Home Office

Detention services order 09/2016 Detention centre rule 35

Version 2.0

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About this guidance

This guidance is for Home Office Immigration Enforcement, immigration removal centre supplier and healthcare provider staff working in immigration removal centres. Home Office staff responsible for authorising, managing and reviewing detention.

It tells them about the preparation and consideration of reports submitted in accordance with rule 35 of the Detention Centre Rules 2001.

Contacts

If you have any questions about the guidance and your line manager or senior caseworker cannot help you or you think that the guidance has factual errors then email Detention Policy.

If you notice any formatting errors in this guidance (broken links, spelling mistakes and so on) or have any comments about the layout or navigability of the guidance then you can email the Guidance Rules and Forms team.

Clearance and publication

Below is information on when this version of the guidance was cleared:

- version **2.0**
- published for Home Office staff on **12 September 2016**
- review date **11 September 2018**

Changes from last version of this guidance

This version has been reformatted
New Detention Services Order (DSO) to replace DSO 17/2012.

Related content
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Related external links

Introduction

This page gives you an overview of this Detention services order (DSO).

The purpose of rule 35 of the Detention Centre Rules 2001, as set out in chapter 55 of the Immigration removals, enforcement and detention: general instructions, is 'to ensure that particularly vulnerable detainees are brought to the attention of those with direct responsibility for authorising, maintaining and reviewing detention. The information contained in the report needs to be considered by the caseworker and a decision made on whether the individual's continued detention is appropriate, or whether they should be released from detention, in line with the guidance in chapter 55b – Adults at risk in immigration detention'.

Sub-paragraphs (1) to (4) of rule 35 of the Detention Centre Rules 2001 are in place to ensure immigration removal centre (IRC) medical practitioners can report:

- the likelihood of a detainee's health being injuriously affected by continued detention
- a suspicion that a detained person has suicidal intentions
- concern that a detained person may have been a victim of torture
- to Home Office caseworkers responsible for managing and reviewing that person's detention

This DSO covers all 3 circumstances in which a medical practitioner may submit a Rule 35 report.

This DSO sets out Home Office policy regarding:

- the preparation and submission of Rule 35 reports by medical practitioners
- the process to be followed by Home Office staff in response to a Rule 35 report

Its purpose is also to ensure that all staff working in IRCs and those responsible for maintaining and reviewing detention understand the purpose of Rule 35 and are aware of the procedures for recording and dealing with such reports. Pre-departure accommodation is not covered by the Detention Centre Rules but the spirit of this DSO and the processes to be followed should be regarded as applying to those accommodated at that facility.

Related content

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Definitions

This page gives you definitions of terms used in this Detention services order (DSO).

Torture is ‘any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions.’ (Article 1 of the UN Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (UNCAT).) It includes such acts carried out by terrorist groups exploiting instability or civil war to hold territory.

A **medical practitioner** is a person who is vocationally trained as a general practitioner and fully registered within the meaning of the Medical Act 1983 (rule 33 (1) of the Detention Centre Rules 2001).

A **responsible officer** is the Home Office officer responsible for managing and reviewing an individual’s detention, even if they are not the officer undertaking every action on the case. In the rare circumstances that a detainee has not yet been allocated a responsible officer, the Rule 35 responsibilities assigned to the responsible officer must be completed by the person who authorised detention or the duty officer.

A **Home Office IRC Team** works at the immigration removal centre (IRC) and is managed by an on-site **Home Office Immigration Enforcement Manager**. Members of the team interact with detainees face-to-face on behalf of responsible officers.

A **Removal Centre Manager** is the person appointed under section 148(1) of the Immigration and Asylum Act 1999 to be the manager of a removal centre.

Related content

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Detention centre rule 35

This page tells you about rule 35 of the Detention Centre Rules 2001.

Rule 35 of the Detention Centre Rules 2001 states that:

1) 'The medical practitioner shall report to the manager on the case of any detained person whose health is likely to be injuriously affected by continued detention or any conditions of detention.
2) 'The medical practitioner shall report to the manager on the case of any detained person he suspects of having suicidal intentions, and the detained person shall be placed under special observation for so long as those suspicions remain, and a record of his treatment and condition shall be kept throughout that time in a manner to be determined by the Secretary of State.
3) 'The medical practitioner shall report to the manager on the case of any detained person who he is concerned may have been the victim of torture.
4) 'The manager shall send a copy of any report under paragraphs (1), (2) or (3) to the Secretary of State without delay.
5) 'The medical practitioner shall pay special attention to any detained person whose mental condition appears to require it, and make any special arrangements (including counselling arrangements) which appear necessary for his supervision or care.'

This Detention Services Order (DSO) focuses on Home Office policy regarding:

- the preparation and submission of Rule 35 reports by medical practitioners (as required by 35(1), 35(2), 35(3) above)
- the process to be followed by Home Office staff in response to a Rule 35 report

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Requirements from medical practitioners and healthcare staff

This page tells you about the responsibilities of medical practitioners and healthcare staff.

Rule 35 of the Detention Centre Rules 2001 reports must be prepared and submitted by medical practitioners only. Other healthcare professionals (whether working in the immigration removal centre (IRC) or elsewhere) may assist in the examination or assessment of detainees and in the preparation of reports but the final responsibility for making a report rests with the medical practitioner.

It is important that nurses and other healthcare professionals are aware that they must report to an IRC medical practitioner any detainee who claims to have been a victim of torture or gives an indication that this might have been the case.

Shortly after their arrival at an IRC all detainees are, as part of the admissions process, given a healthcare screening, which includes being asked whether they have been tortured.

An appointment with an IRC medical practitioner must be made for detainees who answer ‘yes’ to this question or otherwise give an indication that they may have been a victim of torture. Appointments should be made as quickly as possible (with interpretation, for example via a telephone interpreting service, where there are concerns that a person cannot adequately understand or communicate in English).

The detainee has to see the medical practitioner in order for an assessment to be made as to whether or not the practitioner has concerns that the detainee may have been the victim of torture. The healthcare team should promptly follow up on detainees who do not arrive for their scheduled appointment.

Related content
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Preparing and submitting Rule 35 reports

This page tells you how a medical practitioner will prepare and submit a Rule 35 report.

Where an immigration removal centre (IRC) medical practitioner considers that one or more of the criteria in rule 35 of the Detention Centre Rules 2001 are met (as set out in Detention centre rule 35) they must complete a clear and legible report using the relevant template, either:

- Annex A: Rule 35(1) report template
- Annex B: Rule 35(2) report template
- Annex C: Rule 35(3) report template

There are separate templates for each of the reporting categories. The templates guide medical practitioners through the information that is required in a completed report. In any case where a detainee falls into more than one of the reporting categories, a separate report must be made in respect of the individual categories concerned. The completed report must be submitted without delay to the Home Office Immigration Enforcement Manager, copied to the Removal Centre Manager. A copy must also be placed on the detainee's medical record, and provided to the detainee free of charge.

When the medical practitioner considers that one or more of the criteria in Rule 35 are met, they should explain to the detainee that they need to send this information to the Home Office, and why. Medical practitioners must ask detainees to give their consent to medical information being shared for this purpose in line with the guidance in Detention services order (DSO) 1/2016 – the protection, use and sharing of medical information relating to people detained under immigration powers. A copy of the completed disclosure authorisation should be attached to the detainee's medical record.

The medical practitioner is not required to make the detainee's legal representatives aware of the issues raised, nor to establish whether the legal representatives are aware of those issues. The Home Office IRC Team will forward a copy of the Rule 35 report to the detainee's legal representatives (see 'When forwarding a Rule 35 report' point 3 of Actions by the Home Office immigration removal centre (IRC) Team).

All reports must be legible and use clear and easily understood language so that Home Office responsible officers can understand the significance of any evidence provided and are able to make an informed decision when reviewing detention.

Medical practitioners are not required to make a report under Rule 35(3) if they do not have concerns that the detainee may have been a victim of torture. This includes instances where the detainee's experience of harm or mistreatment does not meet the definition of torture given above, where there are no clinical concerns that the detainee may have been a victim of torture, or where there is no basis for concern

other than an unsupported claim by the detainee to have been a victim of torture. As an optional aid when seeking to explain this position to a detainee, medical practitioners might find it helpful to use the Annex D: Rule 35(3) letter template, if they wish.

Preparing and submitting a Rule 35 report: medical practitioner concludes that a person's health is likely to be injuriously affected by continued detention (35(1))

Where the Rule 35 report is completed in accordance with Rule 35(1), which can relate to physical or mental health issues, medical practitioners should note when they consider that an individual's health is likely to be injuriously affected by continued detention or any conditions of detention by stating the basis, with evidence, for that concern and giving an estimate of the timescale for remedial action, if relevant.

Preparing and submitting a Rule 35 report: concerns a detainee may have suicidal intentions (35(2))

Rule 35(2) requires a medical practitioner to notify IRC management of suicide risks to ensure that they know of and can manage the risk appropriately. A copy of any report to IRC management must be sent to the Home Office IRC team to pass to the detainee's responsible officer.

Where the Rule 35 report is completed in accordance with Rule 35(2), the medical practitioner must refer without delay to Detention services order (DSO) 06/2008 - Assessment care in detention and teamwork (ACDT) and follow the procedures for managing the detainee in accordance with ACDT policies. However, given that an individual may be subject to ACDT for a number of reasons, being subject to ACDT does not equate automatically to a need to raise a Rule 35(2) report.

A medical practitioner must, however, issue a Rule 35(2) report when they have concerns about suicidal intent, whether those concerns are based on first hand examination or are based on what they know from current management of the detainee under the ACDT process (for example, the extent of the risk is not sufficiently recognised). If the concern is from first hand examination and there has been no ACDT process, it will be appropriate for the doctor to open the process.

The report needs to state the reasons for suspecting suicidal intentions, whether the detainee is subject to the ACDT process and whether the suicide risk can be managed and/or reduced satisfactorily through ACDT or other measures.

Preparing and submitting a Rule 35 report: concerns a detainee may have been the victim of torture (35(3))

If the medical practitioner is concerned that a detainee may have been a victim of torture, they must submit a Rule 35(3) report. It is for the medical practitioner to decide if they have concerns in a professional capacity that a detainee may have been the victim of torture. The medical practitioner must always state clearly the reasons why they have concerns arising from the medical examination – specifically

the medical evidence which causes these concerns, including all physical and mental indicators.

The medical practitioner has no obligation to report an allegation from a detainee if this allegation does not cause them to be concerned, in the context of the overall medical examination, that the person may have been a victim of torture. However, if an allegation does cause the medical practitioner to be concerned, then they must report it. The medical practitioner must set out clearly if their concern derives from an allegation with no or limited medical evidence in support.

Where there is medical evidence in support of an allegation, the medical practitioner must set out clearly all physical and mental indicators in support of their professional concerns. They must record any mental or physical health problems that are relevant to the torture allegation.

Where possible, the medical practitioner should say why they consider the person's account is consistent with the medical evidence. The medical practitioner should consider whether the injury, health problem or other indicator may have other possible explanations which do not relate to torture. The medical practitioner must identify any medical evidence which may or may not be contrary to the account given by the detained person.

To help decide whether there is cause for concern, it may also be helpful to ask detainees about:

- when the torture allegedly took place
- how the injuries were caused
- how and when the mental health issues arose
- how the torture is currently affecting them

A Rule 35(3) report is a mechanism for a medical practitioner to refer on concerns, rather than an expert medico-legal report and so there is no need for medical practitioners to apply the terms or methodology set out in the Istanbul Protocol. Medical practitioners are not required to apply the Istanbul Protocol or apply probability levels or assess relative likelihoods of different causes but if they have a view, they should express it.

Actions by Home Office IRC Team on receipt of response from the responsible officer

A copy of the Home Office response must be sent to the medical practitioner, who should sign the report to confirm they have received the outcome. A copy should then be placed on the detainee's medical record.

If the medical practitioner feels that they concerns, as outlined in the Rule 35 report, have not been properly addressed in the responsible officer's response, they should escalate this through the Home Office IRC Team's management chain.

Related content
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Requirements from Home Office staff on receipt of Rule 35 report

This page tells you what you must do when you receive a Rule 35 report.

Actions by the Home Office immigration removal centre (IRC) Team

On receipt of a Rule 35 report, the Home Office IRC Team must:

1) Log its receipt.
2) Ensure that the report is legible, clear, signed by a named medical practitioner and complies with the overall reporting requirements as indicated above and in the report template. If the report does not meet these criteria the Home Office IRC Team must, within 24 hours, ask for this to be rectified by the medical practitioner.

When forwarding a Rule 35 report, the Home Office IRC Team must:

1) Make contact with the Home Office responsible officer in advance of the report being dispatched and alert them that a Rule 35 report is about to be forwarded and to confirm ownership and contact details. (If the responsible officer cannot be established after reasonable attempts, the assistant director (AD) or deputy director (DD) in the unit most recently identified from the CID Case Ownership tab, CID notes and Doc Gen documents must be contacted. The AD or DD must identify a responsible officer within an hour, or complete the due Rule 35 actions themselves.)
2) Update the local detainee record with the name of the responsible officer, date and time.
3) Forward a copy of the Rule 35 report to the detainee's legal representative (where a legal representative is recorded on the file).
4) Forward the Rule 35 report to the detainee's Home Office responsible officer within 24 hours of receipt. The report must be sent by fax or email together with the Annex E: Fax/Email header page.
5) Follow up with a phone call to the responsible officer to confirm receipt of the report.
6) Attach to the local Home Office detainee file a transmission report or delivery confirmation receipt demonstrating the Rule 35 report has been received by the responsible officer.
7) Update CID to confirm the Rule 35 report has been sent and received by a named responsible officer.
8) Update the IRC's Rule 35 log to show the date and time the report was submitted and the date and time by which a response is required.

If a full response is not received from the Home Office responsible officer by the deadline, the Home Office IRC Team must escalate the matter to the appropriate caseworking AD or DD to resolve without delay.

When a response has been received from the Home Office responsible officer, the Home Office IRC Team must:

1) Send a copy of the response to the medical practitioner, who must sign the report to confirm they have received a response and is aware of the decision made by the responsible officer.
2) If the detainee understands English, provide a copy of the response to the detainee within 24 hours of receipt, and update CID.
3) If the detainee does not understand English, use an interpreter or telephone-based interpreting service to explain the content of the response, and update CID.
4) If the detainee has been transferred to another centre, forward without delay to that centre's Home Office IRC Team for action, and update CID. (In such circumstances, responses should be provided to the detainee within 24 hours of receipt from the other removal centre.)

In some cases, the Home Office responsible officer may respond that the Rule 35 report contains insufficient content to understand the medical concern and meaningful consideration of the report is not possible. In such circumstances:

1) The responsible officer will immediately inform the Home Office IRC Team of this circumstance by phone.
2) Within 24 hours of receiving this phone call, the Home Office IRC Team must request sufficient information from the medical practitioner for meaningful consideration of the report to be possible.
3) The Home Office IRC Team must then forward this additional information to the responsible officer within 24 hours of receipt.
4) The response timescales and process as explained in paragraph 35 will apply once a report with meaningful content has been received.

Actions by Home Office responsible officers

A Rule 35 report must be considered and be responded to by the responsible officer in line with the guidance in chapter 55b - Adults at risk in immigration detention. These actions must be carried out as soon as possible but no later than the end of the second working day after the day of receipt. The responsible officer must copy the response to the detainee's legal representative (if one is recorded on file) at the point of response.

Responsible officers have 2 working days after accepting receipt to provide a response to the Rule 35 report. The response must:

- engage with the concerns raised by the medical practitioner in accordance with the guidance in chapter 55b - Adults at risk in immigration detention
- where detention is being maintained, set out clearly the reasons why
- where detention is not being maintained, set out clearly the reasons why
- clearly identify the responsible officer's name and team

On receipt of a Rule 35 report the responsible officer must review it to consider the following points:

- if the medical practitioner clearly states that the report reflects a repeated claim or assertion rather than a reasoned medical concern (the practitioner is entitled to do this), the report must be considered although it will likely carry less weight as a consequence
- if the report states that it raises a medical concern but contains insufficient content to understand the medical concern, meaningful consideration of the report will not be possible (such a view must not be reached lightly) - in such cases, telephone the Home Office IRC team immediately and ask them to obtain sufficient information from the IRC medical practitioner for meaningful consideration, and to repeat the issuing process - the response timescales will resume once a report with meaningful content has been received: record on CID notes the fact of the report's lack of content, the outcome of the telephone call, the name of the person in the Home Office IRC team and the agreed action

When a report capable of response has been received:

1) Open a CID Case Type reflecting the appropriate rule (for example, 'Rule 35(3) – Torture Allegation').
2) Update CID Calendar Events or local diary to record the deadline and to help ensure the Rule 35 response is returned on time (see table below, which assumes a normal working week excluding public holidays).

Report Received	**Response Due**
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday
Thursday	Monday
Friday	Tuesday
Saturday	Tuesday
Sunday	Tuesday

The responsible officer must consider the report carefully and review the detainee's detention in line with the guidance in chapter 55b - Adults at risk in immigration detention. Note that Rule 35(3) reports are not medico-legal reports. They must not be considered defective for not containing the detail of such a report or for not being written according to the Istanbul Protocol or other standards. IRC medical practitioners are not expected to have specialist forensic training and are not trained in standards relating to documentation of torture such as the Istanbul Protocol.

Responsible officers must take prompt action to release the detainee, if appropriate. Where there are additional unit or directorate specific requirements as regards obtaining management approval for releases, or for notifying releases, these must be followed.

Every Rule 35 report must receive a written response, even if the detainee has been or will be released. A response in released cases may be very brief. Holding responses are not acceptable. Responses must always be returned on time, regardless of other events close to the deadline (for example, a forthcoming asylum interview or action under the Dublin Regulations).

The response must be drafted using CID Doc Gen form IS.335. It is vital that the response is saved to CID Doc Gen, to allow for review and audit. Senior executive officer (SEO) or Her Majesty's inspector (HMI) clearance must be obtained for the response, naming the officer in CID notes. The response must be sent by fax or email to the IRC (this must always be the IRC that issued the report and also to the detainee's current IRC, if different). A transmission or sent receipt should be collected and attached to the file, minuting the file accordingly. A copy of the response and report must be sent by fax or email to the detainee's legal representative (if represented).

To close the action the responsible officer must:

1) Telephone the Home Office IRC team to confirm they have received the response.
2) Close the case on the CID Case Outcome screen, according to the applicable outcome (such as 'Rule 35 Review – Detention Maintained' or 'Rule 35 Review – Detainee Released'). (Note that if the detainee is due to be released for reasons unconnected to the Rule 35 report it will be necessary to close the Rule 35 case type as 'Detention Maintained', before effecting release, noting CID notes accordingly, clearly explaining the reasons for release. This ensures that the release will not be wrongly attributed to Rule 35 reasons.)
3) Update CID notes and file minutes to record the time and name of the Home Office IRC team member who has confirmed receipt, and that the CID Case has been closed.
4) If the Rule 35 report discloses information relevant to the consideration of any asylum and/or human rights case, ensure appropriate action is taken – taking steps to clarify the detainee's intentions if they have not already claimed asylum or, if they have, considering the evidence as part of the asylum claim or appeal, or (where appropriate) as part of the detainee's further representations.

Actions by on-site Home Office Immigration Enforcement Managers

The Home Office Immigration Enforcement Manager must ensure details of any Rule 35 reports received in the week from medical practitioners together with responsible officers' responses are provided to Detention Operations' Point of Contact: (email Detention Services Rule 35) as required.

They must check the IRC's Rule 35 log every week to confirm that responses have been provided as required, and escalate to the relevant unit's AD or DD where they have not.

The Home Office Immigration Enforcement Manager must ensure that accurate records of Rule 35 report activity are maintained in respect of every Rule 35 case. These records must be compiled and submitted according to a centrally determined format, standard and timescale.

Related content
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Reports from third parties

This page tells you what to do if you receive a report from a third party.

Immigration removal centres (IRCs) may occasionally receive reports from third parties about a detainee's health or allegations that they are the victim of torture. Such reports generated by persons who do not work in an IRC fall outside the terms of this Detention services order (DSO).

However, as a matter of best practice, reports about an individual's health and well-being, or reports alleging that a detainee may have been a victim of torture, where capable of engaging Rule 35, must be forwarded to the IRC medical practitioner and to the Home Office responsible officer for review.

It will be for the Home Office responsible officer to consider such reports in line with the guidance in chapter 55b - Adults at risk in immigration detention. Separately, the medical practitioner must review the detainee's case in light of the third party report and decide whether or not to make a Rule 35 report.

Reports alleging that a detainee is feeling suicidal must be brought to the attention of the Home Office Immigration Enforcement Manager and to IRC healthcare staff immediately.

Related content

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Annex A: Rule 35(1) report

Detention services order 9/2016 – Detention centre rule 35

Rule 35(1) report – a detainee whose health is likely to be injuriously affected by continued detention or the conditions of detention

Section 1: Detainee's details

Forename(s):	
Surname:	
Date of Birth:	
Home Office reference number	
Immigration Removal Centre:	

Section 2: Detainee's authority to release medical information

The detainee named above has authorised the release of the medical information in this report in line with the guidance in DSO 1/2016 – The Protection, Use and Sharing of Medical Information Relating to People Detained Under Immigration Powers.

Section 3: Medical practitioner's report
(Please read the notes at the end of this form)

I write in respect of the detainee named above in my capacity as an immigration removal centre medical practitioner. I hereby report that this detainee's health is likely to be injuriously affected by continued detention or the conditions of detention.

Section 4: Relevant clinical information

i) Why is the detainee's physical and/or mental health likely to be injuriously affected by continued detention or the conditions of detention? Please include as much detail as possible to aid in the consideration of this report. This must include an outline of the detainee's relevant physical and/or mental health condition(s).

ii) What treatment is the detainee receiving? Is specialist input being provided, either within the IRC or as a hospital outpatient or inpatient?

iii) In the case of mental health problems, has there been a detailed mental health assessment and, if so, carried out by whom and with what result/recommendation? If not, is an assessment scheduled to take place and, if so, when? Please attach the report of any assessment or give a brief overview.

Section 5: Assessment

i) What impact is detention or the conditions of detention having (or likely to have) on the detainee's health and why?

ii) Can remedial action be taken to minimise the risks to the detainee's health whilst in detention? If so, what action and in what timeframe?

iii) If the risks to the detainee's health are not yet serious, are they assessed as likely to become so in a particular timeframe (ie in a matter of days or weeks, or only if detention continued for an appreciably longer period)?

iv) How would release from detention affect the detainee's health? What alternative care and/or treatment might be available in the community that is not available in detention?

v) Are there any special considerations that need to be taken into account if the detainee were to be released? Can the detainee travel independently to a release address?

Other comments:

Section 6: Signature

Signed:…….

Printed name:……..

Position and qualifications:
…….

Date……..…….

If other healthcare professionals have supported you in examining the detainee and/or in producing this report their details must be given below:

Signed:……..

Printed name:……..

Position and qualifications:
…….

Date……..…….

Signed:…….

Printed name:……..

Position and qualifications:
…….

Date……..…….

Signed:…….

Printed name:……..

Position and qualifications:
…….

Date……..…….

Notes – for the medical practitioner

Your report must be completed legibly, with all questions being completed fully. Consideration of the report will be delayed if Home Office officials have to return the report to seek clarification.

If the Home Office requests clarification of any point in this report, this must be provided promptly.

Once completed this report must be faxed to the Home Office IRC Team.

A signed copy of this report must be placed on the detainee's medical record and another signed copy provided to the detainee free of charge.

The Home Office response must on receipt be reviewed by the medical practitioner. If it is considered to unsatisfactorily address the original concerns, it must be escalated to the Home Office IRC Team.

Notes – for the Home Office caseworker

You must consider and respond to this report in line with the guidance and instructions in:

- **Chapter 55b Immigration removals, enforcement and detention: general instructions – Adults at risk in immigration detention**
- **Detention services order (DSO) 9/2016 – Detention centre rule 35**

Annex B: Rule 35(2) report

Detention services order 9/2016 – Detention centre rule 35

Rule 35(2) report – a detainee suspected of having suicidal intentions

Section 1: Detainee's details

Forename(s):	
Surname:	
Date of Birth:	
Home Office reference number	
Immigration Removal Centre:	

Section 2: Detainee's authority to release medical information

The detainee named above has authorised the release of the medical information in this report in line with the guidance in DSO 1/2016 – The Protection, Use and Sharing of Medical Information Relating to People Detained Under Immigration Powers.

Section 2: Medical practitioner's report
(Please read the notes at the end of this form)

I write in respect of the detainee named above in my capacity as an immigration removal centre medical practitioner. I hereby report that this detainee is suspected of having suicidal intentions.

Section 3: Relevant information

i) Please state the reasons for suspecting that the detainee has suicidal intentions?

ii) Is the detainee being managed under Assessment Care in Detention Teamwork (ACDT) arrangements? If not, why not?

iii) Can the suicide risk be managed/reduced satisfactorily through ACDT, medication and/or appropriate interventions such as talking therapies?

iv) What arrangements might be needed to manage the detainee's suicide risk in a non-detained setting?

v) Has there been a mental health assessment? If so, what was its result/recommendation? If not, is an assessment scheduled to take place and, if so, when? Please attach the report of any assessment or give a brief overview.

Other comments:

Section 4: Signature

Signed:…….

Printed name:……..

Position and qualifications:
…….

Date……..…….

If other healthcare professionals have supported you in examining the detainee and/or in producing this report their details must be given below:

Signed:……..

Printed name:……..

Position and qualifications:
…….

Date……..…….

Signed:…….

Printed name:……..

Position and qualifications:
…….

Date……..…….

Signed:…….

Printed name:……..

Position and qualifications:
…….

Date……..……..

Notes – for the medical practitioner

Your report must be completed legibly, with all questions being completed fully. Consideration of the report will be delayed if Home Office officials have to return the report to seek clarification.

If the Home Office request clarification of any point in this report, this must be provided promptly.

Once completed this report must be faxed to the Home Office IRC Team.

A signed copy of this report must be placed on the detainee's medical record and another signed copy provided to the detainee free of charge.

The Home Office response must on receipt be reviewed by the medical practitioner. If it is considered to unsatisfactorily address the original concerns, it must be escalated to the Home Office IRC Team.

Notes – for the Home Office caseworker

You must consider and respond to this report in line with the guidance and instructions in:

- **Chapter 55b Immigration removals, enforcement and detention: general instructions – Adults at risk in immigration detention**
- **Detention services order (DSO) 9/2016 – Detention centre rule 35**

Annex C: Rule 35(3) report

Detention services order 9/2016 – Detention centre rule 35

Rule 35(3) report – concerns that a detainee may have been a victim of torture

Section 1: Detainee's details

Forename(s):	
Surname:	
Date of Birth:	
Home Office reference number	
Immigration Removal Centre:	

Section 2: Detainee's authority to release medical information

The detainee named above has authorised the release of the medical information in this report in line with the guidance in DSO 1/2016 – The Protection, Use and Sharing of Medical Information Relating to People Detained Under Immigration Powers.

Section 3: Medical practitioner's report
(Please read the notes at the end of this form)

I have examined the detainee named above in my capacity as an immigration removal centre medical practitioner and hereby report that I have concerns that the detainee may have been a victim of torture. This is a factual report rather than a medico-legal one.

I understand that torture in this context means:

> Any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions.

I also understand that it includes such acts carried out by terrorist groups exploiting instability and civil war to hold territory.

Section 4: Detainee's account

Please provide details of the account given to you by the detainee of the alleged torture. In particular, please provide:

- as much detail as possible about the detainee's explanation for the cause of each injury, scar or symptom (physical or psychological)
- details of **when**, **where**, **how**, **over what timeframe** and **why** the torture is said to have happened, if possible

Section 5: Relevant clinical observations and findings

Please provide details of your objective clinical observations and findings. This should include:

- details of all scarring or other physical marks, psychological symptoms, physical disability or impairment
- details of any medical or professional treatment or support that the detainee has received (including outside the UK) or is receiving and from whom
- any information in respect of previous or current physical or mental health problems which may be a result of having been tortured

Section 6: Assessment

Please set out your reasoned assessment of why, on the basis of the detainee's account together with your own examination and clinical findings, you are concerned that the detainee may have been a victim of torture. This should include your assessment of:

- the consistency of any physical (eg scars) and/or psychological findings with the detainee's allegations, including any evidence to the contrary
- whether there might be other plausible causes for the findings
- the impact **detention** is having on the detainee and why, including the likely impact of ongoing detention

If there are no physical or psychological findings to support the detainee's account, you **must** state why, in your professional assessment, you nevertheless have objective grounds for your concern.

Section 7: Signature

Signed:…….

Printed name:……..

Position and qualifications:
…….

Date……..….

If other healthcare professionals have supported you in examining the detainee and/or in producing this report their details must be given below:

Signed:……..

Printed name:……..

Position and qualifications:
…….

Date……..….

Signed:…….

Printed name:……..

Position and qualifications:
…….

Date……..….

Signed:…….

Printed name:……..

Position and qualifications:
…….

Date……..….

Notes – for the medical practitioner

The requirement to report need only be triggered by you having a concern that the detainee may have been a victim of torture. However, you should not make a report where the detainee's experience of harm or mistreatment does not meet the definition of torture given in section 3 above, or where you do not have clinical concerns that the detainee may have been a victim of torture, including instances where there is no basis for concern other than an unsupported claim by the detainee to have been a victim of torture.

Your report must be completed legibly, with all questions being completed fully. Consideration of the report will be delayed if Home Office officials have to return the report to seek clarification.

If the Home Office request clarification of any point in this report, this must be provided promptly.

Once completed this report must be faxed to the Home Office IRC Team.

A signed copy of this report must be placed on the detainee's medical record and another signed copy provided to the detainee free of charge.

The Home Office response must on receipt be reviewed by the medical practitioner. If it is considered to unsatisfactorily address the original concerns, it must be escalated to the Home Office IRC Team.

Notes – for the Home Office caseworker

You must consider and respond to this report in line with the guidance and instructions in:

- **Chapter 55b Immigration removals, enforcement and detention: general instructions – Adults at risk in immigration detention**
- **Detention services order (DSO) 9/2016 – Detention centre rule 35**

Annex D: Rule 35(3) letter

From: [Named medical practitioner]
Healthcare, [XYZ] Immigration Removal Centre

To: [Forename Surname]

HO ref:

Cc [Detainee's legal representative, if known]
[HO caseworker, via the HO IRC team]

Date: [DD/MM/YYYY]

Dear [Detainee name]

I am a medical practitioner, working in the healthcare department of an immigration removal centre. I work independently and my primary responsibility as a doctor is the care of my patients. I am not involved in decisions to detain or decisions about immigration status.

On [dd/mm/yyyy] you presented to the healthcare unit in the Immigration Removal Centre, in connection with a claimed history of torture/ill-treatment. I am required, as a doctor, to provide the relevant and necessary treatment for any injuries or medical complaints arising from such a history. Rule 35 of the Detention Centre Rules 2001 also sets out a requirement that I 'shall report to the manager on the case of any detained person who [I am] concerned may have been the victim of torture'.

According to Home Office policy, the current definition of torture I must apply as part of this consideration is: 'Any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions.' The definition extends to such acts carried out by terrorist groups exploiting instability or civil war to hold territory.

On the basis of what you have been able to tell me and/or the examination I have carried out, my independent view is that a report under Rule 35 is not the appropriate process for these concerns to be raised. The events or issues you raised may be relevant to your immigration or asylum case and you should therefore raise them in writing with your Home Office caseworker directly. However, it is my opinion that the

completion of a Rule 35 report in these circumstances will not be appropriate for you. Accordingly, I have not issued a Rule 35 report.

Yours sincerely,

[Doctor XYZ]

Annex E: Fax/Email header page

Home Office

To:	[Name of confirmed officer]
Cc:	
Fax number/email address:	[Confirmed fax number/email address]
From:	[Name of HO IRC team member]
Centre:	
Tel number/email address:	
Date:	
Detainee's name:	
HO reference no:	
Pages:	

DETENTION CENTRE RULE 35
Report of Special Illness or Condition (including torture claims)

Dear [Name of confirmed officer]

Further to our conversation earlier today, you have been **confirmed and recorded** as the responsible officer handling the case of the above named detainee (or as the officer who has taken responsibility for the handling of this particular matter).

I am attaching a copy of a report which has been provided by the medical practitioner at this centre in accordance with Rule 35 of the Detention Centre Rules 2001.

In accordance with Detention services order 9/2016 would you please:

- Ensure that you have read and understood the relevant instructions for handling Rule 35 reports in Detention services order 9/2016 and in chapter 55b of the Enforcement instructions and guidance – Adults at risk in immigration detention.

- Immediately review the decision to detain the individual in light of the content of the Rule 35 report.

- Fax/email back, within 2 working days, a response (using form IS.335) providing the outcome of the detention review and how the information provided in the medical practitioner's report has been considered.

Yours sincerely,

[Name of HO IRC team member]