The volunteer clinicians are supervised by the Clinical Advisors and Clinical Trainers and their medico-legal reports are reviewed by a team of reviewers comprising experienced volunteers and the Clinical Advisors and Trainers. There is a quarterly reviewers' forum to ensure that our reviewing process is rigorous and consistent, to maximise the effectiveness and accuracy of our medico-legal reports, and to make certain that our volunteer doctors are receiving a high standard of support.

Experts by Experience

The involvement of former clients who have experience of detention helps ensure that our strategic direction and operational decisions reflect the needs of clients in detention. They help train our volunteer clinicians and interpreters, have held training sessions for the Independent Monitoring Boards, speak at our public events and meetings convened by the All-Party Parliamentary Group on Immigration Detention, and speak to the media.

Medical Justice is striving to increase the lived experience within the organisation at all levels. Our priority is employing people with lived experience so that they have power and influence. Medical Justice has worked well to attract many job applications from people with lived experience - 60 out of the last 124 job applications in 2024. However, we are mostly unable to appoint them due to having limited employment experience due to interruptions in their lives caused by the immigration and detention processes.

To address this, a team including Vice-Chair Bridget Banda, develop the Caseworker Traineeship programme. The first trainee was hired in January 2025. They receive training and worked under supervision in casework. They also shadowed our researcher and office manager to increase knowledge in how a small charity operates.

Consultants

The few volunteer clinicians who are not linked to a 'Designated Body' elsewhere are supervised by our Responsible Officer, Dr Angela Burnett, in terms of appraisals and revalidation. Dr Burnett works on a consultant basis with Medical Justice.

Internal policies

Medical Justice continued to develop internal policies in Financial Year 2024-25 including Safeguarding Adults at Risk Policy and the Clinical Risk Management Policy.

MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2025

Trustees

The trustees, who are also the directors for the purpose of company law, and who served during the year and up to the date of signature of the financial statements were:

E Norton	Resigned 26th March 2024
H G Pickles	Resigned 18th June 2024
L M Burke	
J Sivanathan	
B Banda	
R Talbot	
P Haywood	
P Balachandran	Appointed 12 June 2024
A Shea	Appointed 30 May 2024
S Ricca	Appointed 21 May 2024
X Lu	Appointed 21 May 2024
J Cohen	Appointed 21 May 2024
C Katona	Appointed 21 May 2024

Policies and procedures for the induction and training of trustees

Medical Justice continues to actively consider the most effective ways of recruiting and supporting trustees, with specific regard to the need for a wide and diverse range of skills, knowledge and experience. In particular, Medical Justice continues to focus on having trustees with lived experience of immigration detention.

None of the trustees has any beneficial interest in the company. All of the trustees are members of the company and guarantee to contribute £1 in the event of a winding up.

Medical Justice has no formal affiliations

Medical Justice is not formally affiliated with any umbrella group. In the pursuit of its charitable objectives, Medical Justice does co-operate closely on an ongoing basis with a dozen or so other non-governmental organisations (NGOs) who campaign for the health and wellbeing of people in immigration detention. We often form ad-hoc, fluid coalitions to work on specific issues, themes or pieces of work.

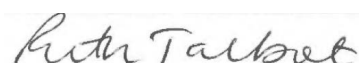
Medical Justice is a member of the Home Office's main stakeholder forum which covers immigration detention issues, the National Asylum Stakeholder Forum. It is also a member of the Independent Chief Inspector of Borders and Immigration's Refugee & Asylum Forum.

The trustees' report was approved by the Board of Trustees.

Dr Ruth Talbot

Chair of trustees

Dated: 15/07/2025



MEDICAL JUSTICE NETWORK LIMITED

INDEPENDENT EXAMINER'S REPORT

TO THE TRUSTEES OF MEDICAL JUSTICE NETWORK LIMITED

I report to the trustees on my examination of the financial statements of Medical Justice Network Limited (the charity) for the year ended 31 January 2025.

Responsibilities and basis of report

As the trustees of the charity (and also its directors for the purposes of company law), you are responsible for the preparation of the financial statements in accordance with the requirements of the Companies Act 2006.

Having satisfied myself that the financial statements of the charity are not required to be audited under Part 16 of the Companies Act 2006 and are eligible for independent examination, I report in respect of my examination of the charity's financial statements carried out under section 145 of the Charities Act 2011. In carrying out my examination I have followed the Directions given by the Charity Commission under section 145(5)(b) of the Charities Act 2011.

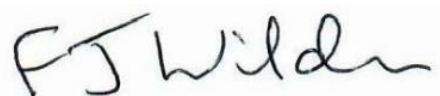
Independent examiner's statement

Since the charity's gross income exceeded £250,000 your examiner must be a member of a body listed in section 145 of the 2011 Act. I confirm that I am qualified to undertake the examination because I am a member of the Association of Chartered Certified Accountants, which is one of the listed bodies.

I have completed my examination. I confirm that no matters have come to my attention in connection with the examination giving me cause to believe that in any material respect:

- 1 accounting records were not kept in respect of the charity as required by section 386 of the Companies Act 2006.
- 2 the financial statements do not accord with those records; or
- 3 the financial statements do not comply with the accounting requirements of section 396 of the Companies Act 2006 other than any requirement that the financial statements give a true and fair view, which is not a matter considered as part of an independent examination; or
- 4 the financial statements have not been prepared in accordance with the methods and principles of the Statement of Recommended Practice for accounting and reporting by charities applicable to charities preparing their financial statements in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102).

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the financial statements to be reached.



F J Wilde FCCA MBA DChA

Warner Wilde
4 Marigold Drive
Bisley
Surrey
GU24 9SF
Date: 28th July 2025

MEDICAL JUSTICE NETWORK LIMITED

STATEMENT OF FINANCIAL ACTIVITIES INCLUDING INCOME AND EXPENDITURE ACCOUNT

FOR THE YEAR ENDED 31 JANUARY 2025

Current financial year		Unrestricted funds general 2025 £	Unrestricted funds designated 2025 £	Restricted funds 2025 £	Total 2025 £	Total 2024 £
	Notes					
Income from:						
Donations and legacies	3	122,916	-	-	122,916	163,915
Charitable activities	4	672,373	-	123,411	795,784	586,623
Investments	5	16,208	-	-	16,208	9,183
Total income		<u>811,497</u>	<u>-</u>	<u>123,411</u>	<u>934,908</u>	<u>759,721</u>
Expenditure on:						
Raising funds	6	360	-	-	360	216
Charitable activities	7	626,653	-	123,411	750,064	794,196
Total expenditure		<u>627,013</u>	<u>-</u>	<u>123,411</u>	<u>750,424</u>	<u>794,412</u>
Net income/(expenditure)		184,484	-	-	184,484	(34,691)
Transfers between funds		15,000	(15,000)	-	-	-
Net movement in funds	9	199,484	(15,000)	-	184,484	(34,691)
Reconciliation of funds:						
Fund balances at 1 February 2024		273,382	150,000	-	423,382	458,073
Fund balances at 31 January 2025		<u>472,866</u>	<u>135,000</u>	<u>-</u>	<u>607,866</u>	<u>423,382</u>

The statement of financial activities includes all gains and losses recognised in the year. All income and expenditure derive from continuing activities.

MEDICAL JUSTICE NETWORK LIMITED

STATEMENT OF FINANCIAL ACTIVITIES (CONTINUED) INCLUDING INCOME AND EXPENDITURE ACCOUNT

FOR THE YEAR ENDED 31 JANUARY 2025

Prior financial year		Unrestricted funds general 2024 £	Unrestricted funds designated 2024 £	Restricted funds 2024 £	Total 2024 £
	Notes				
Income from:					
Donations and legacies	3	163,915	-	-	163,915
Charitable activities	4	466,002	-	120,621	586,623
Investments	5	9,183	-	-	9,183
Total income		639,100	-	120,621	759,721
Expenditure on:					
Raising funds	6	216	-	-	216
Charitable activities	7	673,575	-	120,621	794,196
Total expenditure		673,791	-	120,621	794,412
Net income and movement in funds		(34,691)	-	-	(34,691)
Reconciliation of funds:					
Fund balances at 1 February 2023		308,073	150,000	-	458,073
Fund balances at 31 January 2024		273,382	150,000	-	423,382

MEDICAL JUSTICE NETWORK LIMITED

BALANCE SHEET

AS AT 31 JANUARY 2025

	Notes	2025 £	£	2024 £	£
Fixed assets					
Tangible assets	13		10,476		12,156
Current assets					
Debtors	14	4,068		9,980	
Cash at bank and in hand		614,537		590,336	
		618,605		600,316	
Creditors: amounts falling due within one year	15	(21,215)		(189,090)	
Net current assets			597,390		411,226
Total assets less current liabilities			607,866		423,382
The funds of the charity					
Unrestricted funds - general	20		472,866		273,382
Unrestricted funds - designated	19		135,000		150,000
			607,866		423,382

The company is entitled to the exemption from the audit requirement contained in section 477 of the Companies Act 2006, for the year ended 31 January 2025.

The director acknowledges her responsibilities for complying with the requirements of the Companies Act 2006 with respect to accounting records and the preparation of financial statements.

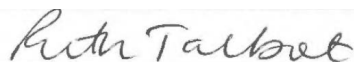
The members have not required the company to obtain an audit of its financial statements for the year in question in accordance with section 476.

These financial statements have been prepared in accordance with the provisions applicable to companies subject to the small companies regime.

The financial statements were approved by the trustees on 07/07/2025

.....
R Talbot

Chair of trustees



Company registration number 06073571 (England and Wales)

MEDICAL JUSTICE NETWORK LIMITED

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 31 JANUARY 2025

	Notes	2025 £	£	2024 £	£
Cash flows from operating activities					
Cash generated from operations	23		10,475		128,313
Investing activities					
Purchase of tangible fixed assets		(2,482)		(2,000)	
Interest received		16,208		9,183	
Net cash generated from investing activities			13,726		7,183
Net cash used in financing activities			-		-
Net increase in cash and cash equivalents			24,201		135,496
Cash and cash equivalents at beginning of year			590,336		454,840
Cash and cash equivalents at end of year			614,537		590,336

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 JANUARY 2025

1 Accounting policies

Charity information

Medical Justice Network Limited is a private company limited by guarantee incorporated in England and Wales. The registered office is 86 Durham Road, London, N7 7DT.

1.1 Accounting convention

The financial statements have been prepared in accordance with the charity's governing document, the Companies Act 2006 and "Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019)". The charity is a Public Benefit Entity as defined by FRS 102.

The financial statements are prepared in sterling, which is the functional currency of the charity. Monetary amounts in these financial statements are rounded to the nearest £.

The financial statements have been prepared under the historical cost convention. The principal accounting policies adopted are set out below.

1.2 Going concern

At the time of approving the financial statements, the trustees have a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future. Thus the trustees continue to adopt the going concern basis of accounting in preparing the financial statements.

1.3 Charitable funds

Unrestricted funds are available for use at the discretion of the trustees in furtherance of their charitable objectives.

Designated funds represent a portion of the unrestricted funds of the charity that have been set aside for a particular purpose by the trustees.

Restricted funds are subject to specific conditions by donors or grantors as to how they may be used. The purposes and uses of the restricted funds are set out in the notes to the financial statements.

Endowment funds are subject to specific conditions by donors that the capital must be maintained by the charity.

1.4 Income

Income is recognised when the charity is legally entitled to it after any performance conditions have been met, the amounts can be measured reliably, and it is probable that income will be received.

Cash donations are recognised on receipt. Other donations are recognised once the charity has been notified of the donation, unless performance conditions require deferral of the amount. Income tax recoverable in relation to donations received under Gift Aid or deeds of covenant is recognised at the time of the donation.

Legacies are recognised on receipt or otherwise if the charity has been notified of an impending distribution, the amount is known, and receipt is expected. If the amount is not known, the legacy is treated as a contingent asset.

1.5 Expenditure

A liability is recognised when either a legal or constructive obligation is identified. Irrecoverable VAT is classified in the same way as the transaction to which it relates.

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2025

1 Accounting policies

(Continued)

1.6 Tangible fixed assets

Tangible fixed assets are initially measured at cost and subsequently measured at cost or valuation, net of depreciation and any impairment losses.

Depreciation is recognised so as to write off the cost or valuation of assets less their residual values over their useful lives on the following bases:

Computers and office equipment	5 years straight line
--------------------------------	-----------------------

The gain or loss arising on the disposal of an asset is determined as the difference between the sale proceeds and the carrying value of the asset, and is recognised in the statement of financial activities.

Tangible assets which are not held for investment purposes and are identified as having an enduring value are capitalised if their value on acquisition exceeds £250.

1.7 Impairment of fixed assets

At each reporting end date, the charity reviews the carrying amounts of its tangible assets to determine whether there is any indication that those assets have suffered an impairment loss. If any such indication exists, the recoverable amount of the asset is estimated in order to determine the extent of the impairment loss (if any).

1.8 Cash and cash equivalents

Cash and cash equivalents include cash in hand, deposits held at call with banks, other short-term liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities.

1.9 Financial instruments

The charity has elected to apply the provisions of Section 11 'Basic Financial Instruments' and Section 12 'Other Financial Instruments Issues' of FRS 102 to all of its financial instruments.

Financial instruments are recognised in the charity's balance sheet when the charity becomes party to the contractual provisions of the instrument.

Financial assets and liabilities are offset, with the net amounts presented in the financial statements, when there is a legally enforceable right to set off the recognised amounts and there is an intention to settle on a net basis or to realise the asset and settle the liability simultaneously.

Basic financial assets

Basic financial assets, which include debtors and cash and bank balances, are initially measured at transaction price including transaction costs and are subsequently carried at amortised cost using the effective interest method unless the arrangement constitutes a financing transaction, where the transaction is measured at the present value of the future receipts discounted at a market rate of interest. Financial assets classified as receivable within one year are not amortised.

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2025

1 Accounting policies

(Continued)

Basic financial liabilities

Basic financial liabilities, including creditors and bank loans are initially recognised at transaction price unless the arrangement constitutes a financing transaction, where the debt instrument is measured at the present value of the future payments discounted at a market rate of interest. Financial liabilities classified as payable within one year are not amortised.

Debt instruments are subsequently carried at amortised cost, using the effective interest rate method.

Trade creditors are obligations to pay for goods or services that have been acquired in the ordinary course of operations from suppliers. Amounts payable are classified as current liabilities if payment is due within one year or less. If not, they are presented as non-current liabilities. Trade creditors are recognised initially at transaction price and subsequently measured at amortised cost using the effective interest method.

Derecognition of financial liabilities

Financial liabilities are derecognised when the charity's contractual obligations expire or are discharged or cancelled.

1.10 Taxation

The charity is exempt from corporation tax on its income and gains as long as the income is applied for charitable purposes.

1.11 Employee benefits

The cost of any unused holiday entitlement is recognised in the period in which the employee's services are received.

Termination benefits are recognised immediately as an expense when the charity is demonstrably committed to terminate the employment of an employee or to provide termination benefits.

1.12 Retirement benefits

Payments to defined contribution retirement benefit schemes are charged as an expense as they fall due.

2 Critical accounting estimates and judgements

In the application of the charity's accounting policies, the trustees are required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised where the revision affects only that period, or in the period of the revision and future periods where the revision affects both current and future periods.

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2025

3 Income from donations and legacies

	Unrestricted funds 2025 £	Unrestricted funds 2024 £
Donations and gifts	42,100	41,497
Donated goods and services	80,816	122,418
	<u>122,916</u>	<u>163,915</u>
Donations and gifts		
Donations	42,100	36,497
Other	-	5,000
	<u>42,100</u>	<u>41,497</u>

Donated goods and services

Donated professional services and donated facilities are recognised as income when the charity has control over the item, any conditions associated with the donated item have been met, the receipt of economic benefit from the use by the charity of the item is probable and that economic benefit can be measured reliably.

On receipt, donated professional services and donated facilities are recognised on the basis of the value of the gift to the charity which is the amount the charity would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; a corresponding amount is then recognised in expenditure in the period of receipt.

In the accounts for the year ended 31 January 2025, the value of the donation £80,816 (2024: £122,418) is shown in Donations and Legacies, note 3 and the corresponding cost in Charitable Activities, note 7.

4 Income from charitable activities

	Unrestricted funds 2025 £	Restricted funds 2025 £	Total 2025 £	Unrestricted funds 2024 £	Restricted funds 2024 £	Total 2024 £
Charitable activities						
Performance related grants	630,400	123,411	753,811	429,844	120,621	550,465
Ancillary trading income	38,743	-	38,743	31,203	-	31,203
Other income	3,230	-	3,230	4,955	-	4,955
	<u>672,373</u>	<u>123,411</u>	<u>795,784</u>	<u>466,002</u>	<u>120,621</u>	<u>586,623</u>

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2025

4 Income from charitable activities

(Continued)

Performance related grants analysis

	Charitable activities 2025 £	Charitable activities 2024 £
The Griffsome Trust	190,000	167,000
Bromley Trust	20,000	15,000
Comic Relief (Restricted)	32,944	79,621
Oak Foundation	150,000	-
Trust for London (Restricted)	41,500	41,000
This Day Foundation	50,000	25,000
Sam and Bella Sebba Charitable Foundation	45,000	40,000
AB Charitable Trust	25,000	25,000
Belcombe Trust	30,000	25,000
The Kurt & Magda Stern Foundation	25,000	35,000
The Blue Thread	3,400	54,393
Treebeard Trust	25,000	25,000
The Seneca Trust	-	10,000
SC & ME Morlands Charitable Trust	2,000	2,000
Network for Social Change	-	6,451
Esmee Fairbairn Foundation	5,000	-
Lloyds Foundation	48,967	-
Samworth Foundation	60,000	-
	<u>753,811</u>	<u>550,465</u>

Grants are categorised each year as restricted or unrestricted based on the terms of the agreement.

5 Income from investments

	Unrestricted funds 2025 £	Unrestricted funds 2024 £
Interest receivable	<u>16,208</u>	<u>9,183</u>

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2025

6 Expenditure on raising funds

	Unrestricted funds 2025 £	Unrestricted funds 2024 £
Fundraising and publicity		
Other fundraising costs	360	216
	<u> </u>	<u> </u>

7 Expenditure on charitable activities

	Charitable activities 2025 £	Charitable activities 2024 £
Direct costs		
Staff costs	541,865	540,324
Medico-legal report fees	-	636
Interpretation	23,790	24,243
Consulting	4,794	17,475
Staff recruitment and training	5,102	2,591
Events	880	578
General expenses	1,400	303
Staff expenses	14,326	6,964
Donated professional services	80,816	122,418
Former client expenses	1,033	1,634
	<u>674,006</u>	<u>717,166</u>
Share of support and governance costs (see note 8)		
Support	70,444	68,917
Governance	5,614	8,113
	<u>750,064</u>	<u>794,196</u>
Analysis by fund		
Unrestricted funds - general	626,653	673,575
Restricted funds	123,411	120,621
	<u>750,064</u>	<u>794,196</u>

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2025

8 Support costs allocated to activities

	2025 £	2024 £
Depreciation	4,160	3,594
Rent and rates	41,420	37,696
Communications	745	1,005
Postage, printing and stationery	1,690	2,608
Insurance	2,783	1,806
Volunteer expenses	2,391	2,040
Subscriptions	1,296	754
IT expenditure	12,068	14,232
Other office costs	3,451	2,698
Accountancy and payroll	3,272	2,364
Website costs	441	120
Governance costs	2,341	8,113
	<u>76,058</u>	<u>77,030</u>
Analysed between:		
Charitable activities	<u>76,058</u>	<u>77,030</u>

	2025 £	2024 £
Governance costs comprise:		
Independent Examination and accounts	1,230	1,490
Legal and professional	1,098	6,501
Trustee expenses	13	122
	<u>2,341</u>	<u>8,113</u>

Governance costs do not include the costs of clinical governance which are covered within the direct costs of our charitable activities.

9 Net movement in funds

	2025 £	2024 £
The net movement in funds is stated after charging/(crediting):		
Fees payable for the independent examination of the charity's financial statements	1,230	1,490
Depreciation of owned tangible fixed assets	<u>4,160</u>	<u>3,594</u>

10 Trustees

None of the trustees (or any persons connected with them) received any remuneration or benefits from the charity during the year.

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2025

11 Employees

The average monthly number of employees during the year was:

	2025 Number	2024 Number
Employees	17	17

Employment costs

	2025 £	2024 £
Wages and salaries	463,046	460,418
Social security costs	37,194	35,815
Other pension costs	41,625	44,091
	541,865	540,324

During the year there were 8 full time and 9 part time posts.

There were no employees whose annual remuneration was more than £60,000.

Remuneration of key management personnel

The remuneration of key management personnel was as follows:

	2025 £	2024 £
Aggregate compensation	109,542	107,697

12 Taxation

The charity is exempt from taxation on its activities because all its income is applied for charitable purposes.

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2025

13 Tangible fixed assets

	Computers and office equipment £
Cost	
At 1 February 2024	32,531
Additions	2,482
Disposals	(11,806)
	<hr/>
At 31 January 2025	23,207
	<hr/>
Depreciation and impairment	
At 1 February 2024	20,377
Depreciation charged in the year	4,160
Eliminated in respect of disposals	(11,806)
	<hr/>
At 31 January 2025	12,731
	<hr/>
Carrying amount	
At 31 January 2025	10,476
	<hr/>
At 31 January 2024	12,156
	<hr/>

14 Debtors

	2025 £	2024 £
Amounts falling due within one year:		
Other debtors	1,433	5,705
Prepayments and accrued income	2,635	4,275
	<hr/>	<hr/>
	4,068	9,980
	<hr/>	<hr/>

15 Creditors: amounts falling due within one year

	Notes	2025 £	2024 £
Other taxation and social security		9,271	12,456
Deferred income	16	-	167,000
Trade creditors		-	5,700
Other creditors		2,978	456
Accruals		8,966	3,478
		<hr/>	<hr/>
		21,215	189,090
		<hr/>	<hr/>

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2025

16 Deferred income

	2025 £	2024 £
Arising from Grants received in advance	-	167,000

Deferred income is included in the financial statements as follows:

	2025 £	2024 £
Deferred income is included within:		
Current liabilities	-	167,000
Movements in the year:		
Deferred income at 1 February 2024	167,000	-
Released from previous periods	(167,000)	-
Resources deferred in the year	-	167,000
Deferred income at 31 January 2025	-	167,000

17 Retirement benefit schemes

	2025 £	2024 £
Defined contribution schemes		
Charge to profit or loss in respect of defined contribution schemes	41,625	44,091

The charity operates a defined contribution pension scheme for all qualifying employees. The assets of the scheme are held separately from those of the charity in an independently administered fund.

18 Restricted funds

The restricted funds of the charity comprise the unexpended balances of donations and grants held on trust subject to specific conditions by donors as to how they may be used.

	At 1 February 2024 £	Incoming resources £	Resources expended £	At 31 January 2025 £
Trust for London	-	41,500	(41,500)	-
Comic Relief	-	32,944	(32,944)	-
Lloyds Bank Foundation	-	48,967	(48,967)	-
	-	123,411	(123,411)	-

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2025

18 Restricted funds

(Continued)

Previous year:	At 1 February 2023 £	Incoming resources £	Resources expended £	At 31 January 2024 £
Trust for London	-	41,000	(41,000)	-
Comic Relief	-	79,621	(79,621)	-
	-	120,621	(120,621)	-

19 Unrestricted funds - designated

These are unrestricted funds which are material to the charity's activities.

	At 1 February 2024 £	Transfers £	At 31 January 2025 £
Infrastructure fund	150,000	(15,000)	135,000

Previous year:	At 1 February 2023 £	Transfers £	At 31 January 2024 £
Infrastructure fund	150,000	-	150,000

Designated Fund: £150,000

Medical Justice has created a Designated Fund of £150,000 in order to be able to create new roles in relation to the greater needs of beneficiaries that may arise from the Illegal Migration Act provisions, as well as to strengthen the senior management team and the organisation's infrastructure in response to the growing size of the team and complexities of its activities, as identified by the 2021 independent Evaluation of the effectiveness of the organisation.

20 Unrestricted funds

The unrestricted funds of the charity comprise the unexpended balances of donations and grants which are not subject to specific conditions by donors and grantors as to how they may be used. These include designated funds which have been set aside out of unrestricted funds by the trustees for specific purposes.

	At 1 February 2024 £	Incoming resources £	Resources expended £	Transfers £	At 31 January 2025 £
General funds	273,382	811,497	(627,013)	15,000	472,866

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2025

20 Unrestricted funds (Continued)

Previous year:	At 1 February 2023	Incoming resources	Resources expended	Transfers	At 31 January 2024
	£	£	£	£	£
General funds	308,073	639,100	(673,791)	-	273,382

21 Analysis of net assets between funds

	Unrestricted funds general 2025 £	Unrestricted funds designated 2025 £	Total 2025 £
Fund balances at 31 January 2025 are represented by:			
Tangible assets	10,476	-	10,476
Current assets/(liabilities)	462,390	135,000	597,390
	472,866	135,000	607,866

	Unrestricted funds general 2024 £	Unrestricted funds designated 2024 £	Total 2024 £
Fund balances at 31 January 2024 are represented by:			
Tangible assets	12,156	-	12,156
Current assets/(liabilities)	261,226	150,000	411,226
	273,382	150,000	423,382

22 Related party transactions

There were no disclosable related party transactions during the year (2024 - none).

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2025

23	Cash generated from operations	2025 £	2024 £
	Surplus/(deficit) for the year	184,484	(34,691)
	Adjustments for:		
	Investment income recognised in statement of financial activities	(16,208)	(9,183)
	Depreciation and impairment of tangible fixed assets	4,160	3,594
	Movements in working capital:		
	Decrease/(increase) in debtors	5,914	(4,522)
	(Decrease)/increase in creditors	(875)	6,115
	(Decrease)/increase in deferred income	(167,000)	167,000
	Cash generated from operations	10,475	128,313
24	Analysis of changes in net funds		

The charity had no material debt during the year.