



Home Office

## Detention Services Order 12/2012

### Room Sharing Risk Assessment

**Process:** To provide instruction and guidance to staff working in immigration removal centres and residential short term holding facilities on how to identify and assess the risk one detainee poses of killing, seriously assaulting or causing mental or physical harm to another detainee when locked in a shared area.

**Implementation Date:** September 2016

**Review Date:** September 2018

#### **Contains Mandatory Instructions**

**For Action:** Staff operating in immigration removal centres and residential short-term holding facilities

**For Information:** Escort staff and Home Office caseworkers

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#### **Processes Affected:**

**Assumptions:** All staff will have received the necessary training and have the necessary knowledge to follow these procedures

**Notes:** The room sharing risk assessment form and review form are attached to this DSO as an annex along with guidance on completing both forms. DSO 08/2016 sets out instructions on the care and management of adults at risk in detention.

**Issued:** September 2016

**Version:** 2.0

**Detention Services Order 12/2012**

**Room Sharing Risk Assessment**

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## Introduction

1. A European Court ruling requires a room sharing risk assessment to be carried out, as a legal requirement, in a custodial environment.
2. The purpose of this order is to provide instruction and guidance for staff working in immigration removal centres (IRCs) and residential short term holding facilities (STHFs) on how to identify and assess the risk that one detainee poses of killing, seriously assaulting or causing mental or physical harm to another detainee when locked in a shared area e.g. a room or a corridor. References to “centre” in this document cover IRC and STHF.
3. A detainee’s risk is assessed locally each time a detainee enters a new centre or where their risk changes, and will take account of all evidence and intelligence available on the day of admission. The assessment will consider both the needs of the detainee and any risks around sharing with other detainees. This DSO should be considered in conjunction with DSO 08/2016 which sets out guidance on the care and management of adults at risk in detention.

## Purpose

4. The room sharing risk assessment (RSRA) is an essential tool in the identification of detainees who pose a risk to other detainees when locked in a shared area e.g. a room or a corridor (where lock down is limited to the corridor). The RSRA is intended to:
  - help staff with the assessment of risk (to an individual or by an individual);
  - draw together information and knowledge about the predictive risk factors regarding an individual;
  - make best use of documentary evidence about the level of risk posed by an individual;
  - support staff judgement about allocation to rooms and risk management;
  - record additional operational precautionary measures for a detainee identified as a potential risk, where sharing is unavoidable;
  - provide a record about risk of harm to others as a detainee moves between units/centres;
  - enable early identification of violent detainees or detainees who may bully others, which may include bullying on the grounds of race, religion, sexual orientation or disability;
  - ensure that other procedures to protect potential victims are followed;
  - provide a system for risk factors to be considered either systematically where factors have been identified or on an adhoc basis, as and when circumstances change.
5. The RSRA process does **not**:
  - replace staff judgement but allows staff judgement to be recorded effectively;
  - provide a risk score; or
  - rule out room sharing by detainees identified as posing a risk.

## Risk Assessment

6. The risk assessment is formed of two parts; an operational assessment and a healthcare assessment.
7. An RSRA assessment and form must be completed by the centre supplier for every detainee during reception on admission to an IRC/STHF. If evidence is not available on the day of admission e.g. the prison file or if the detainee is new into a detention/custodial setting and background information is not available, then a second assessment must be completed as soon as possible once further evidence/information has been received (see paragraph 23) or following the detainee's initial 48 hours in detention once residential/welfare checks have been undertaken.

## Definitions

8. There are detainees who may present a risk to other detainees, and detainees who may be at risk from other detainees (because of particular vulnerabilities or other issues that may place them at an increased risk in certain circumstances or from certain individuals/groups). In respect of a room sharing risk assessment Centre suppliers can assess a detainee as one of two categories:
  - **High Risk.** A high risk detainee is one for whom there is a clear indication, based on evidence available, of a high level of risk that they may be violent to another detainee in a locked area or that another detainee may be violent to them. This should include detainees who may be vulnerable to sexual assault or coercive sex.
  - **Standard Risk.** A standard risk detainee is one for whom, based on evidence available, there is no immediate risk that they may be violent to a detainee or be at risk of violence from another detainee.
9. Risks are described as either **static** or **dynamic**.
  - **Static** factors are those such as, for example, a previous offence of in-room violence, homicide or arson. Static risks are unlikely to change over long periods of time.
  - **Dynamic** factors cover events which are not fixed, such as a change in behaviour during treatment for substance abuse, a mental health condition which varies with medication or a volatile state associated with 'bad news' e.g. service of removal directions or failed bail hearing. Dynamic risk factors can change and will require a review over shorter periods.

## Operational Risk Assessment

10. The following evidence should be considered as a minimum by centre supplier staff when making an operational assessment, and recorded on the RSRA form:

- Previous convictions
- Cell sharing risk assessment (if transferred from a prison)
- Known vulnerabilities for an individual identified as an 'adult at risk' (DSO 08/2106 refers)
- Previous room sharing risk assessment and any review forms (if transferred from an IRC or STHF)
- Prison file including list of any adjudications
- Detainee Transferable Document (DTD)
- Person Escort Record (PER)
- Records of instances of Rule 40 and Rule 42 (if transferred from an IRC or STHF)
- Assessment Care in Detention and Teamwork (ACDT) (see DSO 06/2008)
- IS91– checking PNC result and any history of violence
- Movement Order
- Healthcare Assessment as part of the risk assessment (see paragraph 13)
- Intelligence (detention intelligence team)

11. Staff should gather evidence of current, or previous convictions either proven or knowledge of, from the evidence sources listed above and identify relevant risk factors as set out on the RSRA form.

12. There may be instances where a detainee is transferred from the prison estate without their prison file. Centre suppliers are responsible for approaching the prison to obtain the missing prison files and must have a documented procedure in place to retrieve them. For detainees leaving Scottish Prisons where the prison file will not accompany the detainee, the receiving centre must call the last prison the detainee was held at for a list of any adjudications and any other relevant risk factors.

## Healthcare Assessment

13. Healthcare professionals in centres will complete a health screen process as part of reception procedures. Following screening, a member of the healthcare team must complete the healthcare assessment part of the RSRA, recording any information gathered, either through observation or available in records (including medical records), that indicates that a detainee may pose a risk of killing, seriously assaulting or causing mental or physical harm to another detainee when locked in a shared area e.g. a room or corridor, or be at risk of such harm from other detainees.

## Process

14. The RSRA must be completed as soon as practicable after the detainee has arrived at the centre and before allocation to a shared room/area. The RSRA must only be used to assess the risk that a detainee poses to another detainee. This information should be considered when assessing a detainee for a closed visit as set out in DSO 04/2012 Visitors and Visiting Procedures.
15. Where a detainee has transferred from another centre, the receiving centre must read the existing RSRA before undertaking the new assessment, to establish whether any new evidence needs to be considered. All new and existing information must be recorded on a new RSRA form and a new assessment of risk must be undertaken.
16. Where a detainee has transferred from a prison, a Cell Sharing Risk Assessment (CSRA) will accompany the detainee. The receiving centre must read the CSRA, establish whether any new evidence needs to be considered and complete a RSRA form, including both the evidence available in the CSRA and any new evidence gathered. If the CSRA is missing from the prison file, the centre supplier must request a copy from the last prison the detainee was held at.
17. Staff in reception should consider all evidence available at the time and assess whether the individual is a standard or high risk, recording this on the RSRA form. If there is evidence or strong suspicion that any of the following risk factors exist, the detainee must be assessed as mandatory 'High Risk' and located in a single room. In residential STHF it may not be possible to locate a detainee in a single room and in these circumstances other safeguards should be considered including transfer to an IRC. The risk factors are:
  - Life threatening assault, murder or manslaughter of another prisoner/detainee or assisting a suicide while in custody. A life threatening assault would be one in which the victim suffered very severe injuries. In police terms these would be the most serious form of Grievous Bodily Harm, or attempted murder. Assisting a suicide is a charge used where the police believe a prisoner/detainee was involved in the death of a cell/roommate. Convictions for racially aggravated offences, or any form of hate crime should also be considered.
  - Sexual assault with same sex adult victim either in the community or in prison/IRC. Convictions for sexual assault need to be considered very carefully. A detainee convicted of rape or serious sexual assault with a same-sex adult would present a high risk. A detainee convicted of rape or serious sexual assault with someone of the opposite sex or a child may not be at increased risk of harming an adult, same-sex roommate; they may be more likely to be harmed themselves by other detainees.
18. Consideration should be given in these circumstances to the threat of harm to others and whether it is appropriate to remove the individual from association (rule 40).

19. Centre supplier or healthcare staff may have concerns about the behaviour of a detainee, for example they may show signs of racism or other forms of bigotry or discriminatory behaviour, but not to the degree that they have to be located in a room on their own, immediately or at all. In these instances, centre suppliers should carefully consider who the detainee shares a room with, and any risk factors identified must be monitored as part of the ongoing RSRA review process (paragraph 31).
20. The RSRA form (Annex A) must be used to record the initial risk assessment. Detailed guidance (Annex B) accompanies the RSRA form and this must be available in the reception area for staff carrying out an initial risk assessment to consult at any time. The RSRA includes a requirement to affix a photograph to the form. This is an important safeguard for the process and must be complied with immediately.
21. Once completed the centre supplier must record the RSRA decision on their IT system stating the reasons for the decision. If a detainee is assessed as high risk, the centre supplier must submit the details, including the date of review, on an IS91RA Part C to the Detainee Escorting Population Management Unit (DEPMU) who will update the detention notes and special conditions screens on the Casework Information Database (CID), and a copy provided to the onsite Home Office Immigration Enforcement (HOIE) team.
22. The completed RSRA form must be placed in the DTD and a copy provided to the residential unit (see DSO 12/2005). It is the responsibility of the discharging centre to ensure that a good quality risk assessment form is present and accompanies the detainee in hard copy upon transfer to another centre.
23. Where it is identified that evidence is not available for consideration, for example a missing prison file or when the detainee is new into a detention/custodial setting and background information is limited, then a second assessment must be scheduled and completed immediately once further evidence/information has been received or following the detainee's initial 48 hours in detention. In this situation, the allocation of a room should be based on the information available at the point of the reception assessment. The second assessment box on the RSRA form should be marked to confirm this has taken place.
24. If evidence has still not been received after 5 days from the day of admission (except for detainees new into detention), then the HOIE Area Manager must be notified to escalate with the relevant team.

### **Reviewing the room sharing risk assessment (RSRA)**

25. The RSRA must be reviewed by the centre supplier either systematically, for example every 3 months, or in response to changes in an individual's behaviour or who they might need to share with. Both identified risk factors and the assessment must be recorded on the RSRA review form (Annex C).

26. The review process should be used to monitor factors or review decisions made about the level of risk a detainee poses to other detainees. High risk cases should be monitored as per the review date recorded on the register of high risk detainees (paragraphs 34-36).
27. The review should be approved by a multidisciplinary team, comprising of the onsite HOIE Manager, supplier Centre/Duty Manager and Healthcare (where appropriate), to ensure a balanced and reasonable risk decision is taken. The review process will consider: changes in risk factors; whether the risk has reduced sufficiently to allow safe allocation to a locked shared area; and increased risk which could indicate continued or new allocation to a single room.
28. Details of the review for each detainee must be recorded on a RSRA review form and the risk status, agreed as part of the review, entered. The RSRA review form must be kept in the DTD. If there is a change in risk then the centre supplier must record this on their IT system stating the reasons for the decision. The details must be submitted on an IS91RA Part C to DEPMU who will update the detention notes and special conditions screens on CID, and a copy provided to the onsite HOIE team.

### **Authorising risk levels**

29. Where evidence of risk factors are found as part of the risk assessment, a supplier centre manager or duty manager must decide on the risk rating. Where no evidence is found a Detention Custody Officer (DCO) can authorise a standard risk as defined above in the section 'risk definitions'. Where the supplier manager deems a detainee to be high risk, they must ensure that the individual details are recorded on the register of high risk detainees (paragraphs 34-36 below).
30. Where urgent concerns are raised that a 'standard risk' detainee should be increased to 'high risk', a decision can be taken by the supplier duty manager at any time. The duty manager can also authorise a reduction in the risk level to standard, where a high risk detainee is assessed as no longer posing a threat. For example where a dynamic risk has been identified such as a detainee receiving treatment for substance misuse who has stabilised. Where an urgent decision is made to increase or decrease a risk assessment, this should be recorded on the register of high risk detainees and referred for review by the multidisciplinary team (paragraphs 27-28).

### **Ongoing Assessment while in detention**

31. Detainees assessed as standard risk will usually be suitable to share a room. It is the responsibility of all staff who interact with a detainee to observe potential risk factors. It is essential that where behaviour is observed which could indicate increased risk when in a shared locked environment, a RSRA review is completed immediately by the centre supplier and referred to the centre supplier duty manager for the assessment to be authorised.

## Role of the supplier

32. Supplier centre managers must satisfy themselves that staff are aware of the RSRA process and that it is being adhered to, including:

- The RSRA Form and RSRA Review Form are being used and completed accurately and in full.
- Staff on reception are provided with training which covers both carrying out the risk assessment and completion of the form.
- All evidence sources are checked on reception or where information is not available during the reception process, a second assessment takes place as soon as the information is available.
- A register of detainees designated as high risk is held in each establishment and is reviewed by a multidisciplinary team on a monthly basis.

33. Supplier managers must review 10% of all completed RSRA and RSRA review forms on a monthly basis to check for quality and appropriate sign off. These checks must be recorded and made available to the Home Office upon request. Poorly completed forms should be addressed with the staff member and noted on the record of completed checks.

## Register of High Risk Detainees

34. A register of all detainees designated as high risk must be held centrally in each place of detention by the centre supplier. The register must record:

- name of the detainee
- whether the risk is static or dynamic
- whether the detainee is allocated to a single room
- review date

35. The electronic register must be sent to DEPMU on a weekly basis. DEPMU will review detainees allocated to a single room and consider whether a detainee should be moved to another centre, in line with other factors such as ACDT and medical conditions.

36. If a detainee needs to be moved to a different location in order to accommodate the need for a single room, DEPMU will arrange for the detainee to be moved within 7 days (subject to available resources). In the meantime, detainees should be placed in single occupancy (regardless of room size).

## Revision History

Review date	Reviewed by	Review outcome	Next review
July 2015	Michelle Smith	Rebrand and updated processes	July 2017
August 2016	Emily Jarvis	Alignment with new adults at risk policy and DSO	August 2018

# Returns Directorate

## Annex A – RSRA Form

### ROOM SHARING RISK ASSESSMENT FORM

<p><b>HIGH RISK</b></p> <p>Reception Assessment <input type="checkbox"/></p> <p>2<sup>nd</sup> Assessment (If required) <input type="checkbox"/></p> <p>High level of risk of <b>severe</b> in room violence to <b>or</b> from roommate, including short term. <i>Restrictions must be applied</i></p>	<p><b>STANDARD RISK</b></p> <p>Reception Assessment <input type="checkbox"/></p> <p>2<sup>nd</sup> Assessment (If required) <input type="checkbox"/></p> <p>No immediate risk, but situation will need to be monitored</p>	<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> </div>
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Detainee's Details				
First Name				
Surname				
Date of Birth				
Ex FNO	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

IRC			
Reception Date			
CID Number			
Telephone Interpreter required			
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

<b>OPERATIONAL ASSESSMENT</b>	Reception Assessment	2 <sup>nd</sup> Assessment (If required)
Current or previous conviction, or knowledge of		
Life threatening assault on, or murder or manslaughter of another <u>prisoner/detainee</u> or assisting a suicide <u>whilst in custody/detention</u> IF YES, THE DETAINEE <b>MUST BE MANDATORY</b> HIGH RISK	Y / N	Y / N
Sexual assault with same sex adult victim IF YES, THE DETAINEE <b>MUST BE MANDATORY</b> HIGH RISK	Y / N	Y / N
Healthcare assessment of increased risk (from Part 2)	Y / N	Y / N
Repeated violence (in custody/detention)	Y / N	Y / N
Racially or homophobic motivated offending (in custody/detention <b>OR</b> the community)	Y / N	Y / N
Arson, fire setting (in custody/detention <b>OR</b> the community)	Y / N	Y / N
Kidnap / False imprisonment / Stalking / Hostage taking (in custody/detention <b>OR</b> the community)	Y / N	Y / N
Detainee statement of heightened risk	Y / N	Y / N
Significant detainee vulnerability	Y / N	Y / N
Officer's observation	Y / N	Y / N
Documentation interviews and other case related reviews	Y / N	Y / N
Further charges or police interview	Y / N	Y / N
Recent conflict between countries/nationalities/ethnicities	Y / N	Y / N
Other (specify)	Y / N	Y / N
<b>Confirmation of Evidence Searches</b>		
Detainee Transferable Document	Y / N	Y / N
IS91	Y / N	Y / N
Prison Licence	Y / N	Y / N
Person Escort Record (PER)	Y / N	Y / N
ACDT	Y / N	Y / N
Previous assessment	Y / N	Y / N
Prison record (ex-FNO)	Y / N	Y / N
Other (describe)	Y / N	Y / N
<b>Assessment carried out by:</b>	<b>Assessor Name:</b>	
	<b>Signature:</b>	
	<b>Date:</b>	
Comments		

**HEALTHCARE ASSESSMENT** (To be completed by a qualified nurse)

Following the reception health screen process, do you have any information (from your observations and if available any other records) that indicates this detainee may be **at risk of severely harming another detainee in a locked room** due to:

- Evidence or suspicion of a mental health disorder
- Extremely disturbed behaviour
- Failure or inability to engage with the reception health process
- Agitation or aggression
- Other reasons (e.g. attitudes and/or behaviour) described below\*

**If any of the above factors are present this indicates increased risk.**

**INCREASED RISK**

Clear indication of increased level of risk that detainee might assault a roommate. **Discuss with appropriate IRC manager**

**If none of the factors above are present this indicates there are no immediate healthcare risks.**

**NO INCREASED RISK**

\*Other reasons and comments including sharing considerations;

Any relevant information, including any of the above, must be recorded in the clinical record including any plans for further assessment if required.

Available medical records have been accessed

Yes

No

Role / Position:

Name:

Signature:

Date:

**AUTHORISATION**

If **any** evidence is found, an IRC manager **must** decide on the risk rating. If no evidence is found, an **officer** can authorise standard risk.

**Reception Assessment**

Name:

Detainee is:

**STANDARD RISK**

Signature:

**HIGH RISK**

Job title:

Date:

**2<sup>nd</sup> Assessment**

(If required)

Name:

Detainee is:

**STANDARD RISK**

Signature:

**HIGH RISK**

Job title:

Date:

Reason for decision and comments

**PROTECT - PERSONAL - WHEN COMPLETE**

**Annex B – Guidance on completing the RSRA form**

**Introduction**

- This guidance is designed to offer practical advice to staff carrying out the risk assessment.
- Extracts from the RSRA Form are shown followed by descriptive text.
- Specific actions which need to be taken are shown as “**ACTION**”.
- This risk assessment is a critical part of managing detainee welfare whilst in detention and therefore it is imperative that the assessment is carried out to the highest standard and the form completed in full, recording all considerations.
- This guidance should be available at all times in the reception area to assist those carrying out a risk assessment.

**Step 1: Risk Assessment**

<b>HIGH RISK</b>	<b>STANDARD RISK</b>
Reception Assessment <input style="width: 40px; height: 20px; margin-left: 10px;" type="checkbox"/>	Reception Assessment <input style="width: 40px; height: 20px; margin-left: 10px;" type="checkbox"/>
2 <sup>nd</sup> Assessment (If required) <input style="width: 40px; height: 20px; margin-left: 10px;" type="checkbox"/>	2 <sup>nd</sup> Assessment (If required) <input style="width: 40px; height: 20px; margin-left: 10px;" type="checkbox"/>
High level of risk of <b>severe</b> in room violence to <b>or</b> from roommate, including short term. <i>Restrictions must be applied</i>	No immediate risk, but situation will need to be monitored

- The banner section at the top of the first page shows the result of the risk assessment. This section is at the top of the first page for clarity but should be the last to be completed, when the decision has been reached on whether the detainee has been risk assessed to share a room or not.
- Where all evidence is available to reception staff, the risk assessment can be finalised and there is no need to conduct a second assessment. However, if additional information is required and not available when a detainee is received at a centre, this must be obtained as soon as possible and a second assessment completed as soon as the information is available.
- The RSRA includes a photograph which is an important safeguard for the process – a photograph must be attached to each form.

**Step 2: Detainee and establishment details**

<b>Detainee's Details</b>				
First Name	<input style="width: 95%;" type="text"/>			
Surname	<input style="width: 95%;" type="text"/>			
Date of Birth	<input style="width: 95%;" type="text"/>			
Ex FNO	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

<b>IRC</b>			
Reception Date	<input style="width: 95%;" type="text"/>		
CID Number	<input style="width: 95%;" type="text"/>		
Telephone Interpreter required			
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

- **ACTION:** Enter the IRC and detainee's details in this section and whether an interpreter was required.

**PROTECT - PERSONAL - WHEN COMPLETE**

**Step 3: Operational Assessment**

<b><u>OPERATIONAL ASSESSMENT</u></b> Current or previous conviction, or knowledge of;	<b>Reception Assessment</b>	<b>2<sup>nd</sup> Assessment</b> (If required)
Life threatening assault on, or murder or manslaughter of another prisoner/detainee or assisting a suicide whilst in custody/detention IF YES, THE DETAINEE <b>MUST BE MANDATORY</b> HIGH RISK	Y / N	Y / N
Sexual assault with same sex adult. IF YES, THE DETAINEE <b>MUST BE MANDATORY</b> HIGH RISK	Y / N	Y / N
Healthcare assessment of increased risk (from Part 2)	Y / N	Y / N
Repeated violence (in custody/detention)	Y / N	Y / N
Racially or homophobic motivated offending (in custody/detention <b>OR</b> the community)	Y / N	Y / N
Arson, fire setting (in custody/detention <b>OR</b> the community)	Y / N	Y / N
Kidnap / False imprisonment / Stalking / Hostage taking (in custody/detention <b>OR</b> the community)	Y / N	Y / N
Detainee statement of heightened risk	Y / N	Y / N
Detainee significantly vulnerable to assault	Y / N	Y / N
Officer's observation	Y / N	Y / N
Documentation interviews and other case related reviews	Y / N	Y / N
Further charges or police interview	Y / N	Y / N
Recent conflict between countries/nationalities/ethnicities	Y / N	Y / N
Other (specify)	Y / N	Y / N
<b>Confirmation of Evidence Searches</b>		
Detainee Transferable Document	Y / N	Y / N
IS91	Y / N	Y / N
Prison Licence	Y / N	Y / N
Person Escort Record (PER)	Y / N	Y / N
ACDT	Y / N	Y / N
Previous assessment	Y / N	Y / N
Prison record (ex-FNO)	Y / N	Y / N
Other (describe)	Y / N	Y / N
<b>Assessment carried out by</b>	<b>Assessor Name:</b>	
	<b>Signature:</b>	
	<b>Date:</b>	
Comments		

- In this section, the risk indicators and sources of evidence are shown.
- Each risk factor should be assessed, with an individual marking placed against Y or N to confirm whether there is evidence. Circling a group of Ys or Ns to mark an assessment is not acceptable and suggests that insufficient regard is being given to the critical nature of the assessment.
- **ACTION:** Staff completing the form in reception must access the documents and records shown if relevant, and where possible.
- **ACTION:** Where evidence is not available to staff, the second assessment must be completed upon receipt of the evidence.

The reception assessment

- **ACTION:** Staff should:

## PROTECT - PERSONAL - WHEN COMPLETE

- look at all available sources of evidence,
- identify any risk indicators,
- circle Y or N on the form to show which sources were looked at and whether any evidence was found. If Y is circled, then an explanation for this must be provided in the comments section underneath,
- enter comments if necessary,
- sign and date the "Reception Assessment" column.

### Second assessment

- This is only required if all evidence sources were not available on the day of reception.
- **ACTION:** Staff should:
  - look at sources not accessed on reception,
  - identify any risk indicators,
  - circle Y or N on the form to show which sources were looked at and whether any evidence was found, If Y is circled, then an explanation for this must be provided in the comments section underneath,
  - enter comments as necessary,
  - sign and date the "2nd Assessment" column.

### The risk indicators

- If there is evidence or strong suspicion that the following two risk factors exist, the detainee must be assessed as mandatory 'High Risk' and located in a single room. The top two risk indicators are:
  - Life threatening assault on, or murder or manslaughter of another prisoner/detainee or assisting a suicide whilst in custody. A life threatening assault would be one in which the victim suffered very severe injuries. This would typically result in a lengthy stay in hospital, resuscitation, or perhaps time on a ventilator. In police terms these would be the most serious form of Grievous Bodily Harm, or attempted murder. Assisting a suicide is a charge used where the police believe a prisoner/detainee was involved in the death of a cell/roommate but there is insufficient evidence for a murder or manslaughter charge. Evidence for these indicators should be in the prison record and/or movement order.
  - Sexual assault with same sex adult victim either in the community or in prison/IRC. Current or previous convictions for sexual assault need to be considered very carefully. A detainee convicted of raping a same-sex adult would present a high risk. A detainee convicted of rape of a female or a child may not be at increased risk of harming a roommate; they may be more likely to be harmed themselves. Evidence would be found in the prison record and/or movement order.
- The remaining risk factors are:
  - Healthcare assessment of increased risk. The Healthcare section of the form identifies whether there is increased risk due to healthcare factors, or no increased risk. When Healthcare staff complete the form they will indicate where there is evidence of increased risk. Where this exists, the Healthcare worker is to discuss their concerns with the reception officer or duty manager. Healthcare staff will find evidence in medical records or from their assessment of the detainee during the reception health screen.
  - Racially or homophobic motivated offence or reports in the community or in custody. Some detainees are aware that a claim to have violent, racist or homophobic thoughts can lead to gaining a single room. Detainees should always be challenged because such views are against the Compact. Where there is evidence that they do hold racist or homophobic views, they can still be accommodated in a shared room if there are other detainees who would not be at risk. For instance, a detainee with evidenced racist views may still be suitable to share with another detainee from the same ethnic background. In this case the detainee should be assessed as high risk and sharing considerations are to be recorded. Subsequent observation of the detainee during association or when at work or education will highlight whether they freely associate with members of their target group, or if they avoid such people or associate with members of their target group in a negative way. Such observation may trigger a RSRA review and could also result in the detainee being further challenged.

## PROTECT - PERSONAL - WHEN COMPLETE

- Repeated violence in detention/custody. Violence in a prison or IRC, and in particular repeat violence, indicates the person is likely to continue to be violent. For guidance, involvement in more than two violent incidents would definitely demonstrate increased risk. If violence is exclusively directed at inanimate objects, such as room furniture or property, this does not necessarily indicate a detainee will be violent to a roommate. The RSRA is primarily concerned with inter-personal violence, in other words that between people.
- Arson, fire setting in the community or in detention/custody. It is known that previous convictions for arson are a very strong indicator that a detainee may be violent towards a roommate. The risk from those who set fires in their room is obvious, but any history of arson indicates increased risk. Arson and fire setting behaviour should be recorded in their prison record that will accompany them to the IRC and/or the movement order.
- Kidnap / false imprisonment / stalking / hostage taking in the community or in detention/custody. Detainees who develop a fixation or abnormal attachment to others in any environment will have increased risk. Where this offending took place in the community and a prison sentence was served, the prison file and/or movement order should highlight this.
- Detainee statement of heightened risk. The decision process for room sharing should be evidence based wherever possible. This includes instances when a detainee raises a genuine issue of concern which has not been evidenced elsewhere and should be taken into account.
- Significant detainee vulnerability. The primary purpose of the RSRA is to identify a detainee's risk of harm to a roommate, but there can be circumstances where a detainee is vulnerable to attack. This could be because of their offence (if an Ex-Foreign National Offender) or appearance but any vulnerability issue or discriminatory factor is important. Staff should be particularly alert for circumstances where a detainee is being "controlled" or inappropriately influenced by other detainees. Detainees with significant vulnerability can be accommodated in a shared room but great care needs to be taken to ensure neither detainee presents a risk to the other.
- Officer's observation. There will be circumstances when an officer suspects that even though there is no documentary evidence, there may be cause for concern. It may be something like the detainee's body language or demeanour but this option provides an opportunity for staff to express any concerns.
- Documentation interviews and other case related reviews, for example, service of removal directions, a failed bail hearing, or a monthly report, may increase a detainee's risk of harm to a roommate. The communication of these is within the control of HOIE staff. Therefore it is important that onsite HOIE teams are aware of detainees classed as 'High Risk' so that communication of such news can be appropriately managed. In such circumstances, it could be necessary to review a detainee's RSRA rating.
- Further charges or police interview may increase a detainee's risk of harm to a roommate. The communication of these is often within the control of HOIE staff. Therefore it is important that onsite HOIE teams are aware of detainees classed as 'High Risk' so that communication of such news can be appropriately managed. In such circumstances, it could be necessary to review a detainee's RSRA rating.
- Recent conflict between countries/nationalities/ethnicities may mean two detainees from opposing sides should not be sharing a room. They can still be accommodated in a shared room if there are other detainees who would not be at risk. For instance, one detainee may still be suitable to share with another detainee from the same country/ethnic background. In this case the detainee should be assessed as high risk and sharing considerations are to be recorded. Subsequent observation of the detainee during association or when at work or education will highlight whether they freely associate with members of their target group, or if they avoid such people or associate with members of their target group in a negative way.
- Other. The last category provides an opportunity for any other evidence to be recorded. For example, the following incidents could mean it is necessary to review a detainee's RSRA rating: seizure of detainee's cash, removal of a family member, finding drugs in a detainee's possession.



## PROTECT - PERSONAL - WHEN COMPLETE

- It identifies whether there is increased risk due to healthcare factors, or no increased risk.
- Where room sharing may be in the interests of the detainee's healthcare, such as having someone to call for help in case of illness, the detainee must still be managed according to the identified risks to others. Full account needs to be taken of the implications for the roommate of such a decision; the care of their roommate is not their responsibility - this remains the responsibility of management and staff.
- **ACTION:** When completing the form, healthcare staff should indicate where there is evidence of increased risk. Where this exists, they are to discuss their concerns with the reception officer or Centre Manager (or duty manager authorised by the Centre Manager).

### Step 5: Authorisation

<b>AUTHORISATION</b>			
<i>If <b>any</b> evidence is found, an IRC manager <b>must</b> decide on the risk rating. If no evidence is found, an <b>officer</b> can authorise standard risk.</i>			
<b>Reception Assessment</b>	<b>2<sup>nd</sup> Assessment</b> (If required)		
Name: <input style="width: 150px;" type="text"/>	Detainee is: <b>STANDARD RISK</b>	Name: <input style="width: 150px;" type="text"/>	Detainee is: <b>STANDARD RISK</b>
Signature: <input style="width: 150px;" type="text"/>	<input type="checkbox"/>	Signature: <input style="width: 150px;" type="text"/>	<input type="checkbox"/>
Job title: <input style="width: 150px;" type="text"/>	<b>HIGH RISK</b>	Job title: <input style="width: 150px;" type="text"/>	<b>HIGH RISK</b>
Date: <input style="width: 150px;" type="text"/>	<input type="checkbox"/>	Date: <input style="width: 150px;" type="text"/>	<input type="checkbox"/>
Reason for decision and comments			

- In part 3, the RSRA Form is authorised.
- **ACTION:** The person authorising the assessment should sign the form at Part 3.
  - Where no evidence has been found, the form can be signed by an officer to say the detainee is 'standard risk'.
  - If any evidence is found, an IRC manager is to consider this, take the decision and sign the form.
- There are separate signature boxes for the reception assessment and, where this is required, the second assessment.
- **ACTION:** The final action is to enter the agreed risk rating on the first page of the form.

**PROTECT - PERSONAL - WHEN COMPLETE**

**Annex C – RSRA Review Form**

**ROOM SHARING RISK ASSESSMENT REVIEW FORM**

<b>Risk status resulting from this review</b>	
<p><b>Increase to HIGH RISK</b>  <b>Remain HIGH RISK</b>  <i>(Delete as appropriate)</i></p> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 10px auto;"></div> <p>High level of risk of <b>severe</b> in room violence to <b>or</b> from roommate, including short term. Restrictions must be applied</p>	<p><b>Reduce to STANDARD RISK</b>  <b>Remain STANDARD RISK</b>  <i>(Delete as appropriate)</i></p> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 10px auto;"></div> <p>No immediate risk, but situation will need to be monitored</p>

Detainee's Details				
First Name				
Surname				
Date of Birth				
Ex FNO	YES		NO	

IRC			
Reception Date			
CID Number			
Telephone Interpreter required			
YES		NO	

Tick box to show which sources of evidence contain supporting information							
Prison Record (Ex FNO)	DTD	PER	IS91	Prison Licence	ACDT	Previous Assessment	Other (please state)

REVIEW OF HIGH RISK DETAINEES	
Confirmation of previous conviction, or knowledge of	
Life threatening assault on, or murder of another <u>prisoner/detainee</u> or assisting a suicide <u>whilst in custody/detention</u> <b>Detainee <u>MUST</u> remain high risk until there is evidence that risk has substantially and permanently reduced</b>	Y / N
Sexual assault on same sex adult victim <b>Detainee <u>MUST</u> remain high risk until there is evidence that risk has substantially and permanently reduced</b>	Y / N
Healthcare assessment of increased risk	Y / N
Racially or homophobic motivated offence or reports	Y / N
Repeated violence in detention	Y / N
Arson, fire setting	Y / N
Kidnap / False imprisonment / Stalking / Hostage taking	Y / N
Detainee statement of heightened risk	Y / N
Significant detainee vulnerability	Y / N
Officer's observation	Y / N
Documentation interviews and other case related reviews	Y / N
Further charges or police interview	Y / N
Recent conflict between countries/nationalities/ethnicities	Y / N
Other (specify)	Y / N
Reason for decision and comments	

**PROTECT - PERSONAL - WHEN COMPLETE**

<b>REVIEW OF STANDARD RISK DETAINEES FOLLOWING NEW OR ADDITIONAL INFORMATION</b>		
Receipt of new or additional information which may increase the risk rating		
Life threatening assault on, or murder of another <u>prisoner/detainee</u> or assisting a suicide <u>whilst in custody/detention</u> <b>Detainee <u>MUST</u> be made MANDATORY HIGH RISK</b>		Y / N
Sexual assault on same sex adult victim <b>Detainee <u>MUST</u> be made MANDATORY HIGH RISK</b>		Y / N
New or additional information such as:	Racial or homophobic offences	Y / N
	Previous violence in other establishments or in previous custody	Y / N
	Arson, fire setting	Y / N
	Kidnap / False imprisonment / Stalking / Hostage taking	Y / N
	Information from healthcare assessments	Y / N
	Previous in-patient at a Special Hospital or Secure Unit	Y / N
	Other	Y / N
Reason for decision and comments		

<b>TYPE 4. REVIEW OF STANDARD RISK DETAINEE PROMPTED BY CHANGES IN DETAINEE'S CURRENT BEHAVIOUR OR THINKING</b>		
Receipt of new or additional information which may increase the risk rating		
Homicidal Impulse/Ideation. In other words, when it becomes known that the detainee has urges to kill, thinks and fantasises about killing. The initial signs may not be clear, but any belief that the detainee has serious homicidal thoughts must be considered		Y / N
Strange or unusual behaviour observed. The issue is that the detainee's mental state may be impaired and should not be ignored.		Y / N
Paranoia. Concern which leads to a referral to Healthcare. Examples would be: a) The detainee believes that all those around them are enemies, ready to harm or even take their life; b) Strange requests (e.g. asking staff to remove TV / radio without a rational explanation); c) Detainee saying that all staff are against them.		Y / N
Detainee statement of heightened risk or significant detainee vulnerability		Y / N
Violence to other detainees or staff, especially when more than two incidents are recorded		Y / N
Vulnerability. Any issue in which the detainee is seriously at risk from other detainees		Y / N
Frequent room changes requested by the detainee or their room mates		Y / N
Other		Y / N
Reason for decision and comments		

<b>AUTHORISATION</b>			
<b>Duty Manager / Duty Director</b>			
Name:	<input type="text"/>	Signature:	<input type="text"/>
Job title:	<input type="text"/>	Date:	<input type="text"/>

## Annex D – Guidance on completing the RSRA Review form

### Introduction

- This guidance is designed to offer practical advice to staff carrying out RSRA reviews. The guidance shows extracts from RSRA Review Form followed by descriptive text.
- The Review should include an interview with the detainee.

### Step 1: Risk status

Risk status resulting from this review			
<p><b>Increase to HIGH RISK</b>  <b>Remain HIGH RISK</b>  <i>(Delete as appropriate)</i></p> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 10px auto;"></div> <p>High level of risk of <b>severe</b> in room violence to <b>or</b> from roommate, including short term. Restrictions must be applied</p>		<p><b>Reduce to STANDARD RISK</b>  <b>Remain STANDARD RISK</b>  <i>(Delete as appropriate)</i></p> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 10px auto;"></div> <p>No immediate risk, but situation will need to be monitored</p>	

- As with the RSRA Form, the review form has the outcome of the review in a banner section at the top of the first page. This section is at the top of the first page for clarity but should be the last to be completed, when the decision has been reached on whether the detainee has been risk assessed to share a room or not.
- There are four possible outcomes for a review, which are:
  - Remain HIGH RISK
  - Increase to HIGH RISK
  - Remain STANDARD RISK
  - Reduce to STANDARD RISK
- The appropriate box should be ticked and the other wording crossed out so that it is clear what the decision is.

### Step 2: Detainee and establishment details

Detainee's Details				
First Name				
Surname				
Date of Birth				
Ex FNO	YES		NO	

IRC			
Reception Date			
CID Number			
Telephone Interpreter required			
YES		NO	

- Basic details about the detainee are required to ensure the correct individual is being assessed.

### Step 3: Confirmation of evidence searches

Tick box to show which sources of evidence contain supporting information							
Prison Record (Ex FNO)	DTD	PER	IS91	Prison Licence	ACDT	Previous Assessment	Other (please state)

- Staff should tick relevant boxes to indicate which sources of evidence have been accessed.
- Key examples are shown on the form but any source of evidence can be used. If "other" has been ticked, the source should be described.

### Step 4: The review

A review should be carried out where:

- Detainees are assessed as high risk, with either dynamic or static risks
- Detainees are assessed as standard risk but there is new or additional information or changes in the detainees current behaviour or thinking

## PROTECT - PERSONAL - WHEN COMPLETE

### Review of high risk detainees

<b>TYPE 1. REVIEW OF HIGH RISK DETAINEES</b>	
Confirmation of previous conviction, or knowledge of;	
Life threatening assault on, or murder of another <u>prisoner/detainee</u> or assisting a suicide <u>whilst in custody/detention</u> <b>Detainee <u>MUST</u> remain high risk until there is evidence that risk has substantially and permanently reduced</b>	Y / N
Sexual assault on same sex adult victim <b>Detainee <u>MUST</u> remain high risk until there is evidence that risk has substantially and permanently reduced</b>	Y / N
Healthcare assessment of increased risk	Y / N
Racially or homophobic motivated offence or reports	Y / N
Repeated violence in detention	Y / N
Arson, fire setting	Y / N
Kidnap / False imprisonment / Stalking / Hostage taking	Y / N
Detainee statement of heightened risk	Y / N
Significant detainee vulnerability	Y / N
Officer's observation	Y / N
Documentation interviews and other case related reviews	Y / N
Further charges or police interview	Y / N
Recent conflict between countries/nationalities/ethnicities	Y / N
Other (specify)	Y / N
Reason for decision and comments	

- The risk factors in this category can be static or dynamic and the review period should be appropriate to the type of risk. Any case identified as high risk, should be reviewed at least once within a 12 month period as a minimum.
- It is important that short term or dynamic risk factors are reviewed at set periods as there is a possibility of change from 'high risk' to 'standard risk'.
- Where the risk is recognised to be of a short duration (examples below) staff will be required to monitor the detainee and report changes to the appropriate management. A multi-disciplinary team should then decide if the detainee can be reduced to 'standard risk'.
- Examples of short term risk factors:
  - When a detainee who is detoxing is received into an IRC they may exhibit aggressive behaviour. Once any treatment has been agreed and they have stabilised their risk of harm to others will usually recede.
  - A detainee who is agitated and disturbed on reception may have stabilised after a period of appropriate medication, e.g. for mental health problems.
  - A detainee may become better adjusted to life within an IRC - and therefore less vulnerable - after a certain period of time. This will be difficult to evidence, but good interactions by staff will provide the best evidence.

## PROTECT - PERSONAL - WHEN COMPLETE

### Review of standard risk detainees following new or additional information

<b>TYPE 3. REVIEW OF STANDARD RISK DETAINEES FOLLOWING NEW OR ADDITIONAL INFORMATION</b>		
Receipt of new or additional information which may increase the risk rating		
Life threatening assault on, or murder of another <u>prisoner/detainee</u> or assisting a suicide <u>whilst in custody/detention</u> <b>Detainee <u>MUST</u> be made MANDATORY HIGH RISK</b>		Y / N
Sexual assault on same sex adult victim <b>Detainee <u>MUST</u> be made MANDATORY HIGH RISK</b>		Y / N
New or additional information such as:	Racial or homophobic offences	Y / N
	Previous violence in other establishments or in previous custody	Y / N
	Arson, fire setting	Y / N
	Kidnap / False imprisonment / Stalking / Hostage taking	Y / N
	Information from healthcare assessments	Y / N
	Previous in-patient at a Special Hospital or Secure Unit	Y / N
	Other	Y / N
Reason for decision and comments		

- This section should be completed when information which would clearly indicate a detainee should be 'high risk' is not available on reception/induction but is subsequently identified. Examples are:
  - Previous room assaults in other establishments or in previous custody
  - Offence information such as rape of a same sex adult or racial or homophobic offences. (The offences of concern are shown in the box on the form.)
  - Previous in-patient at a Special Hospital or Secure Unit
  - Information from healthcare assessments
  
- The new information could come from:
  - Core records from previous sentences
  - Documentation delayed when a detainee transfers
  - Information from the police, probation or other organisation

### Review of standard risk detainees prompted by changes in detainee's current behaviour or thinking

<b>TYPE 4. REVIEW OF STANDARD RISK DETAINEE PROMPTED BY CHANGES IN DETAINEE'S CURRENT BEHAVIOUR OR THINKING</b>		
Receipt of new or additional information which may increase the risk rating		
Homicidal Impulse/Ideation. In other words, when it becomes known that the detainee has urges to kill, thinks and fantasises about killing. The initial signs may not be clear, but any belief that the detainee has serious homicidal thoughts must be considered		Y / N
Strange or unusual behaviour observed. The issue is that the detainee's mental state may be impaired and should not be ignored.		Y / N
Paranoia. Concern which leads to a referral to Healthcare. Examples would be: a) The detainee believes that all those around them are enemies, ready to harm or even take their life. b) Strange requests (e.g. asking staff to remove TV / radio without a rational explanation). c) Detainee saying that all staff are against them		Y / N
Detainee statement of heightened risk or significant detainee vulnerability		Y / N
Violence to other detainees or staff, especially when more than two incidents are recorded		Y / N
Vulnerability. Any issue in which the detainee is seriously at risk from other detainees		Y / N
Frequent room changes requested by the detainee or their room mates		Y / N
Other		Y / N
Reason for decision and comments		

## PROTECT - PERSONAL - WHEN COMPLETE

- The majority of detainees assessed as 'standard risk' will not need to be re-assessed. However, as these detainees will normally share a room, it is essential that any change in the detainee's behaviour which could indicate increased risk be referred for further consideration.
- Because risk factors can be identified at any time, there should be a local policy in place to enable a rapid referral to the duty manager where an immediate decision is required. It is the duty of all staff who become aware of changes relevant to increased risk of harm between roommates (from observation, discussion or other offender information) to advise the duty manager immediately.
- Where any indicator or cause for concern is recognised, this must be referred to the duty manager and a review of the RSRA undertaken. The IRC manager should authorise continued management of the detainee as 'standard risk', or change the risk assessment to 'high risk'. As part of the decision and review process, referral to healthcare for an assessment should be considered where appropriate.

### Step 5: Authorisation

<b>AUTHORISATION</b>			
<b>Duty Manager / Duty Director</b>			
Name:	<input type="text"/>	Signature:	<input type="text"/>
Job title:	<input type="text"/>	Date:	<input type="text"/>

- The authorisation section