TortureID pilot project

Evaluation report

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A. Background

TortureID is a group of clinicians and lawyers who are exploring ways to deliver early, timely and effective medical assessments for refugees who have made a claim for asylum in the UK. During a pilot project conducted between May 2019 and January 2021 they aimed to enable those who had suffered any form of severe ill-treatment (human rights abuses including torture, sexual violence, trafficking, FGM) to receive a medical assessment, comprising of a physical and psychological examination from an experienced doctor, free of charge (funded through Legal Aid or Pro Bono). Professional interpreters were used in the assessments where needed. Following the assessment, the doctor prepared a report documenting evidence of ill-treatment and the refugee's current state of physical and psychological health. These medical reports were made available (with the appropriate consent) to health and social care professionals caring for them, the legal representative advising and representing them in their asylum claim and to decision makers at the Home Office determining their claim.

The pilot project was designed to explore whether concise medical reports, which TortureID described as 'screening reports' due to a doctor assessing clients only once and for a maximum 2 hour period, would be considered adequate and helpful by decision makers. The reports produced during the pilot were intended to have the following immediate benefits:

1. Those providing care, including GPs, would know the person has been subject to severe ill-treatment and the psychological and physical impact of this, enabling them to refer for or give appropriate treatment.
2. The legal representative representing the person in their asylum claim would be able to submit medical evidence at the earliest opportunity to Home Office decision makers which would enable them to take the history of the severe ill-treatment and its impact into account when determining the asylum claim.
3. The person who has survived human rights abuses would have their experience recognised and documented which should impact positively on their mental health and wellbeing. Survivors of human rights abuses commonly do not have the opportunity to share their experiences, or if they do they are often not believed, therefore they may not get appropriate treatment and support for many years.

A pilot project was launched in May 2019 and ran until January 2021 in West Yorkshire and Greater Manchester. The time period April 2020 to October 2020 (7 months) was lost to the Covid pandemic so the project ran over 15 months. The aim of the pilot was to produce reports on at least 30 individuals referred to the organisation.

Evaluation

The aim of this evaluation is to assess the impact of the reports produced by TortureID on outcomes and processes. The following information was included in the evaluation:

- All data available (as of 8th May 2021) on 38 cases in which assessments had been conducted and reports produced. This included dates of referral, assessment and reporting; demographic information on the clients; and feedback on legal outcomes.
- Interviews with three solicitors who had referred clients to TortureID for a medical assessment.
- Interviews with two clients who had taken part in a TortureID medical assessment process.
- Interview with one GP who had taken part in a training session conducted by TortureID.
- Written responses to questions from a founder of TortureID.

B. Description of pilot project

TortureID was established to provide medical assessments and reports soon after a refugee has applied for asylum in the UK, before a decision is reached by the Home Office on the asylum claim. The project's rationale in targeting pre-decision cases was firstly to provide evidence at an early stage in the asylum claim process for Home Office decision makers to take into account and to inform health and social care professionals providing support to the refugee; and secondly to enable a safety net of further medico-legal

reports at later stages of the asylum claim, should the 'screening' report be considered insufficient. During the pilot phase all referrals were accepted, leading to the production of 31 medical reports.

During the pilot phase, seven cases were accepted after Home Office refusals when the representative could not find an alternative provider to assess their client and produce medical evidence. The reports prepared for Tribunal proceedings usually took somewhat longer to produce, as Home Office decision makers commonly disbelieved certain aspects of a client's claim which were then explored in the medical assessment, but, as with the pre-decision cases, the client was seen only once for a maximum period of 2-hours and the report was as succinct as possible.

The reports were written to a simple template, plus footnotes, to address key requirements and common scenarios. The aim was to enable reports to be produced more quickly, so that more clients could be seen and benefit from the service. As the pilot developed, the template became more complex, but all extra detail was kept in footnoted sections so that Home Office decision makers and Tribunal judges could choose whether to explore the issue in more detail. The main body of the report contained the assessment findings and opinion of the assessing clinician and made reference to the footnoted sections where relevant.

One of the main principles of TortureID is to write reports in a very clear and straight-forward way, so they can be understood by anybody. Official terminology, such as the Istanbul Protocol criteria, is used, but this always follows on from a simple explanation.

The majority (30 of the 31 pre-decision reports and 5 of the 7 post-decision reports) were produced by a single doctor. This doctor has a long history of working in primary care services with refugees and of providing medical evidence, including expert witness reports.

As TortureID has taken on more report writers, they have commented on the ease of structuring the report using the template provided.

C. Summary of reports produced during the pilot phase

Reports were produced for 38 clients during the pilot phase; of these 31 were produced after the clients had made a claim for asylum and were awaiting a decision from the Home Office and 7 were produced after a decision was given by the Home Office but before the claim went to the Asylum and Immigration Tribunal on appeal.

The evaluation report will focus primarily on the 31 reports produced pre-decision but will also examine outcomes for the cases taken on appeal to Tribunal stage.

Referrals

Requests for reports were received from four law firms in the north of England, all with Legal Aid Agency Immigration contracts, providing free advice and representation to refugees on their asylum claims, with the majority (18) coming from one firm.

Outcomes

As of 8th May 2021, 12 of the 31 clients referred pre-Home Office decision had been granted refugee status, 3 had been refused asylum by the Home Office and no decision had yet been received in the other 16 cases. (One of the 3 refusals has been overturned on appeal and the other 2 are being appealed).

The Home Office do not provide any written justification for granting refugee status so there is no feedback in these cases about how the TortureID medical evidence informed the decision to grant asylum. However, in the case of two of the three refusals (TortureID do not have a copy of the refusal letter for the third case) the medical evidence was accepted by the Home Office but other issues (e.g. the risk to the client if they returned to their home country) led to a refusal.

In total 7 TortureID reports were considered by a Tribunal. Six of these were post-decision cases and one was a pre-decision case which had been refused by the Home Office. Of the 7, six received a positive decision and one was refused. One post-decision report is yet to be considered by the Tribunal.

Process

In most cases (25) the report was written before a Statement of Evidence Form (SEF) had been completed (for children this is a questionnaire form about the asylum claim and for adults this is an interview with a Home Office caseworker about the asylum claim), and in 30 cases the client was advised and represented by Solicitors under the legal aid scheme[1].

The number of days involved in each stage of the process was calculated, and is shown in Table 1 below.

Table 1. Number of days taken for each stage of the process.

Stage	Minimum	Maximum	Median
Referral received to assessment conducted	4	246	29
Assessment conducted to report issued	4	94	15
Referral received to report issued	15	275	49

In 13 cases delays had occurred in arranging appointments for the medical assessment to take place, mainly due to the impact of the COVID-19 situation and the inability to safely conduct face to face assessments (12 cases).

When only the 19 cases unaffected by COVID-19-related delays are considered, then 80% of the assessments (15 of the 19) were completed within 30 days of the referral being received, and 90% of the reports (17 of the 19) were produced within two months of receipt of the initial referral.

Characteristics of clients

The majority of pre-decision clients (24) were male. Age at referral[2] ranged between 15 and 50 years, with a median age of 24.5, and twelve clients being separated young people. Clients had arrived in the UK over a period of eight years, with most (21) arriving since 2019[3]. Asylum claims had been submitted from mid-2017, although again the majority (24) had submitted asylum claims since 2019[4].

Clients came from 14 countries, with the largest numbers from Sudan (7) and Iraq (5). The numbers from each country, and the ethnic groups they identified with, are shown in Table 2.

Table 2. Countries of origin of clients

	Number	Ethnic groups
Afghanistan	1	Pushtun
Cameroon	3	Baleng, Batibo, Fula
Chad	1	Gouran
China	1	Falun
Eritrea	1	Amharic
Ethiopia	2	Amharic, Oromo
Iraq	5	Kurdish (3), Sunni (2)
Rwanda	2	Tutsi (2)
Somalia	1	Bajuni
South Africa	1	Zulu
St Vincents & Grenadine	1	*(not given)*
Sudan	7	Brgawy, Fur, Gimir, Habani, Mima, Zaghawa (2)
Vietnam	4	Kinh *(3 not given)*
Zimbabwe	1	*(not given)*

[1] This information was missing in one case.
[2] This information was missing in one case
[3] This information was missing for three clients
[4] This information was missing in two cases

This information is shown separately for male and female clients in Table 3.

Table 3. Client characteristics by gender

	Male	**Female**
Age range	15-50 years	17-41 years
Age – median	19	33
Separated young people	11 (of 24)	1 (of 7)
Country of origin		
Afghanistan	1	0
Cameroon	1	2
Chad	0	1
China	1	0
Eritrea	1	0
Ethiopia	2	0
Iraq	4	1
Rwanda	2	0
Somalia	1	0
South Africa	0	1
St Vincents & Grenadine	0	1
Sudan	7	0
Vietnam	3	1
Zimbabwe	1	0

Experiences of severe ill-treatment documented in reports

The reasons the clients had been targeted for persecution varied, with the most commonly-cited being political reasons (6), ethnicity (5), abuse within the family (5) and for the purposes of trafficking (5). Other reasons, relating to smaller numbers of clients, include forced recruitment, sectarian issues and sexuality. Their experiences included the following:

- Torture - 25 cases
- Modern slavery – 17 cases
- Domestic violence – 4 cases
- Sexual assault – 8 cases
- Historic child abuse – 5 cases
- Female genital mutilation (FGM) – 1 case

The issues documented in the reports included the following:

- Psychological injury – all 31 cases
- Physical injuries – 30 cases
- Concerns regarding the client being able to disclose their experience in an interview setting and/or to give evidence at Tribunal – 15 cases
- Other vulnerabilities – 17 cases. In the majority of cases the 'other vulnerability' related to the age of the client.
- Risk and safeguarding assessments – all 31 cases

D. TortureID assessment processes

Information in this section is drawn from interviews with Solicitors, and written feedback provided by Solicitors directly to TortureID, plus feedback from two clients.

The legal representatives of the clients for whom reports were provided were asked to give feedback on the process and the case, and to explain the ways in which the report provided by TortureID contributed to the outcomes for their clients. In addition, three Solicitors who had regularly requested reports from TortureID during the pilot phase were interviewed about their experiences.

Solicitors gave two main reasons for requesting a report from TortureID at pre-decision stage:

> (a) due to a concern that there may be inconsistencies in the account given by the client during the Home Office SEF interview, and a desire to demonstrate the credibility of the client's case before the interview took place, and
>
> (b) where the client was too distressed to give a full account of events to the Solicitor, so evidence was needed to support the case which did not necessarily rely on the client's own statement.
>
> > *The main goal of getting a report is to strengthen the credibility of the case, or to influence the way someone is interviewed. If it's too traumatic for somebody to talk about what happened, then we would put in a medical report and ask the Home Office not to question them further on that element of their claim, because the risk of being retraumatised is too significant.*
> >
> > *If I could do it for every single client, I think I probably would do, but you have to pick the ones who will benefit from it the most.*

There were advantages to obtaining a medical report at an early stage in the asylum process, particularly in these types of cases, both in terms of the client's wellbeing and to facilitate the legal process. Where a client was unlikely to be able to provide a detailed and consistent account of their experiences due to the psychological impacts of these events, providing physical and psychological evidence of their claims ensures that the decision-maker has all the information needed to determine a claim properly. Where this leads to a positive decision, then the cost (emotional, financial and other resources) of an appeal is avoided.

For clients, a speedy and positive resolution to their asylum claim has obvious benefits (obtaining legal status in the UK, right to work, right to access education and welfare benefits). However, in addition, legal representatives said that clients were able to feel more confident before and during a Home Office SEF interview in the knowledge that there was a medical report to support their claims. Also, where medical evidence had been provided, it was not necessary for the interviewer to probe potentially distressing aspects of a client's experience during interview.

Legal representatives expressed that despite the clear benefits of obtaining a medical report at an early stage in the asylum process, before a decision has been made by the Home Office, the options for obtaining such a report are limited outside of the service provided by TortureID. Whilst there are other services which can provide high-quality medical reports to support asylum claims, it is difficult to obtain them at an early stage. The following factors contribute to this:

> *Criteria:* Some service-providers will only offer reports when they are likely to provide a 'material benefit' to the case, and this is more difficult to demonstrate when no decision has yet been made.
>
> *Cost:* The cost of some medical reports is more than £1000, and this is likely to be challenged by the Legal Aid Agency who need to authorise disbursements on cases at the pre-decision stage. TortureID were able to provide reports at a significantly lower cost (£340) because they are based on one appointment only, with a targeted examination, and they are written up in a concise report. The cost of TortureID medical assessments is below the threshold for the Legal Aid Agency, and claims for reimbursement at the pre-decision stage were very rarely challenged (only in one case at the start of the pilot).
>
> > *The Legal Aid Agency will pay the fairly modest fee that is being asked in my experience, without any real questions about it.*
>
> *Timeframe:* It can take 6 months or more to obtain medical reports from the few service-providers that exist. Whilst this delay can be explained at the appeal stage, since the necessity of a report has been established, it is more difficult to justify (both to the client and the Home Office) at a pre-decision stage. The assessment model used by TortureID enables the organisation to produce reports much more quickly, so minimising any delay.

TortureID's medical assessment reports were produced speedily and at relatively low cost, and were perceived to be very high quality by the legal representatives who requested them.

A lot of the other organisations take a long time and write very detailed reports which can be hard for people in the Home Office or even in the courts to grapple with.

The Torture ID reports are bit shorter, a bit less detailed than a full medico-legal report, but I think that it's giving us enough at the early stages of a case when credibility has not been disputed yet to just push those cases over the line and get them into a position where someone in the Home Office is believing what the person says.

Legal representatives commented in particular on the skills, knowledge and experience of the doctor who conducted the majority of the medical assessments, both in terms of her ability to engage sensitively and appropriately with this client group, and her ability to produce robust reports. Solicitors appreciated the style of report produced by TortureID, in that it is tailored specifically to the requirements of the asylum process and the needs of the decision-makers who would be reviewing it. The reports are designed to be concise and accessible, with a clear structure which enables the reader to easily find the information needed.

If you can have something that shows very clearly what is meant and something that is evidence of torture that isn't overly wordy and isn't overburdened by lengthy passages that are standardised, I think it's far better because it's easier for them [Home Office staff] to look at it and understand it.

At the end there's a summary of the advice, and that's very good because I'm guessing that very often the decision-maker goes straight there. They might read the rest if there is something they want information about. From my point of view, it would be difficult to improve on [the reports] really.

Other aspects of the TortureID service highlighted by legal representatives as being particularly beneficial were the ease of the referral process and the fact that the assessment took place at the legal representative's office, rather than the client having to travel to a new, unfamiliar location. This also meant that an interpreter who the client already knew could be involved, and the legal representative was on hand if the client became distressed.

'TortureID has provided an invaluable service to some of our most vulnerable clients. The fact that the client can be seen in the comfort of our office, which is a familiar setting, helps our clients with the anxiety of the situation'.

The two clients interviewed for this evaluation emphasised the skill of the doctor conducting the assessment in making them feel comfortable during what could be a difficult process. They referred to her kind manner and calm, patient approach to the assessment. One client said that she felt able to disclose additional information because the doctor had '*a calming presence*' and the client did not feel judged. Both referred to the doctor's general manner during the assessment as giving them confidence, with one saying *'every time I met her she was cheerful and smiled often. This made me trust her, I didn't feel scared. I have met other doctors who are very serious, and it makes me feel scared*'.

E. Effects of TortureID medical reports on the legal process and decisions

In some cases, the legal representative stated that the report directly contributed to their client being granted refugee status. This was most often because the report provided evidence in support of the client's claim to have been tortured, however in some cases the report also explained inconsistencies in the accounts given by clients.

There were some big discrepancies in his interview record, so I believe the torture report helped to explain his inconsistency, and also support his claim to have been tortured

In several of the cases in which a decision had not yet been received, the legal representative believed that the report was likely to lead to a more positive outcome.

We are still awaiting a decision on this client. He presents as very closed and does not want to discuss what has happened. The report was helpful to highlight this and confirm the torture. By submitting the report we have given him a better chance of receiving a positive outcome.

The main ways in which the reports provided by TortureID were believed by representatives to influence legal outcomes were:

- Documenting evidence in support of the client's claim that they had been tortured.
- An assessment conducted by a specialist enabled the client to disclose ill-treatment more fully.
- Explaining a client's behaviour (e.g. distress during Home Office interview; reluctance to discuss experiences; inconsistencies in account) with reference to the psychological effects of their experiences.
- Giving credibility to the case.

Some quotations from the legal representatives' feedback illustrating these points can be found below.

'Although this client's asylum claim was refused, the TortureID report was given 'significant weight' and it was accepted that our client had suffered ill-treatment. Other aspects of our client's claim were not accepted'.

'He has found talking about his experiences very distressing and having the time with a specialised doctor helped him with this and to disclose ill-treatment that he hadn't previously been able to talk about'.

'I think your report helped a great deal with his case by corroborating his evidence. I think it has saved him the stress of an appeal, so thanks again for that'.

'The report from TortureID has helped to identify the extent of the ill-treatment and documented the effect that the ill-treatment had on our client's physical and mental health'.

It was a very, very complicated story and he had a massive inconsistency and we didn't even really resolve it. It was like he said one thing and then he said something else and he couldn't really give an explanation for the difference. I spent a long time with him and I don't think we resolved it and then his case was successful at the initial stage. So I really feel like the Torture ID report was what did it. I think without that they could have easily come back and said, 'we don't believe you because look at this big, massive inconsistency, we don't believe anything you said', whereas with that report we could say, look, he's really traumatised by what happened to him. We've got evidence here that he's been tortured and this inconsistency is just because he just can't remember. So that one in particular really stands out for me because I feel like it was one where the Torture ID report was absolutely pivotal.

In two cases, the legal representative said that the report provided by TortureID supported their request for their client not to be interviewed again due to the distress caused.

Analysis of decision-makers' use of medical reports

Information on how Home Office decision-makers and immigration judges in the Asylum and Immigration Tribunal made use of the medical reports provided by TortureID was available in eight cases.

Two cases relate to assessments conducted before the Home Office initial decision was made. In both cases the clients' asylum claim had been refused and the Home Office decision letters made reference to the medical report. These letters were included in the analysis for this evaluation. In one case the appeal had been successful at Tribunal, and the judge's written appeal determination was also included in the analysis. In the second case, the Tribunal's determination is awaited.

In the other six cases, the TortureID assessment had been requested by clients' legal representatives after the initial refusal by the Home Office but before the appeal was heard by the Tribunal. Five of these six cases had been successful at Tribunal, one was refused. The immigration judges' written appeal determinations for these six cases were analysed as part of this evaluation.

This analysis is reported here under two main headings:

a) Factors which contributed to the authority or credibility of the TortureID medical report
b) Use of the medical reports in forming decisions

Factors contributing to the authority of the TortureID medical report

Four factors were consistently referred to in Home Office letters and judges' appeal determinations as contributing to the weight given to the medical report:

1. The drafting of the report in accordance with the Istanbul Protocol (2004) and the use of language aligned with the Istanbul Protocol (e.g. 'consistent with').
2. The credentials and experience of the assessing doctor.

Having examined the report and its findings and the qualifications and experience of Dr X it is considered that the Report has been drafted fully in accordance with the standards expected under the Istanbul Protocol (2004) and therefore significant weight will be given to the findings of Dr X.

My attention was drawn to a torture screening report of a Dr X, a doctor of medicine, whose credentials are set out on the last page of her report that was submitted to the hearing. I note that she clearly had a level of experience in refugee healthcare and she claimed experience of identifying medical evidence of torture, rape and other forms of ill-treatment … her length of experience in her field of working with refugees cannot, according to her claims, be open to doubt and to this extent, therefore, I accept her expertise.

3. Perceived 'fairness' in drawing conclusions; being careful not to over-state claims made, but only to report what can be supported with evidence.

I find Dr X's report helpful in my determination of this appeal. It seems to me to be fair and does not reach exaggerated or speculative conclusions. It also seems to me that had the respondent had the advantage of considering Dr X's report at the time of his decision he might have made a different assessment of the appellant's [dated] claim. This is because, in my judgement, the report goes some way towards substantiating his account that he was ill-treated in custody at that time.

In regard to both scars Dr X is careful to go no further than saying that the appellant's account is 'consistent with' the appearance of those scars.

4. The identification of physical or psychological issues which do not relate to the case (e.g. injuries which the client does not claim to be torture-related but which occurred in some other way).

Dr X further states that you have some nonspecific scarring on your upper left arm and upper abdomen "which he attributed to beatings. This could be the result of beatings but also be the result of accidents" (Medical report section 3.1).

He had other injuries that he did not attribute to ill-treatment. Dr X also concluded that his reported headaches were probably stress induced rather than as a result of blows to the head he told her were inflicted during his detention.

Other factors referred to by individual judges in the appeal determinations were:

- The length and detailed nature of the assessment interview
- Assessors drawing on various sources of information, including relevant documents and observations of the client's behaviour during the assessment interview
- The assessor giving a clear explanation of her/ his reasoning

Dr Y explains in his report that he conducted an interview with the Appellant at the solicitor's office on [date]. The interview was fairly extensive as it is recorded as having taken two and a half hours. The report details the documents Dr Y had sight of and importantly he had seen the Respondent's refusal letter and interview records and had medical records.

The Dr has gone to great lengths to detail the Appellant's behaviour during the assessment and his clinical observations … It is correct to say he does not rely solely upon the factual account as given by the Appellant but combines this with her behaviour as shown above and his own observations.

Contribution of the TortureID medical reports to decision-making

In appeal determinations the judges set out how the medical reports had contributed to their decision-making. Judges referred to three main issues:

1. The extent to which information about physical injuries obtained through the assessment corroborated the account given by the client.

I attach positive weight to the ... finding by Dr X that the appellant's physical and psychological injuries are either 'consistent' or 'highly consistent' with the appellant's account of [a certain event]

2. The extent to which the assessment of the client's psychological state explained the client's behaviour in interviews and/ or inconsistencies in the account given.

The inconsistency with regard to the precise date on which [a certain event occurred] is in my view sufficiently explained by the appellant's continuing problems with his memory (as spoken to in the reports of Dr X).

I found the evidence of Dr Y both reliable and strongly supportive of the Appellant's credibility. It also provides support for why she may at times have struggled to answer questions during the interviews and why it appeared she was at times vague or lacking detail … The decision maker did not have the benefit of this medical evidence when the decision was made. I find this evidence does demonstrate on the lower standard of proof that the Appellant has serious mental health problems that render her a vulnerable person.

3. The assessor's professional opinion that there is no evidence of the client fabricating symptoms of mental health problems. This gives credibility to a psychiatric diagnosis that might otherwise be doubted by the judge.

Dr X found there was nothing which arose in the course of her assessment which led to concerns that the appellant might be fabricating any of his clinical symptoms and signs.

Nothing arose in her assessment which suggested the appellant was fabricating any of his symptoms or signs. PTSD is a diagnosis which requires a significant traumatic event or events. Of course the diagnosis of PTSD does not in itself specify the traumatic event which caused it, but it does imply that a traumatic event must have occurred. The symptoms described by the appellant to Dr X include in particular dreams about [a certain type of event]. I regard the medical diagnosis of PTSD as moderate support for the appellant's overall account.

Feedback from the Solicitor involved in the case which was refused at Tribunal was: '*The report was excellent and very comprehensive and before a different Judge it could have made more of a difference….the appeal was dismissed because the Judge did not believe X due to what he saw as inconsistencies in his evidence and his poor immigration history*'.

F. Effects of TortureID medical reports on care received

In the initial stages of the pilot, legal representatives were asked to share the medical report and recommendations with their client's GP, but TortureID became aware that this was not happening consistently. From around halfway through the pilot, TortureID began extracting the clinical recommendations and adding these to a templated letter which was sent directly to the clients' GP. This also enabled TortureID to approach GPs for feedback on how they received the recommendations.

Over the course of the pilot, GPs were informed directly by TortureID in 12 cases, and in other cases a letter to the GP was sent via the legal representative (5) or the legal representative was asked to share the report with the GP (7), or the legal representative was asked to give the report to the client to share with their GP (5).

In the 12 cases where GPs were informed of the medical assessment and report directly by TortureID, the GPs were requested to give feedback on how the information informed the care they offered to the client concerned. A response was only received in four cases, one of which was to say that the client had left the practice.

In two of the three cases in which feedback was available, the GP was already aware of the patients' history of human rights abuses, but in one of these cases the GP reported that they had few details so the letter from TortureID provided useful information. In one case, the information received had not influenced care because the GP was already aware of the relevant issues, and in another the patient had not presented at the surgery since the report had been received by the GP. The third GP, who had been unaware of the patient's history previously, reported that the information in the medical report had influenced the care offered to the patient. All three reported that they found the format and tone of the letter or report received from TortureID helpful.

Four legal representatives gave feedback on cases where they had referred their clients' medical reports on to health and social care professionals with the appropriate consent. They noted that the report was useful in ensuring that the client was able to receive the support they needed in areas of their lives such as housing, healthcare and social care.

> *The TID report helped his social worker to better understand his behaviour and change his support to be more appropriate.*
>
> *He also requested that we share the report with his GP to enable him to access more suitable treatment for the physical and psychological damage that had been caused by the ill-treatment.*

G. Training for GPs

Training for GPs was offered as part of TortureID's service during the pilot phase. The aim was to provide a bespoke session to GPs to increase their confidence in asking about, recording and sharing information about human rights abuses. Time was spent prior to training assessing how the doctors were currently operating, and to identify their specific training needs.

Two training sessions were delivered to GPs with many refugees registered at their practices during the pilot period; one in Leeds and one in Sheffield. One practice was doing very little work at the request of asylum lawyers and the other practice reported that they felt overwhelmed by lawyers' requests for complex medico-legal reports. In the latter case, the GP who had requested the training did so because she felt that the reports they were producing were too long and not necessarily focusing on the most relevant issues, or using the type of language most appropriate for these reports. Feedback from the training sessions was positive, with participants reporting that they met their needs.

The fact that the training was tailored to the needs and skills of the specific group of GPs, and was provided by a doctor (also a GP) with high levels of expertise in the subject was appreciated. GPs particularly valued practical support in terms of letter templates and proformas they could use when working with patients who had experienced human rights abuses, and guidance around appropriate language.

In terms of how the training was likely to influence practice, participants said:

> *This will help us have more formal procedures, flow charts, templates and plans than previously.*
>
> *We were previously calling them medico-legal reports, but I knew this wasn't correct. The training enabled us to be clearer about the limitations of what we can offer, which is a 'medical summary letter', not a medico-legal report.*
>
> *I think that the delay in trying to work out what we can and can't do and also with worrying re what we are doing will be reduced and I also feel more confident that I am doing 'OK' for the patients.*

One GP said that the biggest change in her practice following the training is that she is now more proactive, and does not necessarily wait to be asked by an asylum lawyer before she writes a report. Where she is aware that a new patient has experienced ill-treatment and has physical and/ or psychological signs of this,

she will sometimes write a report and send it to the lawyer without being requested to do so. This GP said that the training had:

> *Increased my confidence that what we were able to offer is potentially useful. We recognise that although we aren't top experts in this field, we do have a knowledge base and expertise, we can document what we see and we know now that it is likely to be useful. We are clearer that what we're doing can make a difference, which makes us more proactive in doing it.*

H. Next steps for TortureID

During the pilot phase of the project, over one-third of referrals were for young people. Feedback from legal representatives indicated that these reports were very helpful, particularly in the influence they had on how the Home Office approached the young person. This has led to TortureID concentrating on young people who are unaccompanied and seeking asylum for the next stage of the project. The organisation will continue to take referrals for medical assessments and reports from solicitors, and is also working with social services and looked-after children's services to offer clinical screening assessments soon after placement. The emphasis will be on clinical recommendations but there will also be a section on injuries and health conditions as evidence of human rights abuses.

Opportunities for training GPs and other clinicians were limited by Covid-19. TortureID remains committed to offering free training to any individual or team who wish to improve their understanding of human rights abuses and how to assess and record them. It is a central belief of the organisation that front line clinicians who come into contact with people seeking asylum in the course of their work can make small adjustments to their practice which can have huge benefits to an individual who has experienced human rights abuses.

I. Conclusions

The aim of this evaluation is to assess the impact of the medical reports produced by TortureID on outcomes and processes.

Impact on outcomes

Whilst it is not possible to know for certain the impact that TortureID assessments and reports had on the outcome of asylum cases, there are some indications that they increased the likelihood of a positive outcome for clients. Feedback from legal representatives support this conclusion, as do judges' comments on the reports from the Tribunal case reviews.

The findings of this evaluation suggest that the reports produced by TortureID have a positive impact on legal outcomes due to both (a) the credentials and experience of the doctor involved, and (b) the appropriate and convincing manner in which the reports are written. The reports, which are tailored to the needs of decision-makers, provide evidence which enables the Home Office to make decisions based on accurate information, which is particularly important where there are inconsistencies in a case.

Impacts on processes

The legal representatives appreciated the speed with which the assessments are conducted and reports produced; the modest costs involved; and the ease of the referral process. Clients reported that the assessment was conducted in a sensitive way that recognised the painful nature of the process and enabled them to share the necessary information.

The provision of medical evidence in support of certain aspects of a case allowed legal representatives to request that the Home Office interviewer did not question the client on those aspects, which reduced the distress involved in the interview process. The availability of medical evidence also increased clients' confidence as they approached a Home Office SEF interview, which again minimised distress.

Other achievements

Although limited information was available, there is some evidence that the TortureID reports had a positive impact in some cases on clients' ability to access medical and other forms of care (e.g. social care, housing).

Training sessions conducted for GPs by TortureID contributed to GPs' ability to produce medical summary letters when requested by asylum lawyers, and in some cases to provide such information even without being requested.

Summary

There were advantages to obtaining a medical assessment report at an early stage in the asylum process, both in terms of the client's wellbeing and to facilitate the legal process. In terms of the legal process, the provision of physical and psychological evidence of a severe ill-treatment claim ensures that decision-makers have the information needed to make a determination. This is particularly important when a client is unlikely to be able to provide a detailed and consistent account of their experiences due to the psychological impacts of their human rights abuses. Where the additional evidence leads to a positive decision, then the cost (emotional, financial and other resources) of an appeal in a Tribunal is avoided.

There are limited options for legal representatives to obtain medical reports pre-decision due to constraints including costs and the timeframe within which reports are required, as well as the criteria used by some organisations regarding the circumstances in which medico-legal reports will be offered. The service offered by TortureID overcomes these barriers to obtaining a medical assessment report at an early stage.

> *I think generally, it can be so difficult to get these reports outside of the service provided by Torture ID … So it's really made a difference to the work we've been able to do, having these reports.*

The experience and expertise of the doctors who conduct the assessments and write the reports for TortureID contributes both to the quality of the process (in terms of client experience) and outcomes (reports which are perceived by decision-makers to have high levels of credibility).

> *Yes, it's had a really good impact on [clients] because it's meant they haven't had to go through the distress of the interview. We've been able to put in other evidence and then wait for the Home Office to make a decision on that rather than them having to go through the trauma of the interview. Also, I would say that from what I can remember all of the ones I've done have then subsequently got a positive decision … I'm sure that that the reports would have been a big factor. If I could I would just refer all of my clients that were tortured.*

Other legal representatives also expressed the view that the service provided by TortureID was so beneficial that they would request reports for all of their clients if that option was available. The potential benefits were described as going beyond the legal process, and impacting more broadly on the support received by refugees, and for the system as a whole.

> *When I look at these reports, I think that if there was a way of all asylum seekers being able to access a screening like that at the beginning, without me having to apply for legal aid. If I was designing an asylum system I would work something like that in, so when people are coming and claiming that at the beginning there is some evidence of torture or other ill-treatment and that will help them to access the help they might need, whether it's from the NHS or social care, or whether it's helping get early referrals for trafficking … It would be so much better than just doing what they do now, which is conducting screening with an official with the basic information … because it would mean that we're not just gathering [reports] for certain clients and we're not just gathering the evidence to use it in a legal way, but it would benefit in other ways too.*

Annex 1. Curriculum Vitae: Dr Rebecca Horn

Dr Rebecca Horn is a psychologist by background, but has worked as a psychosocial specialist in humanitarian settings (primarily with people affected by conflict) since 2003.

Since 2009 Rebecca has worked as an independent psychosocial specialist. Alongside her independent work for organisations including UNICEF, HealthNet TPO, International Rescue Committee and Red Cross/ Red Crescent, she is a Senior Research Fellow with the Institute for Global Health and Development at Queen Margaret University (Edinburgh, UK) and a core member of the Church of Sweden/ Act Alliance psychosocial roster. Her work in the psychosocial field includes research (including assessments and evaluations), capacity-building, and supporting organisations to integrate psychosocial approaches into their programmes.

Rebecca has conducted evaluations for organisations including International Medical Corps, Palestine Red Crescent, American Red Cross Tsunami Recovery Programme and Mercy Corps. She is an active member of IASC Mental Health and Psychosocial Support Reference Group working group on Monitoring and Evaluation, and has contributed to the development of guidance in the field. She is a member of the Editorial Board of the journal *Intervention: Journal of Mental Health and Psychosocial Support in Conflict Affected Areas.*

Qualifications

PhD, Department of Psychology, University of Birmingham (1994)

BSc (Hons) Psychology, University of Surrey (1991)

Membership of Professional Organisations

Health and Care Professionals Council: PYL15657