

# TortureID's Strategic Plan 2026-2030 (Overview)

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*This document provides an overview of our strategic direction. Further detail on implementation and operations is available on request.*

## **Our Vision**

A society where all survivors of torture and other human rights abuses can realise their right to rehabilitation.

## **Our Mission**

To improve early identification, documentation, and clinical responses for refugees and people seeking asylum who are survivors of torture and other human rights abuses, so that they can access healthcare and realise rehabilitation.

## **The Problem We Address**

Refugees and people seeking asylum who have survived torture and other human rights abuses are frequently not recognised within UK health and safeguarding systems. They are often not asked about harm, and pathways into healthcare and rehabilitation remain delayed or unclear. As a result, survivors experience prolonged and avoidable harm - missing critical opportunities for protection, timely care, and recovery.

This gap persists despite strong professional and ethical obligations within healthcare to identify risk, respond with care, and support access to appropriate services.

## **Our Approach**

TortureID (TID) occupies a distinctive position in this landscape. We are not a large-scale service provider, nor do we aim to become one. Instead, we work to strengthen how mainstream healthcare recognises and responds to survivors, so that trauma-informed assessment becomes part of routine care, rather than something delivered only by specialist organisations.

We do this through three interconnected areas of work:

### **1) Health assessments**

We deliver high-quality, trauma-informed health assessments that recognise trauma, document harm, and identify clinical and safeguarding needs. These assessments are delivered by trained clinicians in partnership with NHS and voluntary sector services, with a focus on early identification.

Our assessments are not ends in themselves. They demonstrate what good practice looks like, set clear standards, and generate learning that informs training and evidence. We work in a small number of carefully chosen settings, prioritising depth, quality, and learning over volume.

## **2) Training**

We extend our impact by supporting clinicians to recognise and respond appropriately to torture and other human rights abuses within routine practice. Our training focuses on safe enquiry, trauma-informed communication, appropriate documentation, and safeguarding responses.

We deliver training primarily through existing NHS and professional education structures, including medical schools, postgraduate programmes, and partner organisations, allowing us to reach scale without building a large standalone operation. Training is supported by practical tools and guidance that clinicians can use in everyday care.

## **3) Evidence, Learning & Influence**

We bring together learning from our clinical work and training to answer practical questions: Does early health assessment improve outcomes? Which groups and settings benefit most? What elements of our approach are transferable?

We work with academic and sector partners to strengthen the quality and credibility of this evidence. We use it to refine our own work and contribute to wider clinical and policy debates, helping shape how the healthcare system responds to survivors.

## **Our Theory of Change**

Our work rests on a clear logic:

If refugees and asylum-seekers who are survivors of torture and other human rights abuses are identified early and supported through trauma-informed health assessment practices that recognise and document harm, then their health needs and safeguarding risks are more likely to be understood and addressed. When these practices are used consistently, supported by training and shared tools, they begin to form part of routine healthcare, rather than a specialist intervention.

This is not about expanding TID. Lasting change happens when everyday clinical practice shifts: when clinicians expect disclosure, know how to ask, record information safely, and respond appropriately as part of ordinary care.

Over time, responsibility for this work shifts from a small number of specialist organisations to the healthcare system itself, supported by shared standards, practical tools, and ongoing learning.

## What We Are Working Towards

By 2030, we aim to have contributed to a system in which:

- Survivors of torture and other human rights abuses are identified earlier, as part of routine healthcare
- Enquiry, documentation, and safeguarding responses are recognised as core clinical responsibilities
- Clinicians have the skills, confidence, and institutional support to respond appropriately when harm is disclosed
- Pathways into healthcare, protection, and rehabilitation are clearer and more consistent
- Access to appropriate assessment does not depend on legal representation or contact with specialist NGOs

## Strategic Priorities 2026–2030

### Health Assessments

- Consolidate and refine our assessment model, with choices guided by survivor benefit, learning value, and evidence needs
- Deliver assessments through a small number of strategically chosen partners and settings, with a regional focus
- Prioritise early identification while maintaining access for people with long-standing and complex unmet needs
- Use learning from assessments to improve practical tools, documentation, and referral guidance

### Training

- Ground training in our clinical work and use it to spread learning into everyday practice
- Focus on routine enquiry, trauma-informed communication, documentation, and safeguarding
- Reach priority audiences including medical students, trainees, early-career clinicians, and services working with asylum-seeking and refugee communities
- Develop practical materials that clinicians can use in everyday settings

### Evidence & Learning

- Build monitoring and learning into all programme activity
- Focus evidence work on practical questions that inform programme improvement and demonstrate impact
- Work with academic and sector partners to strengthen credibility
- Use evidence to support funding, partnerships, and wider adoption of effective approaches

## What Makes Us Distinctive

TID's distinct contribution lies in responding to a persistent gap: survivors of torture and other human rights abuses are often not recognised, asked about harm, or supported appropriately within routine healthcare.

We address this through a deliberate combination of independent, trauma-informed health assessments, training, and evidence-building - designed to strengthen everyday clinical practice rather than expand specialist provision.

Our assessments are grounded in humanitarian principles, clinical ethics, and professional standards, delivered by clinicians trained in internationally recognised frameworks. Learning from this work systematically informs training, practical tools, and evidence - supporting the embedding of safe enquiry, documentation, and response within routine care.

This allows us to act as a catalyst for systems change: strengthening mainstream services so that reliance on specialist provision reduces over time.

## How We Will Know We Are Succeeding

By the end of this strategy period, we expect to demonstrate that:

- Our assessment model is clearly defined, consistently applied, and contributes to improved access to healthcare, safeguarding, and support for survivors
- Clinicians who receive our training report increased confidence in enquiry, documentation, and safeguarding, and training contributes to earlier identification and more appropriate responses
- Elements of our approach are being taken up or embedded within wider NHS, professional, or partner training programmes
- Evidence from our work has strengthened credibility, secured funding, and contributed to wider adoption of effective practice
- TID is recognised as a trusted, evidence-led organisation that plays a meaningful role in shaping practice and understanding in this field

## Partnership Approach

We work in partnership with NHS services, voluntary sector organisations, academic institutions, and professional bodies. We prioritise partnerships that improve access for underserved survivors, share our values and standards, and contribute to learning and evidence.

We are committed to ensuring that partnerships are appropriately resourced and that expectations are realistic and clearly agreed.