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Guidance

Removal from association (detention centre rule 40) and temporary confinement (detention centre rule 42) (accessible)

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Document details

Instruction

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November 2025

Any enquiries regarding this publication should be sent to us at DSOConsultation@homeoffice.gov.uk

Document details

Process: To provide guidance on the removal of a detained person from association under Rule 40 of the Detention Centre Rules (DCR) 2001 and Rule 35 of the Short-term Holding Facility Rules (STHFR) 2018, and the use of temporary confinement under Rule 42 of the DCR 2001 and Rule 37 of the STHFR 2018, referred to in this guidance as “the Rules”. To ensure safety and security is maintained and due regard is given to the dignity and welfare of the individual.

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Contains mandatory instructions

For Action: Home Office and contracted service provider staff in Immigration Removal Centres (IRCs), Escorting Operations and Residential Short-Term Holding Facilities (RSTHF) and healthcare providers in IRCs and RSTHFs.

This instruction does not apply to Residential Holding Rooms (RHRs) or non-residential Short-Term Holding Facilities (holding rooms).

For Information: Home Office caseworkers

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Processes Affected: All processes relating to the removal of a detained individual from association or use of temporary confinement.

Assumptions: That all staff and service providers will have sufficient knowledge to follow these procedures and have access to related guidance.

Notes:

Glossary

“The Rules”	Detention Centre Rules (DCR) 40 and 42 and Residential short-term holding facility rules 35 and 37, allowing for the removal from association and temporary confinement of detained individuals in the immigration removal estate.
Centre manager	The person appointed under section 148(1) of the Immigration and Asylum Act 1999 with the responsibility of the overall management of an IRC. Employed by the ‘contracted service provider’.
Residential short-term holding facility (RSTHF) manager	For the purposes of this guidance, the “RSTHF manager” is the manager of a RSTHF in line with Rule 2 of the STHFR 2018, designated to complete the tasks that fall to a manager under the Rules, and with overall responsibility for the management of the centre. Employed by the ‘contracted service provider’.
Contracted Service Provider	Third party providers operating IRCs and RSTHFs on behalf of (and under contract to) the Home Office.
Refractory behaviour	Seriously disruptive behaviour that poses a risk to the safety or security of the centre, themselves or others.
Separate accommodation	Rooms certified to accommodate individuals under Rules 40 and 35 (removal from association), in accordance with Rules 15 of the DCR 2001 and 13 of the STHFR 2018.
Special accommodation	Rooms that are certified as suitable to accommodate individuals under Rule 42 of the DCR 2001 and Rule 37 of the STHFR 2018 (temporary confinement).

RFA/TC accommodation	Removal from association / temporary confinement accommodation. A collective term for both types of certified accommodation (separate and special) used under the Rules.
DS Manager	Detention Services Manager, part of the Home Office Compliance team in IRCs.
Esc Ops Manager	Escorting Operations Manager, the Home Office management in RSTHFs.

Explanatory note

This Detention Services Order (DSO) provides the rules and procedures for removing detained individuals from association (Rule 40 DCR 2001 / Rule 35 STHFR 2018) and for using temporary confinement (Rule 42 DCR 2001 / Rule 37 STHFR 2018) in the immigration removal estate.

This updated guidance introduces several significant updates and clarifications to strengthen safeguards and provide further clarity on the operational processes to follow when relocating a detained individual under these rules.

Removal from association and temporary confinement must only be used when necessary, as a last resort, and never as a punishment. All other options must be considered and recorded before an individual is removed from association or placed in temporary confinement. Each case must be individually assessed and justified, and planning for return to normal association should begin immediately.

Strict authorisation protocols are in place, with clear requirements for who can approve each stage of removal from association/temporary confinement and for how long, including in urgent circumstances and in cases where their use needs to be pre-authorised. All actions and decisions must be fully documented using the prescribed annexes (A-G), covering justification, monitoring, notification, and review.

Special care must be taken with vulnerable individuals, including those with mental health needs or on open ACDT plans. The DSO aligns with the Adults at Risk in Immigration Detention policy (https://www.gov.uk/government/publications/adults-at-risk-in-immigration-detention) and DSO 08/2016 Management of Adults at Risk in Immigration Detention (https://www.gov.uk/government/publications/management-of-adults-at-risk-in-immigration-detention), requiring regular review and reasonable adjustments.

Use of the rules for those with serious psychiatric illness should be avoided unless absolutely necessary for safety.

Detained individuals must be informed in writing, and verbally in a language they understand, of the reasons for their removal or confinement, within two hours. Legal representatives and stakeholders (Independent Monitoring Board, medical practitioners, religious affairs) must be notified promptly. Individuals retain the right to make representations and complaints, and must be supported to do so.

Daily monitoring and multidisciplinary review are mandatory, with the aim of returning the individual to normal association as soon as it is safe to do so. Care and reintegration planning must begin at the point of separation, and all actions must be recorded for audit and assurance purposes.

For further queries regarding this guidance, staff should contact the Detention Services Orders team at DSOConsultation@homeoffice.gov.uk

Process map

Removal from association or temporary confinement in IRCs and RSTHFs

1. Identify Need
Identify the incident or risk where removal from association or temporary confinement is needed (e.g., violent/disruptive behaviour, safety/security risk).

2. Consider Alternatives
Consider alternatives to the Rules, including de-escalation, and if any would lower the risk level. If these efforts fail, or are judged unlikely to succeed, move onto the next step.

3. Risk Assessment and Justification
Conduct the dynamic risk assessment, noting any vulnerabilities and recording the justification at Annex B.

4. Seek Authorisation
In normal circumstances, including pre-authorisation, authorisation must be sought from the DS Manager (EO or above), or Esc Ops Manager (HEO or above). In urgent circumstances, the centre manager or delegated authority can authorise, notifying the DS or Esc Ops manager as soon as possible.

5. Relocation and Escort
Escort the individual to a certified room. Healthcare must be notified if force is required for the escort. Notify the required parties, and provide the written reasons for removal within 2 hours.

6. Monitoring and Support
Daily monitoring is required, in addition to the multidisciplinary team review (recorded at Annex E). Engage the individual to support de-escalation and encourage timely reintegration.

7. Extensions and New Authority
If the detained individual needs to be relocated beyond 24 hours, seek authorisation from the DS or Esc Ops Manager (SEO or above). In exceptional circumstances, a subsequent period of removal may need to be authorised after the minimum time limits, which requires Grade 7 authority.

8. Return to Association
When returning to association, the multidisciplinary team must complete the care and reintegration plan as soon as possible. A room sharing risk assessment must be conducted, and all paperwork finalised and submitted. Property previously put in storage must be returned.

Instruction

Introduction

1. The purpose of this DSO is to provide instruction and guidance on the use of removal from association (Rule 40 / Rule 35) and temporary confinement (Rule 42 / Rule 37), hereafter referred to as “the Rules”.

2. This guidance focuses on the administrative procedures to be followed under the Rules, in addition to identifying the roles and operational responsibilities of the contracted service provider, healthcare providers and Home Office Immigration Enforcement (HOIE) staff, both Detention Services (DS) managers (Compliance Team), Escorting Operations managers and DET staff.

3. The scope for application of Rule 40 and Rule 42 is set by the conditions within the Detention Centre Rules 2001 (https://www.legislation.gov.uk/uksi/2001/238/contents) (DCR 2001) and the scope for application of Rule 35 and Rule 37 is set by the conditions within the Short-Term Holding Facility Rules 2018 (https://www.legislation.gov.uk/uksi/2018/409/contents) (STHFR 2018). This guidance does not change the circumstances in which the Rules will be applicable.

4. Except where explicitly stated, all provisions in this DSO apply to both Rule 40 and 42 DCR 2001. Similarly, the requirements set out will apply to Rule 35 and Rule 37 of the STHFR 2018.

5. Within this DSO, reference may be made to “special accommodation.” This is defined as rooms that are certified as suitable to accommodate individuals under Rule 42 of the DCR 2001 and Rule 37 of the STHFR 2018 in accordance with the standards set out in DSO 06/2018 “Accommodation: Lighting, Heating and Ventilation”). (https://www.gov.uk/government/publications/accommodation-lighting-heating-and-ventilation) Any reference to “separated accommodation” refers to rooms certified to accommodate individuals under Rules 40 and 35, in accordance with Rules 15 of the DCR 2001 and 13 of the STHFR 2018.

6. For the purposes of this guidance, “refractory” in relation to DCR 42 refers to detained individuals presenting seriously disruptive behaviour that poses a risk to the safety or security of the centre, themselves or others.

7. Staff judgement and operational considerations such as safety and security needs will inform the application of removal from association and temporary confinement. However, if the conditions specified within the respective Rules are not met then they cannot be used.

8. The Rules must only be used to manage detained individuals who cannot be held securely and safely in the main detention accommodation at that point in time. Their use must be necessary and proportionate and must be a measure of last resort. Therefore, all other options must have been exhausted because they have been unsuccessful, assessed as likely to fail, not operationally feasible, or to be insufficient as an effective response to the risk to safety or security presented by the individual. These alternatives must be recorded at Annex B, box 9.

9. As reflected in the Rules, all detained individuals are to be treated fairly, openly and with respect at all times. It is important that the need to maintain the safety and security of the detention facility and all persons within it is balanced against the need to have due regard to the dignity and welfare of the individual.

10. Two different Home Office teams operate in IRCs:

- Detention Services Compliance Team (Compliance Team)
- Detention Engagement Team (DET)

11. The Compliance team are responsible for all on-site commercial and contract monitoring work. The DETs interact with detained individuals face-to-face on behalf of responsible officers within the IRCs. They focus on communicating and engaging with people detained at IRCs, serving

paperwork on behalf of caseworkers, and helping them to understand their cases and detention.

12. There are no DETs at Residential Short-Term Holding Facilities (RSTHFs). Some of the functions which are the responsibility of the DET in IRCs, are carried out by the contracted service provider in RSTHFs and overseen by Escorting Operations. In the Gatwick Pre-Departure Accommodation (PDA), the local Compliance Team cover the role of detained individual engagement.

The scope of the Rules (DCR 40, 42 and STHFR 35, 37)

13. The use of removal from association must achieve the correct balance between the need to maintain safety and security and the need to show due regard for the dignity of the detained individual.

14. Temporary confinement in IRCs and RSTHFs is to only be used for detained individuals who present violent or seriously disruptive behaviour that poses a risk to the safety or security of others.

15. Those in detention must not be placed in RFA/TC (separate or special) accommodation certified under the Rules unless all alternative options have been exhausted (i.e. alternative options were considered, tried and were unsuccessful, or were ruled out) and the minimum auditable requirements as set out below and in the Detention Services Operating Standards Manual for Immigration Removal Centres (https://www.gov.uk/government/publications/detention-services-operating-standards-manual) are met.

Rule 40 DCR 2001 - Removal from Association
16. Rule 40(1) DCR 2001 states:

“40(1) Where it appears necessary in the interests of security or safety that a detained person should not associate with other detained persons, either generally or for particular purposes, the Secretary of State (in the case of a contracted out detention centre) or the manager (in the case of a directly managed detention centre) may arrange for the detained person’s removal from association accordingly.”

Rule 35 STHFR 2018 - Removal from Association
17. Rule 35(1) STHFR 2018 states:

“35(1) The Secretary of State may make arrangements for a detained person to be removed from association with other detained persons, either generally or for particular purposes, where it appears necessary in the

interests of the security of the short-term holding facility or the safety of the detained person or other persons."

Rule 42 DCR 2001– Temporary Confinement
18. Rule 42(1) DCR 2001 states as follows:

"42(1) The Secretary of State (in the case of a contracted-out detention centre) or the manager (in the case of a directly managed detention centre) may order a refractory or violent detained person to be confined temporarily in special accommodation, but a detained person shall not be so confined as a punishment, or after he (she) has ceased to be refractory or violent."

Rule 37 STHFR 2018– Temporary Confinement
19. Rule 37(1) STHFR 2018 states as follows:

"37(1) The Secretary of State may order an unmanageable or violent detained person to be confined temporarily in special accommodation until satisfied that the detained person is no longer unmanageable or violent."

Detention Centre Rules Operating Standards
20. The Operating Standard for Rule 40 states:

"Rule 40: The use of removal from association must achieve the correct balance between the need to maintain safety and security and the need to show due regard for the dignity of the individual. Procedures must comply with the requirements of Rule 40."

21. The Operating Standard for Rule 42 states:

"Rule 42: Temporary confinement of refractory or violent detainees must achieve the correct balance between the requirement to maintain order and discipline whilst having due regard for the individual and in particular the need to prevent self-harm."

22. The interpretation of Rules 40 and 42 as set out in the Operating Standards should also be read as the interpretation of Rules 35 and 37 of the STHFR 2018.

23. The conditions under the Rules mean that any use of them must be justified and proportionate to the risk presented. The use must be defensible, with evidence or justification of risk that can be clearly presented to the detained individual. The period for which removal from association or temporary confinement measures are in place must be the minimum time necessary in all circumstances and identified actions to ensure this must be recorded at Annex B, box 11.

24. There are maximum periods of time that must not be exceeded when applying both rules (see "Authorisation: DCR 40/42 and STHFR 35/37" for more). There can be no blanket use of the Rules for specific types of cases

or automatic use for specific individuals. Each use of removal from association and temporary confinement measures must reflect an individual assessment of the circumstances, and be recorded in Annex B.

25. Contracted service provider staff must engage with detained individuals to support them to move out of RFA/TC accommodation back into normal association as soon as possible. Planning for a return to normal association must begin as soon as the individual is moved into the RFA/TC accommodation. The multi-disciplinary team must discuss the steps necessary to support a return to normal association at its daily meetings, allowing for input from all attendees.

26. Each facility must have their own procedure for removal from association (Rule 40 in IRCs, Rule 35 in STHFs) and for temporary confinement (Rule 42 in IRCs, Rule 37 for STHFs) in line with this DSO. The procedure must be followed by staff and must take account of security and control requirements (including those that arise from the features of that IRC/STHF). The procedure must have due regard to the statutory entitlements and needs of detained individuals, including the absolute prohibition on causing the individual to suffer cruel, inhuman or degrading treatment under Article 3 of the European Convention of Human Rights.

27. Each facility must also directly inform detained individuals of their rights under this policy, translating or interpreting as required per DSO 02/2022 Interpretation services and use of translation devices (https://www.gov.uk/government/publications/interpretation-services-and-use-of-translation-devices). Centres should include in their compact (or other induction materials) the following information:

- That the detained individual will be provided with as much freedom of movement and association as possible, within the context of a safe and secure environment.
- That removal from association and temporary confinement may be considered should their behaviour and/or circumstances mean that, in the interests of security or safety, they should not associate with other detained individuals.
- That the individual will maintain the right to contact their legal representative if they are removed from association or placed in temporary confinement, including access to facilities to share copies of the relevant paperwork (where safety permits).
- That they will be returned to normal association as soon as possible once the risk to the safety and security of the centre and those within it has been de- escalated or otherwise mitigated.

Delegated Responsibility: DCR 65 and STHFR 56

28. The primary legislation which governs the use of removal from association and temporary confinement is the Immigration and Asylum Act

1999. Section 148 (5) of the Immigration and Asylum Act 1999 states:

“The manager of a contracted out removal centre may not, except in cases of urgency, order-

(a) The removal of a detained person from association with other detained persons;

(b) The temporary confinement of a detained person in special accommodation”

29. Rule 65 of the DCR 2001 states:

“The manager of a detention centre may, with the leave of the Secretary of State, delegate any of the powers and duties under these Rules to another officer of that detention centre.”

30. Rule 56 of the STHFR 2018 states:

“The manager of a short-term holding facility may, with the authorisation of the Secretary of State, delegate any of the powers and duties under these Rules to a detainee custody officer or an immigration officer.”

31. The functions of the manager in rules 40/42 DCR and 35/37 STHF Rules can be delegated in accordance with Rules 65 DCR and 56 STHF. The following actions should be taken to ensure that this delegation is appropriately recorded.

32. The centre manager of each IRC (the person appointed under section 148(1) of the Immigration and Asylum Act 1999 with the responsibility of the overall management of the centre) or RSTHF manager must identify an appropriate grade/job title to whom their powers and duties under the Rules can be delegated when they are unavailable. This information must be submitted at Annex G for approval by the DS Manager or Escorting Operations manager (G7 or above).

33. In IRCs, the centre manager may identify a role(s) within their senior management team and the Detainee Custody Manager (DCM) to whom responsibilities may be delegated in accordance with DCR 65, but only in cases of urgency (see para 34) and where these managers act as the duty manager as part of their role. They do not need to be acting as a duty manager at the time of the incident or authorisation. For all non-urgent cases, the relevant DS manager (EO or above) or Escorting Operations manager (HEO or above) must give authority.

34. An urgent situation that may require the centre manager / RSTHF manager or their delegate to authorise use of the Rules would be where there is a dynamic and immediate risk to the safety or security of individuals or to the centre as a whole, and where waiting for authorisation from Home

Office staff would not be safe. In these circumstances, the centre manager in IRCs, RSTHF manager, or a person with appropriately delegated authority is empowered to act swiftly to remove the individual from association or place them in temporary confinement to prevent injury, protect staff or other detained individuals. However, the use of DC Rule 40 or 42 or STHF Rule 35 or 37 in such urgent cases must be clearly justified, proportionate to the risk presented, and reviewed by a Home Office manager (EO or above in IRCs, HEO or above in RSTHFs) as soon as possible.

35. Where responsibility has been delegated to a DCM (or DCO in RSTHFs), they must include the following confirmation in their written authorisation:

- (Only applicable in IRCs) That they act as the Duty Manager as part of their role, specifying whether they are acting as the Duty Manager at the time.
- That the level of urgency was such that it was unsafe to seek the authority from the relevant Home Office manager.

36. In order to delegate their powers and duties under DCR 65 or STHFR 56, the centre manager of each IRC or RSTHF manager should submit the grade/job title on Annex G to the Home Office DS manager (Grade 7 or above) or Escorting Operations manager on a twice-yearly basis.

They should also update the DS manager or Escorting Operations manager on an ad-hoc basis if;

- the delegated grades/job titles have changed;
- it is considered that the identified grade/job title is no longer appropriate for delegation of powers and duties under the Rules or;
    - an identified existing grade/job title ceases to exist.

37. The Home Office DS Manager or Escorting Operations manager will review and, if in agreement, provide authorisation for centre managers or RSTHF managers to delegate their powers and duties under the Rules to the grades/job titles identified.

38. Only individuals holding the grades/job titles identified by the centre manager or manager and approved by the DS Manager or Escorting Operations manager may undertake the authorisations required for removal from association and temporary confinement. Records of agreed Annex G delegated responsibility must maintained. See authorisation for more information.

Certified Accommodation for Removal from Association and Temporary Confinement

39. Under Rule 15 (3) of the DCR 2001 and Rule 13 (3) of the STHFR 2018, an individual removed from association or placed in temporary confinement must be accommodated only in a room designated and certified for this purpose.

40. All accommodation used for removal from association and temporary confinement must be certified in writing by the DS Manager (Grade 7) as “adequate for health” in line with DC Rule 15 (3) or “adequate for health and safety” in line with STHF Rule 13(3). Specifically, it must have size, lighting, heating, ventilation and fittings adequate for the maintenance of health and there must be provision for the person to communicate at any time with an officer (see DSO 06/2018 “Accommodation: Lighting, Heating and Ventilation”). (https://www.gov.uk/government/publications/accommodation-lighting-heating-and-ventilation)

41. The Head of Escorting Operations has oversight of the rooms used for removal from association and temporary confinement under Rule 35 and Rule 37 in RSTHF.

42. In line with Rule 16 of the DCR 2001, every detained person in an IRC shall have access to toiletries necessary for health and cleanliness, and access to daily washing facilities. In line with Rule 18 of the STHFR 2018, every detained person in a RSTHF must be provided with toiletries necessary for personal health and cleanliness if required and allowed to have a daily bath or shower and allowed to shave daily. Access to washing facilities should be provided for those held under the Rules, in line with the individual’s risk assessment, discussion at the multi-disciplinary meeting and this should include consideration or any religious requirements pertaining to access to ablutions (washing facilities).

43. Where an individual is being managed under the Rules, the centre manager or RSTHF manager (or individual holding a grade/job title which has been identified for the delegation of powers and duties) will decide on the most appropriate certified accommodation available at the time. In determining the most appropriate accommodation, centre staff must pay due regard to the needs of the detained individual including any risks to them, while also meeting the safety and security needs of the wider population of the centre.

44. Any Rule 40/Rule 42 or Rule 35/Rule 37 certified accommodation outside a dedicated Care and Separation Unit must offer the same level of support, monitoring and regime as that in a dedicated unit.

45. Any Rule 40/Rule 42 or Rule 35/Rule 37 certified accommodation must be staffed 24 hours a day, 7 days a week when in use. In line with the requirements of Rule 15(3) of the DCR 2001 and STHF rule13(2), all individuals subject to removal from association or temporary confinement must be able to contact a DCO without difficulty at any time. For example, contact may be made by using a call bell and working call bells must be

fitted, or wearable call bell alternatives in place and maintained in any Rule 40/Rule 42 or Rule 35/Rule 37 certified accommodation, in accordance with DSO 06/2018 Accommodation standards (https://www.gov.uk/government/publications/accommodation-lighting-heating-and-ventilation).

Procedures

46. The forms which need to be completed are attached as annexes and should be printed locally. They must not be changed or amended.

- Annex A – covering form to be completed once only, stored at the front of all additional paperwork.
- Annex B – justification and authorisation for use of Rule 40 or 42 (Rule 35 or 37 in STHFs), to be completed each time any use of the rules is authorised. This includes for extensions and for moves between Rules without first returning to normal association.
- Annex C – daily activity record and monitoring form
- Annex D – daily visitors record
- Annex E – daily multidisciplinary review
- Annex F – care/reintegration plan
- Annex G – centre manager delegation request and approval forms

47. The decision to use the Rules must have a clear and rational basis. For removal from association, if the risk is assessed on the basis of intelligence or other indications of risk, they must be able to be verified as accurate, and then recorded at Annex B, box 10. Temporary confinement must be used only when an individual is behaving in a violent or seriously disruptive manner that poses a risk to the safety or security of others.

Alternatives to removal from association and temporary confinement
48. Before a detained individual can be relocated under the Rules, all alternative options must have been exhausted either because they have been tried and been unsuccessful, or they have been assessed as likely to fail, not operationally feasible, or to be insufficient as an effective response to the risk to safety or security presented by the individual. These alternatives must be set out at Annex B, box 9.

49. Alternative measures may include, but are not limited to:

- Verbal de-escalation techniques
- Mediation or conflict resolution

- Room reassignment
- Use of the supported living facility or care suite (if available)
- Voluntary time-out
- Relocating to neighbouring IRC (if applicable)

50. When proceeding with de-escalation, contracted service providers may choose to separate the individual from the ongoing situation by accompanying them to another area of the centre (voluntary time-out). The priority is to separate the individual from the source of the escalation, which could involve moving them to a care suite, supported living facility, or the communal area of the Care and Separation Unit (CSU). If informal de-escalation is successful and the individual does not need to be separated from the rest of the population, paperwork is not required. Contracted service providers should use this time to notify the Home Office, so that authorisation for the use of the Rules can be sought if de-escalation is unsuccessful.

Restrictions must not be used as punishment

51. Under the DCR 2001 and STHFR 2018, removal from association and temporary confinement cannot be used as punishment, and every effort must be made by centre staff to reintroduce the detained individual to normal association as soon as possible. When individuals are held under the Rules the emphasis must be on maintaining the safety of detained individuals and staff. It is expected that staff will focus on helping individuals manage their behaviour through positive interaction, with the objective being to return the individual to normal association as soon as it is safe to do so.

52. It is not appropriate to apply the Rules solely because a detained individual refuses to share a room. Only where such refusal is accompanied by behaviour that poses a risk of violence to others, staff, or the safety and security of the centre should removal from association be considered. For more information see DSO 12/2012 Room Sharing Risk Assessment. (https://assets.publishing.service.gov.uk/media/6863ade63464d9c0ad609d7d/DSO%2B-%2B12-2012%2BRoom%2Bsharing%2Brisk%2Bassessment__1_.pdf)

Furniture and facility restrictions

53. If, as part of removal from association, a detained individual's access to normal facilities within the accommodation is restricted, or access to the CSU regime is reduced, this must be justified by a detailed risk assessment that clearly states why the restriction is being placed on the individual and how often the assessment will be reviewed. This must then be recorded on the Annex E Multidisciplinary team review record.

54. The restrictions must be authorised by the centre manager of an IRC or the RSTHF manager (or an individual with appropriately delegated authority) and approved by the Home Office DS Manager or Escorting

Operations Manager (SEO and above). The decision maker must ensure that:

- no restrictions are made beyond what is necessary to protect the detained individual and centre staff;
- restrictions are only imposed as a last resort;
- every effort is made to keep the time for which a detained individual is subject to restrictions as short as possible, and;
- the DS Compliance team or Escorting Operations manager is notified of the restrictions as soon as is operationally possible via an IS91RA Part C.
- the restrictions do not inhibit progression of their immigration case and communication with a solicitor (where safety permits).

55. The removal of any furniture or furnishings that are not intended to be immediately replaced with an appropriate alternative must only be carried out following a risk assessment, and with the authority of the onsite DS manager (SEO or above) or the Escorting Operations manager in RSTHFs; during out of hours periods, authorisation must be sought from the Home Office on-call manager (G7 or above in IRCs, SEO or above in RSTHFs), and in either case, the onsite DS Manager (SEO) or the Escorting Operations manager in RSTHFs must be notified at the earliest opportunity. The exception to this is in situations where an individual is at immediate risk of harm and the contracted service provider must take immediate action to remove the item for their continued safety. Following immediate removal of personal items, staff must seek approval for the continued confiscation of that item as specified above.

56. Should the removal of any furniture or bedding items that will be replaced be deemed necessary, this decision should only be taken by the centre manager of an IRC or the RSTHF manager (or a person with appropriately delegated authority). Once the decision has been made to remove furniture or bedding items, the contracted service providers must notify the Compliance Team or Escorting Operations team for RSTHFs.

57. Where it is deemed necessary to replace these items with specialist alternatives (such as anti-ligature bedding and collapsible mattresses) Detainee Escorting Population Management Unit (DEPMU), the local Compliance Teams, and DET must be notified of such decisions via the IS91RA Part C form. DET will then forward the IS91RA Part C by email to the relevant dedicated casework inbox, and all such actions must be recorded in both the Annex C and Annex B for monitoring and auditing purposes. In RSTHFs, the contracted service provider must complete the IS91RA Part C form and send to the Escorting Operations manager, who will notify DEPMU, in addition to forwarding the form by email to the relevant dedicated casework inbox. The removal of these items is subject to continued review every 4 hours by the contracted service provider, and this review must be recorded in Annex C with each outcome noted.

58. A formal review of any decision to accommodate an individual in a room with anti- ligature bedding or furnishings must take place no later than 24 hours after the initial decision. This review should form part of, and be recorded in line with, the daily review of the application of the Rules. See multi-disciplinary team for more information.

59. When reviewing the decision to place a detained individual in a room with anti-ligature furniture, the detained individual should be involved where possible, and all review details including rationale and authority sign-off must be recorded at Annex E. During each review, the Healthcare representative should consider whether a physical health examination is required or whether a mental health assessment should be initiated. In both cases the reasoning in each consideration should be recorded. If an examination assessment is recommended, this should be conducted as soon as possible.

60. Restrictions must be lifted and conditions normalised at the earliest opportunity once it is safe to do so, for the detained individual, other detained individuals in the centre and the staff. It is not necessary to wait for a formal review to lift restrictions, they may be lifted at any time on the authority of the centre manager (or RSTHF manager) or a person with appropriately delegated authority. In this instance, the decision must be recorded on Annex C and on the detained individual's ACDT if applicable.

61. Any concerns about the inappropriate or improper use of Rule 40 and Rule 42 must be escalated by compliance managers (Grade 7) to the Head of Detention Operations for consideration. Out of hours, the senior on-call officer should escalate to the Head of Detention Operations on call if urgent. Similarly, any concerns about the inappropriate or improper use of Rule 35 or Rule 37 must be escalated to the Head of Escorting Operations, or appropriate out-of-hours cover.

Authorisation: DC4 40/42 and STHFR 35/37

62. Authorisation processes and review periods set out in this DSO must be observed in all cases.

63. The DC Rules 2001 set out the requirements for authorisation of removal from association and temporary confinement in IRCs.

64. Rule 40 states:

- 40(1) "…. the Secretary of State (in the case of a contracted-out detention centre) or the manager (in the case of a directly managed centre) may arrange for the detained person's removal from association accordingly."
- 40(2) "In cases of urgency, the manager of a contracted-out detention centre may assume the responsibility of the Secretary of State under paragraph (1) but shall notify the Secretary of State as soon as possible after making the necessary arrangements."

- 40(3) “A detained person shall not be removed under this rule for a period of more than 24 hours without the authority of the Secretary of State”.
- 40 (4) “An authority under paragraph (3) shall be for a period not exceeding 14 days”.

65. Rule 42 states:

- 42(1) “….the Secretary of State (in the case of a contracted-out detention centre) or the manager (in the case of a directly managed centre) may order a refractory or violent detained person to be confined temporarily in special accommodation
- 42(2) “In cases of urgency the manager of a contracted-out detention centre may assume the responsibility of the Secretary of State under paragraph (1) but shall notify the Secretary of State as soon as possible after giving the relevant order.”
- 42(3) “A detained person shall not be confined in special accommodation for longer than 24 hours without a direction in writing given by an officer of the Secretary of State (not being an officer of a detention centre)”.
- 42(4) “The direction shall state the grounds for the confinement and the time during which it may continue (not exceeding 3 days)”.

66. The STHFR 2018 set out the requirements for authorisation of removal from association and temporary confinement in RSTHFs.

67. Rule 35 states:

- 35(1) “The Secretary of State may make arrangements for a detained person to be removed from association with other detained persons, either generally or for particular purposes, where it appears necessary in the interests of the security of the short-term holding facility or the safety of the detained person or other persons.”
- 35(2) “In cases of urgency, the manager may assume the responsibility of the Secretary of State under paragraph (1) (https://www.legislation.gov.uk/uksi/2018/409/part/4/made#article-35-1) but must notify the Secretary of State without undue delay after making the necessary arrangements.”
- 35(3) “A detained person must not be removed under this rule as a punishment.”
- 35(4) “A detained person must not be removed under this rule for a period of more than 24 hours without written authorisation of the Secretary of State.”
- 35(5) “Authorisation under paragraph (4) (https://www.legislation.gov.uk/uksi/2018/409/part/4/made#article-35-4) must not be for a period exceeding seven days from the time of reception of the detained person into the short-term holding facility.”

68. Rule 37 states:

- 37(1) “The Secretary of State may order an unmanageable or violent detained person to be confined temporarily in special accommodation until satisfied that the detained person is no longer unmanageable or violent.”
- 37(2) “In cases of urgency, the manager may assume the responsibility of the Secretary of State under paragraph (1) (https://www.legislation.gov.uk/uksi/2018/409/part/4/made#article-37-1) but must notify the Secretary of State without undue delay after making the necessary arrangements.”
- 37(3) “A detained person must not be confined in special accommodation as a punishment.”
- 37(4) “A detained person must not be confined in special accommodation for a period of more than 24 hours without written authorisation of the Secretary of State.”
- 37(5) “Authorisation under paragraph (4) must not be for a period exceeding 48 hours but may be renewed from time to time for a further period not exceeding seven days from the time of reception of the detained person into the short-term holding facility.”

69. In all cases, the period of authority must be stated and justified. The authority should not automatically be the maximum permitted. In no circumstances must an initial authorisation for removing someone from association or placing them in temporary confinement be given for a period beyond 24 hours.

70. In normal circumstances, any use of the Rules for an initial period up to 24 hours must be authorised by a DS manager (Executive Officer (EO) or above) from the Home Office Compliance Team (or HEO or above in the Escorting Operations team for STHFs). The person authorising the initial use of Rule 40/42 or Rule 35/37 must record their authorisation at Annex B, boxes 13-19.

71. In urgent situations, every effort must still be made to seek authorisation from the DS manager (EO or above), Escorting Operations manager in RSTHF (HEO or above) or the on-call manager if out of hours. Only if the circumstances are urgent enough that it is unsafe to delay action by seeking Home Office authority, the centre manager in IRCs, RSTHF manager, or a person with appropriately delegated authority can make an emergency authorisation so that the authority is considered to begin at that point. In such circumstances, the DS or Escorting Operations manager must be notified at the earliest opportunity.

72. Every initial authority for removal from association (Annex B) must be reviewed daily. A DS manager (EO or above) or Escorting Operations

manager (HEO or above) must conduct the review. Where practicable, this review should be part of a multidisciplinary meeting.

Responsibilities for extensions

73. Any period of removal from association or temporary confinement that exceeds 24 hours requires authorisation by the Secretary of State. In practice, this authority may be exercised by a DS or Escorting Operations manager (SEO or above), acting on behalf of the Secretary of State under DCR 65 and STHFR 56.

74. Under Rule 40 (3) and (4), authority to maintain removal from association beyond 24 hours, up to a maximum of 14 days, in an IRC must be given by a DS manager (SEO or above). If that authority is given by a manager below SEO grade (eg. out of hours), it must be reviewed by a DS manager of at least SEO grade as soon as possible, but within 24 hours. Written justification must accompany the authorisation and be reviewed by the SEO to ensure the removal remains appropriate.

75. Whilst the relevant form may be completed by the contracted service provider (Detainee Custody Manager (DCM) or above) the authority for the extension itself must be provided by the appropriate DS manager or Escorting Operations manager (SEO or above). Extension beyond 24 hours should be avoided wherever practicable, with centre staff making every effort to return the individual to normal association as soon as possible.

76. Where use of the Rules is authorised to continue beyond the initial 24-hour period, the contracted service provider must provide the detained individual with sufficient information, in writing and orally in a language they can understand, about the reasons, and the evidence relied on, for seeking authority to extend removal from association/confinement. The detained individual should be provided with the justification and associated timings, who authorised the decision, and the immediate actions from the contracted service provider to return the detained individual to association as soon as possible. This authorisation must be recorded at Annex B, boxes 41-48.

77. In relation to DCR Rule 42 and STHF Rule 37, if confinement needs to continue beyond 24 hours, authority must be given by a DS or Esc Ops manager (SEO or above) and a copy of the direction to continue the confinement (Annex B, box 40) beyond that point must be given to the detained person within 2 hours of the extended confinement.

78. The extension of removal under the Rules must not exceed:

- 14 days under DCR40, removal from association in IRCs
- 3 days under DCR42, temporary confinement in IRCs,
- 7 days under STHFR 35, removal from association in RSTHFs,
- or 48 hours under STHFR 37, temporary confinement in RSTHFs.

Details of the above must be recorded in Annex B.

79. Contracted service providers must reference and demonstrate any progress made against required actions from previous authority extensions as shown on Annex B Box 47 (where applicable). This should be documented on Annex C as part of the daily monitoring and observations. as part of the outcome. Extension requests where risks have been identified must not be presumptive and should rely on documented evidence, for example any evidence obtained via the contracted service provider security and/or safer community teams.

80. If the person authorising use of the Rules cannot complete the form, for example because authority has been given by phone or because contracted service providers are filling them out, there must be a separate documented audit trail (e.g. email print out, signed record of conversation) attached to Annex B. It is the responsibility of the contracted service provider staff to ensure the audit trail is provided immediately after authorisation has been granted. It should make clear:

- who has provided the authority,
- by what means (e.g. telephone),
- at what time, and
- must include any relevant notes made during the call or any relevant emails where authorisation was given via email.

81. During any continued period of removal from association, daily engagement with the individual must be maintained through mandatory visits from the multi-disciplinary team.

82. A single period of removal from association must not exceed the limits set out in paragraph 78 (i.e. 14 days under Rule 40 or 7 days under Rule 35). However, in rare circumstances it may become necessary to authorise a subsequent period of removal from association. Importantly, all other options must have been exhausted, including transfer to another centre with more suitable facilities. If the only remaining option is to authorise an additional removal from association, a fresh authority must be sought from the DS or Escorting Operations Grade 7 using a new Annex B. Because the individual has not been returned to association, the compiled document of paperwork should remain open to reflect the consecutive nature of the authorities to remove from association. With each fresh authority, the stakeholders listed on Annex B must be notified without delay.

83. If the circumstances require temporary confinement (R42/R37) to exceed 24 hours and continue up to the maximum of 3 days (in IRCs) or 48 hours (in RSTHFs), written authorisation must be obtained from the DS or Escorting Operations Grade 7. If, due to reasons outside of the Home Office’s control, a consecutive period of confinement is sought after this

time, a fresh authority must be obtained from the DS Grade 7 using a new Annex B. All other options must have been exhausted, including downgrading to Rule 40/35 or transfer to another centre with more suitable facilities. If the only remaining option is to authorise consecutive temporary confinement, the compiled document of paperwork should remain open to reflect the real period of confinement. Each new authority must be clearly documented and the stakeholders listed on Annex B must be notified without delay. In cases where authorisation is given out-of-hours by the senior on-call, this must be reported immediately to a DS or Escorting Operations G7 manager and flagged to the Grade 6 and the multidisciplinary team.

84. Once authorised by the DS or Escorting Operations Grade 7, another period of 14 days (7 in RSTHFs) or 3 days (48 hours in RSTHFs) commences. The daily monitoring responsibilities during this period continue to be conducted by the DS manager (SEO or above) or Escorting Operations manager (HEO or above).

85. The required authorisations for each period are set out in the tables below.

Removal from association (Rule 40/35)

Centre	Period	Authorisation required
IRCs	Initial 24 hours	Home Office DS Manager (EO or above). In urgent cases the centre manager (or delegated authority) may authorise.
IRCs	Day 2-14	Home Office DS Manager (SEO or above)
IRCs	Day 1 (new authorisation)	Home Office DS Manager (G7)
RSTHFs	Initial 24 hours	Home Office Escorting Operations Manager (HEO or above). In urgent cases the RSTHF manager may authorise.
RSTHFs	Day 2-7	Home Office Escorting Operations Manager (SEO or above)
RSTHFs	Day 1 (new authorisation)	Home Office Escorting Operations Manager (G7)

Temporary confinement (Rule 42/37)

Centre	Period	Authorisation required
IRCs	Initial 24 hours	Home Office DS Manager (EO or above). In urgent cases the centre manager (or delegated authority) may authorise.
IRCs	Day 2-3	Home Office DS Manager (SEO or above)
IRCs	Day 1 (new authorisation)	Home Office DS Manager (G7)
RSTHFs	Initial 24 hours	Home Office Escorting Operations Manager (HEO or above). In urgent cases the RSHTF manager may authorise.
RSTHFs	Day 2	Home Office Escorting Operations Manager (SEO or above)
RSTHFs	Day 1 (new authorisation)	Home Office Escorting Operations Manager (G7)

Pre-authorisation of the Rules

86. On occasion, it may be necessary in the interest of safety to authorise use of the rules in advance prior to a detained individual's arrival, during transfer, or prior to their departure. If pre-authorising a use of the Rules within the centre, the 24-hour period will begin at the point where the door closes once the individual enters the CSU or other appropriately certified RFA/TC accommodation. Only the Home Office manager (EO or above) can give pre-authorisation. This must be recorded on Annex B, box 8.

87. If an individual is transferred while on removal from association, on rare occasions it may be necessary to pre-authorise its continued use to guarantee the safety of the individual and staff at the receiving centre. In this situation, the removal from association or temporary confinement is paused, and only resumed once the door closes on the RFA/TC accommodation at the receiving centre. The despatching centre should copy all relevant paperwork and provide it to the escorting team, so that the receiving facility will have a full trail of their separation history. The cumulative time the individual has been under the Rules should be observed from the received paperwork, and continued once the door is closed in the new centre. New paperwork must be opened in the receiving centre when the decision is made to pre-authorise their separation under the Rules.

88. The contracted service provider should seek all relevant information from the healthcare team about any known risks; this information should then be considered and recorded in an IS91RA Part C form and Annex B,

box 12 (see Vulnerable individuals in detention). Where the contracted service provider requests authorisation for pre-planned use of Rule 40/42, they must ensure they provide this information (and all other relevant information, e.g. previous incidents of disruption or removal from association) to the onsite DS Compliance Team or Escorting Operations Team for STHFs. All parties should have due regard to protecting sensitive information such as health-related material, and where appropriate the copy list of emails containing sensitive material should be restricted so that only those staff who need to view it are sighted.

Vulnerable individuals in detention

89. This guidance should be considered alongside guidance on the management of adults at risk within immigration detention, as set out in DSO 08/2016 Management of Adults at Risk in Immigration Detention (https://www.gov.uk/government/publications/management-of-adults-at-risk-in-immigration-detention))

90. In some cases, it may be in the detained individual's best interests to be returned to mainstream association on medical grounds. In this instance, healthcare teams must fill out Annex B boxes 54-58.

91. If a detained person's health may be adversely affected by continued detention, medical practitioners must submit a report under Detention Centre Rule 35 or Short- Term Holding Facility Rule 32, as outlined in DSO 09/2016 Detention centre rule 35 and Short-term holding facility rule 32. (https://www.gov.uk/government/publications/detention-rule-35-process) The Adults at Risk in Immigration Detention policy (https://www.gov.uk/government/publications/adults-at-risk-in-immigration-detention) provides the framework for identifying individuals particularly vulnerable to harm. Where such individuals are detained, their management must align with DSO 08/2016 Management of adults at risk in immigration detention (https://www.gov.uk/government/publications/management-of-adults-at-risk-in-immigration-detention), ensuring appropriate safeguards and regular review of risk, behaviour, and health.

92. It is inappropriate for removal from association or temporary confinement to be routinely used as the means for managing detained individuals with serious psychiatric illness or presenting with mental health problems. Staff should recognise that individuals with mental health conditions or learning disabilities may display behaviours that appear disruptive or difficult to manage. However, placing individuals with such mental health problems under the Rules should be avoided unless a risk assessment deems it necessary in prioritising the safety of the individual and the centre staff. In this instance, specific account must be taken of any adverse effects of removal from association or temporary confinement, and steps must be taken to mitigate these where possible. If unsure, staff should engage with centre healthcare staff who can evaluate the impact on the individual and make appropriate suggestions to reduce adverse effects.

93. The adults at risk policy includes conditions or experiences which are indicators that an individual may be particularly vulnerable to harm in detention. These include those suffering from a mental health condition or impairment. DSO 04/2020 Mental vulnerability and immigration detention (https://www.gov.uk/government/publications/mental-vulnerability-and-immigration-detention) sets out the process to be followed where there are concerns that an individual may lack mental capacity, have a mental health condition, or have a disability arising from mental impairment. The assessment and recommendations made because of that process must be taken into account when determining whether use of the Rules is appropriate and, if so, any reasonable adjustments to be made during their use.

94. If an individual who has been removed from association or placed in temporary confinement starts presenting with notable changes in mental health or behaviour, which gives rise to concerns about their mental health, contracted service provider staff should highlight concerns to healthcare staff as soon as possible, after which a mental health assessment can then be arranged if required. The steps outlined in DSO 04/2020 (https://www.gov.uk/government/publications/mental-vulnerability-and-immigration-detention) should be followed, including where there are any indicators of a lack of mental capacity with regards to detention-related decision making (such as not understanding the removal from association or temporary confinement processes) and the IS91 RA Part C notification process.

95. As a result of the overarching considerations set out above, a detained individual at risk of suicide or self-harm must not be placed under Rule 40 or 42 accommodation other than:

- in circumstances where use of the Rules is deemed necessary (to prevent harm to themselves, the centre or others) having considered the potential adverse effect on the individual;
- for the shortest time necessary, and;
- as a last resort where all other options for managing the behaviour have been considered and exhausted or considered to be inappropriate (as per DSO 01/2022 Assessment care in detention and teamwork (https://www.gov.uk/government/publications/recording-attempted-self-harm-in-detention-centres)). All other options considered and dismissed should be clearly recorded.

96. Removal from association and temporary confinement should not be used to relocate individuals who are being harassed or victimised in the centre. In these circumstances, the centre should refer to their anti-bullying strategy.

ACDT

97. Detained individuals identified as being at risk of suicide or self-harm should be managed under published Assessment Care in Detention and Teamwork (ACDT) processes set out in DSO 01/2022 Assessment care in

detention and teamwork (https://www.gov.uk/government/publications/recording-attempted-self-harm-in-detention-centres).

98. Detained individuals at risk of suicide or self-harm should be kept in association wherever possible as separation can have a negative impact on mental wellbeing and exacerbate distress.

99. Detained individuals at risk of self-harm or suicide and on an open ACDT plan must not be removed from association unless they are violent or at risk of causing harm to themselves or others, and must not be placed in temporary confinement unless deemed necessary for their own protection. Such individuals may be managed in the supported living facility where available, providing all appropriate precautionary safety measures can be implemented. If an individual refuses to relocate for their own protection, contracted service provider staff must ensure the appropriate safeguarding strategies are engaged to support the individual.

100. All appropriate further precautionary measures, such as constant supervision and/or the use of staff specifically trained in ACDT processes, must be taken and should be applied to any detained individual placed on an ACDT after their removal from association or temporary confinement (Annex B, box 32). If an ACDT is opened whilst a detained individual is removed from association or in temporary confinement, Annex B boxes 66-68 must be completed.

101. If detained individuals at risk of suicide or self-harm and on an open ACDT plan are removed from association or placed in temporary confinement, reasons for doing so must be clearly justified in Annex E of the detained individual's ACDT plan. An ACDT case review must be undertaken by the case co-ordinator as soon as practicable, but certainly within 24 hours of the individual being removed to the CSU or other RFA/TC accommodation. Where possible, ACDT observations of these individuals should be set at a minimum of five times per hour at irregular and unpredictable times.

102. When a move back to normal association is planned for a detained individual at risk of suicide or self-harm and on an open ACDT plan, a pre-discharge case review must take place on the same day as this decision (Annex C of their ACDT plan). The detained individual cannot return to association until a full case review has been held. A case review should be expedited to ensure the individual's period away from the normal residential area is not extended.

103. If an individual being held under the Rules is assessed as requiring treatment or assessment in an appropriate or secure mental health service outside of the centre, all steps that can be taken to facilitate this transfer should be taken as soon as possible.

Dirty protest

104. Dirty protest is a situation where a detained individual deliberately soils their environment (typically with bodily waste) as a form of protest. Centres must have guidance in place to assist staff with identifying the difference between individuals protesting and those suffering from ill health and the actions required in either case, i.e. referral to the Mental Health Team. Guidance must also ensure the health and safety of staff, visitors and the individual are met and must also cover available PPE equipment, when this should be used, and where this can be found. Detained individuals on dirty protest should be given the opportunity to shower upon every review and twice daily as a minimum, and the outcome of this offer must be recorded on Annex C i.e. accepted or declined to shower.

105. If an incident of dirty protest takes place while an individual is removed from association or in temporary confinement, it must be recorded at Annex C and on the centre's protest record, if applicable.

Searching

106. To meet the requirements for safety and security, all those removed from association or located under temporary confinement must be searched in line with the guidelines set out in DSO 09/2012 Searching detainees at removal centres (https://www.gov.uk/government/publications/searching-detainees-at-removal-centres). If items are removed in the search (e.g. clothing) an anti-ligature or otherwise safer alternative must be sought as soon as possible.

Transfers

107. If the decision has been made to transfer an individual held under the Rules to another centre, a Person Escort Record (PER) must be completed by centre and escorting staff; this is required whether the custody of the detained individual transfers to another contracted service provider or not. This includes movement or transfer between centres in the immigration removal estate and other detention/custody accommodation (courts, tribunals, prisons and police stations) and between centres and other temporary locations such as hospital appointments. The PER ensures that all staff escorting and receiving detained individuals are provided with all necessary information, including reasons for the removal from association or temporary confinement, any risks or vulnerabilities that the person may present, such as risk of absconding or harm to themselves or others. See Detainee Escort Records DSO 01/2019 (https://www.gov.uk/government/publications/detainee-escort-records) for more information.

108. Details of previous violence, self-harm and relevant known medical details, when available, must be recorded on form IS91RA Part A by the responsible case-worker or detaining team. All risks that are known before transfer and that can potentially impact the safe transfer and allocation of an individual must be reflected on the risk section of the IS91. Where appropriate, following receipt of a IS91RA Part C, these risks must also be updated by DEPMU onto Person Alerts on Atlas. This ensures all relevant

risks are shared on the Movement Order, which is sent to the escort service provider and receiving centre when a transfer takes place.

109. Contracted service provider staff must ensure a safer detention form is sent to the receiving centre prior to a transfer taking place for those with identified vulnerabilities (see DSO 08/2016 Management of Adults at Risk in Immigration Detention (https://www.gov.uk/government/publications/management-of-adults-at-risk-in-immigration-detention)). All known information and risks relevant to the vulnerability must be shared, and accurate records must be kept on local healthcare systems. Medical records (DSO 01/2016 Medical Information Sharing refers (https://www.gov.uk/government/publications/medical-information-sharing)), Assessment Care in Detention and Teamwork (ACDT) (https://www.gov.uk/government/publications/recording-attempted-self-harm-in-detention-centres) records, Vulnerable Adult Care Plan (VACP), prison files and any other records should accompany detained individuals at all times when transferred from one centre to another, in accordance with DSO 01/2019 Detainee Escort Records (https://www.gov.uk/government/publications/detainee-escort-records) which sets out standards on the use, management and storage of those records.

110. Upon arrival to the receiving centre, the detained individual will not automatically continue their removal from association or temporary confinement, unless it has been pre-authorised following the appropriate risk assessment. Staff at the receiving centre should continue with the reception and induction process as normal and the detained individual should be given the opportunity to remain in normal association with closer supervision, if required.

111. Should an individual be transferred to hospital, the removal from association or temporary confinement paperwork should be closed, and a new authorisation created for a pre-planned use of the Rules if still necessary on their return.

Pre-departures

112. An individual must not be removed from association or placed in temporary confinement for administrative convenience in advance of an individual's removal from the UK. To do so would be a breach of the Rules. The Rules are to be used as a last resort, in the circumstances they prescribe, and should only be enforced to protect the safety of the individual, other detained individuals and the centre staff.

113. If an individual does need to be removed from association or placed in temporary confinement ahead of their removal, it must be as a result of a thorough individual risk assessment where staff have balanced the interests of safety and security against any adverse effect on the individual and be for the shortest time possible. Any such assessments must be made on a case-by-case basis in accordance with the minimum acceptable standards outlined above.

114. Prior to an individuals' arrival, during transfer or prior to departure, use of removal from association may need to be authorised in advance. In these instances, when placing an individual under the Rules, the 24-hour period will begin at the point where the individual enters the appropriately certified RFA/TC accommodation and the door is closed. This must be recorded on Annex B, box 8.

115. When authorising a use of the Rules in advance, the risk level should be constantly monitored to see if it reduces at any point prior, assessing if it is still necessary for the individual to enter RFA/TC accommodation. This must be recorded on Annex B, box 19.

Removal from association process

116. An individual being relocated under the Rules must always be escorted by DCOs. Where circumstances allow, the detained individual should be asked to accompany staff to provide an opportunity for voluntary compliance. If an individual is compliant once they are removed from the situation, de-escalation outside of the formal removal from association process may be more appropriate. See alternatives to removal from association.

117. The number of DCOs appropriate for accompanying the individual will be dependent on case-specific factors, including whether the relocation is pre-authorised or being conducted in a case of urgency. Any use of force must be carried out in accordance with DC Rule 41 or STHF rule 36, training guidelines in relation to use of force, and DSO 07/2016 'Use of Restraints for Escorted Moves' (https://www.gov.uk/government/publications/use-of-restraints-for-escorted-moves). Contracted service provider staff will undertake the escort, supported by healthcare staff if available. If, exceptionally, healthcare staff are unable to attend, they must be notified as soon as possible immediately after the relocation.

118. Any property belonging to the detained individual and which they had in their possession (including property in their room) prior to relocation must be bagged, sealed and stored during the period of relocation. Personal items and all other such property should be stored in the care and separation unit (where possible and where facilities allow for this). The detained individual may request access to their property; this will be considered by the contracted service provider as part of the daily multi-disciplinary meeting. For further information please see DSO 06/2012 Managing property of detainees in the UK. (https://www.gov.uk/government/publications/managing-detainees-property-before-being-removed-from-the-uk)

Notification of removal from association/temporary confinement
Initial relocation

119. Where an individual is relocated under the Rules, they must be provided with the reason(s) for this decision in writing via Annex B, and explained in a language they understand, within 2 hours of being removed

from normal association. Professional interpreting services should be used, unless the detained individuals' English language skills are such that they can adequately understand and communicate the issues likely to be discussed. The individual must be given a copy of Annex B, box 10 where the reasons and evidence for removal are recorded.

120. If any steps or adjustments are needed to help an individual understand the decision and make any necessary legal representations, centre staff should put these in place before the individual is relocated. If this is not practicable, the required adjustments must be implemented as soon as possible, no later than two hours after their relocation.

121. It is essential that staff take all reasonable steps to guarantee communications are fully understood. If there are any delays in the provision of interpretation services, it must be recorded clearly at Annex B, box 27 by the contracted service provider. If needed, interpretation services must continue to be used for all essential interactions (see DSO 02/2022 Interpretation Services and use of Translation (https://www.gov.uk/government/publications/interpretation-services-and-use-of-translation-devices) Devices).

122. Detained individuals may wish for their legal representative to be notified and the relevant paperwork shared. This must be recorded clearly at Annex B, box 30. In these circumstances, this must be done as soon as possible including by email or fax (where the details are accessible).

123. If detailed information about the reasons for their relocation is withheld from the detained individual, the disclosure to the individual must include the reason for doing so (e.g. a statement explaining that information has been withheld for crime prevention purposes). If the essence of the information can be given without infringing the relevant reason for withholding it, then a summary of the information should be given to ensure that withholding is limited to what is necessary in all the circumstances.

124. The withholding of information is exceptional and must be justified by appropriate reasons. These can include (but are not limited to):

- the need for crime prevention;
- on the advice of the responsible clinicians to safeguard the health and welfare of the detained individual;
- or for reasons of safety and security of others (including information that could be used to identify individuals that may be placed at risk by disclosure).

However, written reasons for the relocation must still be given to the individual in compliance with the DCRs / STHFRs.

125. The DCO who is relocating the detained individual must confirm, in writing, that they believe that the detained individual has understood the reason they have been located under either Rule or the evidence that has been relied on in reaching that conclusion. If the DCO is not satisfied that the individual has understood, that must be recorded on Annex B, box 27. If the difficulty in comprehension is thought to arise from a mental impairment, mental disability, or a lack of mental capacity for some other reason (such as use of illicit substances) then this should be recorded at Annex B and the DCO should take all reasonable steps to support the individual to enable them to understand, communicate and make their own decisions. These may include paraphrasing, using simple language to explain documents, options and consequences of decisions, and using interpretation services as appropriate. Please see DSO 04/2020 Mental vulnerability and immigration detention. (https://www.gov.uk/government/publications/mental-vulnerability-and-immigration-detention)

126. Staff should consider the situation in which the engagement with the individual is taking place, for example whether there is background noise or other distractions and whether the individual has just taken medication or may be hungry and therefore unable to concentrate. The time of day may be relevant as some people are more alert or engaged at different times in the day.

127. The parties listed below must be notified by the contracted service provider when an individual is removed from association or placed in temporary confinement in an IRC. The Rules require the Independent Monitoring Board (IMB), medical practitioner and manager of religious affairs to be notified without delay when an individual is removed from the normal regime. For the parties listed below, this must happen as soon as is operationally practicable (but no later than 2 hours after an individual is relocated):

- DS HEO Compliance Team (Compliance Team) Manager or EO Deputy Manager (or Compliance Team on call officer if out of hours) must always be notified by phone or in person in the first instance.
- Detention Engagement Team (DET). The contracted service provider must complete an IS91RA Part C form to notify onsite Home Office teams within 2 hours.
- Contracted service provider Centre Manager/Duty Manager
- Local Independent Monitoring Board (IMB) – without delay
- Medical practitioner – without delay (in practice, this should be the healthcare practitioner within 30 minutes and the healthcare manager as soon as practicable)
- Manager of religious affairs/head of chaplaincy – without delay (in centres in which no out of hours/on call facility exists, this should be done by

email without delay and followed up by telephone as early as possible the next working day).

128. The notifications above must be made via the IS91RA Part C form (this includes the Compliance Team and DEPMU), to accompany the phone call notification. The DET team will then forward the IS91RA Part C by email to the relevant dedicated casework inbox. Completion of the notification to the above parties must be recorded, confirming the method, time and date of each notification. A copy of the completed Annex B must be sent to both the Compliance and DET teams by the officer responsible for notification.

129. Additionally, in IRCs contracted service providers must notify the DEPMU, via an IS91RA part C form, of removal from association or temporary confinement. The contracted service provider should detail the reason for the action and any associated risk information that may affect the future management of the detained individual on the IS91RA Part C. If the removal from association or temporary confinement is subsequently found not to have been appropriate, then this should be notified to DEPMU, the local Compliance Teams, and DET via an IS91RA part C. In accordance with DSO 08/2016 Management of adults at risk in immigration detention (https://www.gov.uk/government/publications/management-of-adults-at-risk-in-immigration-detention), all communications relating to individuals being managed under this policy must clearly identify the individual as an adult at risk. In all instances where an IS91RA Part C has been completed, the DET team must forward the form by email to the relevant dedicated casework inbox. In all cases, DEPMU will be responsible for updating Atlas.

130. In RSTHFs, the contracted service provider is required to notify a member of the Independent Monitoring Board (IMB) without delay if an individual is removed from association or placed in temporary confinement. Additionally, the RSTHF manager must raise an IS91RA Part C notifying the Escorting Operations manager (SEO or above). They must provide the reasons for this removal.

Representations and complaints

131. Contracted service providers should inform the detained individual that they maintain the right to make representations when removed from association. In circumstances in which mental impairment, mental disability or lack of mental capacity is confirmed, relevant support and adjustments should be put in place to ensure that the detained individual is able to understand their right to make representations. This may include, but is not limited to, provision of interpretation services and explaining in plain language. Any representations made to challenge the decision to invoke or to continue the use of the Rules must be considered when assessing the need to continue removal. Any representations must be considered by the multidisciplinary team and recorded in writing.

132. If the detained individual makes representations and they wish for those to be sent to their legal representative, that must be done as soon as

practicable.

133. In addition to the making of representations to the decision-makers, all individuals have access to the complaints process set out in DSO 03/2015 (https://www.gov.uk/government/publications/handling-complaints-in-immigration-removal-centres) Handling complaints in immigration removal centres. Service provider staff must put in place any steps or adjustments required to ensure that any individual removed from association or placed in temporary confinement have a solid understanding of the complaints process. All complaints forms (including translated versions) must be available to individuals being managed under the Rules upon request.

Notification of return to association

134. When an individual is returned to normal association all parties listed at paragraph 127 should be notified by the contracted service provider as soon as practicably possible, but no later than 72 hours after their resumption. The completion of this action should be recorded on Annex B boxes 33-39, confirming the method, time and date of notification to each party. In IRCs, DEPMU, the local Compliance Teams, and DET must be notified of such instances via the IS91RA Part C form. DET staff must then forward the IS91RA Part C by email to the relevant dedicated casework inbox, whilst DEPMU are responsible for updating Atlas. In RSTHFs, the RSTHF manager will raise the IS91RA Part C document with the Escorting Operations manager who will forward the IS91RA Part C document to the relevant dedicated casework inbox.

Monitoring, engagement and review

135. Those in detention who are being managed under the Rules must be monitored routinely throughout the day and night to assess their safety and wellbeing, in addition to informing consideration of whether the need for removal from association or temporary confinement remains. As well as monitoring the detained individual, all efforts must be made to actively engage with them, with the aim of reducing the length of their separation to a minimum.

136. Officers assigned responsibility for the care and management of those managed under the Rules must be trained to deal with demanding situations and to form constructive relationships with detained individuals, encouraging changes in their behaviour. A DCO must monitor the individual at least four times every hour for the first two hours (at irregular intervals) of their removal from association or temporary confinement. Frequency of monitoring must then be regularly reviewed, with the periods agreed between the Compliance Team and the contracted service provider. Individuals who have been removed from association must continue to be observed at least once every hour at irregular intervals, and an individual in temporary confinement must be observed at least four times every hour at irregular intervals. It should be considered, when setting the frequency of monitoring, that safety and security concerns must be balanced against the intrusiveness of monitoring.

137. Where it has been deemed necessary for an individual on an Assessment Care in Detention and Teamwork (ACDT) plan to be relocated under the Rules, an ACDT review must be conducted within 24 hours of being relocated, however, any statements of intent to self-harm or a credible belief the individual may self-harm should prompt an immediate ACDT review. The type and level of support required and the frequency of any conversations or observations must be maintained at least as originally detailed on the ACDT care map. Where possible, ACDT observations of any individual managed under the Rules should be set at a minimum of five times per hour at irregular and unpredictable times.

138. Whilst the maximum number of ACDT observations is usually four per hour, five observations per hour will need be conducted in these exceptional circumstances in accordance with the ACDT guidance (https://www.gov.uk/government/publications/recording-attempted-self-harm-in-detention-centres). Observations should be at least as frequent as they would be if the detained individual's ACDT were being monitored in normal association. Observations must be recorded on both the Daily Activity Record at Annex C and in the ACDT booklet (see DSO 01/2022 Assessment care in detention and teamwork (https://www.gov.uk/government/publications/recording-attempted-self-harm-in-detention-centres)).

139. All staff monitoring or visiting the detained individual must record their observations of the individual. Monitoring of those in RFA/TC accommodation must include as a minimum:

- Observation
- Interaction (if not visited in the last four hours)
- Recording completion of any activity agreed and set out in the regime assessment.

140. The outcome of all monitoring must be recorded at Annex C.

Multidisciplinary team

141. For each individual removed from association or placed in temporary confinement, the contracted service provider must establish a multidisciplinary team. The team must include:

- the Contracted Service Provider Centre/Duty Manager;
- representatives from the Healthcare team;
- DCO working in the CSU;
- the DS manager, and;
- any other relevant party according to the individual circumstances of each case.

142. If no DS manager is available on-site, the DS on-call manager must remotely review the paperwork and actions agreed.

143. The IMB must be invited for monitoring purposes or to review paperwork and any actions agreed.

144. The multi-disciplinary team must meet daily, and the first review must be held within the first 24 hours the individual's relocation. Dates of meetings and the names of attendees must be recorded at Annex E, with a new form created for each additional day an individual is held separately under the Rules. Contracted service providers are expected to attend the meeting with up-to-date information on the resident, including the reasons for their separation and the current risk level. Full minutes of each meeting must be recorded and retained for auditing purposes and be made available to compliance teams upon request.

145. Where circumstance allows, the detained individual should be in attendance for all, or part, of the meeting. Detained individuals should be excluded only from discussions involving sensitive security information or out of consideration for their wellbeing, safety or security (or that of others). Staff must take all reasonable steps to ensure that the detained individual is able to understand and contribute to the review, including but not limited to the provision of interpretation services or speaking in plain English.

146. Detained individuals should be made aware of the standards of behaviour that are expected of them before they can move back to normal association, based on the personal circumstances of the individual and the reasons for their relocation. This should be discussed at the multidisciplinary meeting as part of the dynamic assessment of the detained individual's behaviour and ongoing justification for use of the Rules.

147. Consideration should also be made by the onsite Home Office teams as to whether detained individuals removed from association or in temporary confinement would like additional ad-hoc visits from the daily visitors in paragraph 160. Any additional visits by staff outside of the multidisciplinary team meeting must be clearly recorded on a new Annex D form. Additional visits are not a requirement, but a consideration, and the minimum daily review remains as stated above.

148. Visitors attending the CSU or RFA/TC accommodation in their capacity under the Detention Centre Rules (contracted service provider manager, contract monitor and medical practitioner) are required to have visual sight of any detained individual who declines to speak to them, to assist in identifying any overt welfare concerns. Any such concerns should be highlighted and discussed with the multi-disciplinary team present, including any agreed actions. A record of this discussion and any agreed actions must also be kept, with comments recorded on Annex E.

149. The purpose of the multi-disciplinary review is:

- to determine whether removal from association or temporary confinement remains necessary for the detained individual.
- to discuss the availability/suitability of any alternatives,
- to determine the appropriate level of access to regime, and
- to discuss and agree plans to return the detained individual to association.

150. Any differences of opinion should be recorded at Annex E, and decisions should clearly indicate who has made or agreed those decisions.

151. The officer(s) responsible for managing an individual being managed under the Rules must record all regime activity and make a note of any actions and/or behaviours that they have observed during the day. This information should be recorded at Annex C and should be used in discussion to inform the plan agreed at the multidisciplinary review.

152. The multi-disciplinary meetings must have formal minutes which will be written and stored locally by contracted service provider staff. In the case of a detained individual in a RSTHF, any necessary multi-disciplinary meeting is likely to involve the contracted escort service provider, Healthcare and Escorting Operations with the responsible caseworker. This should include consideration of any safeguarding issues that may arise.

Regime requirements

153. For those removed from association, only those activities that involve normal association with other detained individuals should be curtailed automatically. Subject to a risk assessment and following discussion by the multi-disciplinary team, detained individuals managed under Rule 40/35 may be permitted to associate with other individuals who are being held under the same Rule and have limited access to activities where appropriate (eg, during regime down time). The degree of association will be dependent on a case-specific assessment that takes account of all relevant factors including the practicability of a ‘staged return’ to wider association by degrees in appropriate cases.

154. The regime available to those managed under the Rules should be accessible within the centre and managed by the contracted service provider. The authorising manager must make an initial assessment of the regime to be offered to the detained individual, within 2 hours of relocation to RFA/TC accommodation, and record this assessment at Annex E. The degree of access to regime must be reviewed daily by the multidisciplinary team. As a minimum, the regime must comply with contractual requirements for individuals managed under the Rules.

155. A record of the individuals’ access to each part of the regime must be documented at Annex E, boxes 11-20.

156. In all cases, every effort should be made to provide the detained individual with access to other elements of the centre regime, such as physical activities and religious services. The appropriateness of access to the services should be considered for each detained individual on a case-by-case basis, taking account of all potential risks and benefits. The regime for the detained individual should be reviewed daily by the multi-disciplinary team to check it remains appropriate. In all circumstances, the detained individual must be able to contact a legal representative, a minister of their chosen religion and the centre welfare team as soon as is operationally possible following relocation. A record must be made of when these appointments were offered at Annex F.

157. For detained individuals in temporary confinement, access to the normal regime will not be granted as it would be unsafe for themselves, other detained individuals and staff while they continue to display unsafe behaviour.

158. DSO 8/2012 Mobile phones, internet enabled devices and cameras (https://www.gov.uk/government/publications/mobile-phones-and-cameras-in-immigration-removal-centres) sets out the circumstances in which, following a risk assessment, detained individuals may be denied access to a mobile phone. Those circumstances include cases in which current unsafe or threatening behaviour provides evidence that the individual may misuse the mobile phone and/or there are reasonable grounds to believe that the individual may use the mobile phone to cause harm to themself or another person. That guidance applies equally to individuals being relocated under the Rules. Consistent with the existing guidance, individuals should not have their phones removed automatically based on these measures. If access to a mobile phone is denied, individuals must continue to be able to contact their legal representative by telephone using Centre resources, such as landlines telephones. If an individual is denied a mobile phone, this must be recorded at Annex E, box 11 and this decision reviewed at each daily MDT discussion.

159. If it is not possible or appropriate for a detained individual to attend a particular location within the centre to access facilities, then consideration should be given to bringing aspects of the service to the individual e.g. purchasing items from the shop on their behalf, bringing books from the library etc.

Daily visitors

160. The following parties must visit and speak to an individual being managed under the Rules every 24 hours:

- Compliance team
- Medical Practitioner
- Contracted Service Provider Centre Manager (or nominated delegate as per Annex G)

- Member of the Religious Affairs Team
- DET (when necessary)
- An officer undertaking the duty on behalf of the Secretary of State

161. All visits to individuals managed under the Rules must be recorded at Annex D, using a new form for each day their relocation is extended. Any non-attendance must be noted at Annex D and the on-site compliance team notified.

162. Contracted service providers should inform the detained individual (in a language they understand) that they are entitled to additional ad-hoc visits from the parties listed in paragraph 160.

163. Under the terms of Rule 62 (1) of the DC Rules 2001 an IMB committee member must also visit individuals who are held under Rule 40 and 42 within 24 hours of being removed from association or placed in temporary confinement. Members of the IMB are “committee members” in this regard and are appointed by officials on behalf of the Secretary of State. Activities staff should also visit as appropriate. For RSTHFs, under Rule 54 of the Short-term holding facility rules 2018, IMB members must visit individuals who have been removed from association or are in temporary confinement at the time of their monthly visit to the facility.

164. The purpose of the visits is to assess that detained individuals are being treated with dignity and decency, in addition to confirming their safety. Visits are also a means to ensure that individuals can raise any concerns that they may have. The wellbeing, behaviour and attitude of the detained individual should also be assessed to inform decision-making. Any new risk factors, as well as anything of note, which might address/de-escalate behaviour and any concerns about well-being, regime access etc. must be raised with the contracted service provider Duty Manager immediately and recorded on the relevant Daily Visitors Record (Annex D).

165. Whenever possible and where safe and appropriate to do so, the visits should be conducted in a manner that offers the detained individual a chance to speak confidentially. Unless inappropriate for reasons of safety or security, all visits should take place out of the hearing of DCOs. Wherever possible and appropriate, staff and visitors should speak directly to the detained individual and not simply record their observations. However, sensitivity should be shown to any preferences expressed by the individual in relation to communication.

166. Healthcare must be present for any planned relocation. In the event of an unplanned relocation, healthcare must attend without delay when called, including if an individual has been non-compliant, sustained an injury or been involved in a fight or an assault. Additionally, a medical practitioner should visit a detained individual to complete a risk/health screening within 2 hours of any relocation under the Rules, unless this is not operationally

possible - for example if there are no medical practitioners available or all practitioners are engaged on urgent work elsewhere. This screening should include considering any health causes for the individual's behaviour and making any appropriate referrals.

167. If the healthcare visit does not happen within two hours, it must be undertaken as soon as possible and within 24 hours at the very latest, with the reasons for the initial deadline not being met recorded at Annex D, box 15. If force was used to relocate a detained individual under the Rules, healthcare staff must examine the individual as soon as possible after the relocation and record any findings on the healthcare file. Visits should be every 24 hours thereafter, as a minimum.

168. A medical practitioner must also complete a medical assessment of the detained individual to assess their health. If healthcare assesses any continued detention in RFA/TC accommodation as being detrimental to the health of the individual, they are obliged to bring this to the attention of the centre manager, and consider if any of the conditions under DC Rule 35 or STHF rule 32 are met. The reasons for this decision must be detailed by healthcare in form IS91RA Part C and emailed to both on-site Compliance and DET, or Esc Ops in RSTHFs. Other than the initial visits or in an emergency, visits should take place during daytime hours where possible. If the detained individual is considered to be unsuitable for continued detention on healthcare grounds, the procedures in DSO 09/2016 DCR 35 and STHFR 32 (https://www.gov.uk/government/publications/detention-rule-35-process) must be followed.

169. DET staff should use the visits as an opportunity to pursue/resolve any immigration issues that remain outstanding and that may be causing concern for the detained individual.

170. As indicated above, and as required by Rule 62 (1) of the Detention Centre Rules 2001 a member of the IMB must visit a detained individual in Rule 40 or 42 accommodation within the initial 24-hour period, and thereafter, during their routine visits to the centre. However, the IMB does not need to visit the detained individual if they have been taken back out of Rule 40 or 42 within the first 24 hours and before the initial visit has taken place.

171. For individuals who have been removed from association, social and legal visits using escorts should be facilitated so long as there is no threat of harm to either the detained individual or others (based on an individual risk assessment by the contracted service provider). Consideration may be given to the use of closed visits, where appropriate, in accordance with DSO 04/2012 Visitors and visiting procedures (https://www.gov.uk/government/publications/visitors-and-visiting-procedures-for-detainees).

Returning to association

172. Planning for return to normal association must begin as soon as an individual is moved into RFA/TC accommodation under the Rules. Individuals removed from association should be returned to normal association as soon as the risk that resulted in them being separated has been sufficiently mitigated, and for those in temporary confinement, once the disruptive/violent behaviour has ceased. For individuals in temporary confinement, de-escalation to removal from association may be appropriate in the first instance but is not always required. This de-escalation into removal from association needs to be part of a planned process and requires appropriate DS authority from an SEO or above. Similarly, when resuming to normal accommodation from Rule 40 or Rule 35, it may be appropriate for staff to conduct compliance monitoring on the detained individual by allowing them to have supervised access to the rest of the centre for short amounts of time during regime downtime, before they resume to the main regime full-time. Appropriate DS or Esc Ops authority (EO or above) must be sought before this occurs at the MDT.

173. When an individual is returned to association, they may request to return to their original room. Approval of such requests is at the discretion of the contracted service provider and is subject to room availability and any relevant security considerations.

174. When an individual enters RFA/TC accommodation, a care/reintegration plan (Annex F) must be opened as soon as possible. When the decision is made for the individual to resume, the plan must be completed by the multi-disciplinary team without delay. This should be put in place and discussed with the detained individual prior to transferring back to normal association, although resumption must not be delayed unduly to facilitate this process. As part of the reintegration plan, it may be appropriate and necessary for staff to engage with other individuals in the centre, usually when the initial removal from association was because of antisocial or violent behaviour that impacted other detained individuals. A copy of the care/reintegration plan must be sent to the Wing Officer in the residential unit to ensure their care is ongoing when resumed. For those with an open ACDT, see paragraph 97.

175. Contracted service provider staff must complete a Room Sharing Risk Assessment Review Form (Annex C, DSO 12/2012 Room Sharing Risk Assessment (https://www.gov.uk/government/publications/room-sharing-risk-assessment-rsra)) before a detained individual is returned to normal association. Contracted service provider staff must ensure the risk is properly assessed before the detained individual is returned to a shared room. DSO 12/2012 Room Sharing Risk Assessment (https://www.gov.uk/government/publications/room-sharing-risk-assessment-rsra) refers.

176. Healthcare staff must assess the physical, emotional and mental wellbeing of the detained individual and whether any apparent clinical reasons advise against the continuation of separation. DC Rule 40(7) and

STHF Rule 35(14) provides that the contracted service provider can arrange for the detained individual to be returned to normal association at their discretion and shall do so if the medical practitioner advises this on medical grounds. If a return to normal association is recommended by the medical practitioner, the reasons for this decision must be detailed by the healthcare team in form IS91RA Part C and emailed to both on-site Compliance and DET, as well as DEPMU. Additionally, boxes 54-58 in Annex B must be completed, detailing the medical practitioner's decision and justification.

177. The multi-disciplinary team must give full and careful consideration to any recommendation that a detained individual being held under the Rules resumes association on medical grounds recommended by a registered medical practitioner or registered nurse working with the centre.

178. In such cases, continued separation can only be justified if there is a clear, evidenced and documented reason for maintaining it. This decision will be considered and made by the multidisciplinary team, and documented in Annex E, box 24.

179. If an individual refuses to leave RFA/TC accommodation, the multidisciplinary team must consider how best to respond. A note must be made of the individual's reasons for not wanting to return to association and that information considered in the decision-making. All actions must be considered on a case-by-case basis and appropriate steps taken to mitigate any issues raised by a detained individual as far as possible. Alternative options, such as an alternative room or centre, should be considered and regard must also be given to the fact that the individual may be refusing to return to association for fear of their personal safety.

180. Any property put in storage while an individual is in RFA/TC accommodation must be returned once they return to association after it has been risk assessed and only if deemed appropriate to do so. For more information please see DSO 06/2012 Managing property of detainees in the UK. (https://www.gov.uk/government/publications/managing-detainees-property-before-being-removed-from-the-uk)

181. Once an individual is resumed from removal from association or temporary confinement, all associated documents and completed paperwork relating to the use of the Rules must be submitted to the Compliance Team as soon as is practicably possible, within a maximum of 72 hours, and all parties at paragraph 127 must be notified as soon as possible.

Maintenance of records

182. An accurate written record of decisions and observations is required to be created as soon as possible once the initial decision is made to remove an individual from association or place an individual in temporary confinement. Paperwork must be filled out in full and updated appropriately for the entire duration of their relocation.

183. In rare occasions, an individual's stay in RFA/TC accommodation may be extended, and during this time the Rule that they are being managed under may change (e.g. downgraded from temporary confinement to removal from association). When the Rule under which a detained individual is located changes, a fresh authorisation (Annex B) is required with the reasons for any such changes recorded. The Annex B relating to the original Rule (either DCR 40/42 or STHF 35/37) should be updated to reflect this change.

184. The fresh authorisation will be a fresh decision that requires its own dedicated audit trail. The document is not closed until such a time as the individual is returned to normal association.

185. The document record must, always be kept in the residential or care and separation area in which the individual is held. It must be completed in full, and all interactions/observations must be recorded immediately by each person who interacts with the detained person. All entries must be clear, concise, factual and expressed objectively. Where an individual is on an open ACDT, all relevant observations made during monitoring must also be recorded in the ACDT plan.

186. The contracted service provider must retain and store all records relating to use of the Rules in accordance with the requirements of UK GDPR. Home Office Immigration Enforcement staff should have access to these records.

187. Compliance teams are responsible for conducting assurance checks on completed Rule 40/42 and Rule 35/37 paperwork with any identified concerns escalated to the relevant contracted service provider manager as soon as possible.

Reporting on the use of the Rules

188. Each centre must have arrangements in place for monitoring the use of removal from association and temporary confinement. Contracted service providers must submit a daily report on the use of such accommodation, including a nil return if the accommodation is not used, to the on-site Compliance team. Details within the report must include the date the individual was placed under the rule, the number of days they have been under the rule, the rule they are held under and a summary on the justification for use of the rule.

189. Contracted service providers in IRCs must compile monthly summary data on the number of individuals managed in RFA/TC accommodation, the number of occasions on which the Rules have been used and the length of time spent in RFA/TC accommodation, including instances of extension. Contracted service providers must ensure they follow the supplementary guidance provided with the monthly summary data template. This report must be completed on a standard template provided by the Head of

Detention Operations and, as a minimum, include a breakdown of the use of the Rules by:

- protected characteristics, where known;
- detained individuals being managed on an ACDT plan, and;
- detained individuals being managed under the Adults at Risk in Immigration Detention policy.

190. This monthly report must be sent to the relevant Compliance delivery manager by no later than the 7th day of the following month. There is an expectation that the Compliance delivery team reviews the monthly report for accuracy before forwarding it to (inbox: DSManagementInformation@homeoffice.gov.uk) by no later than the 14th day of that same month.

Training

191. All operational staff (contracted service provider and Home Office) must complete the most current Rule 40/42 and rule 35/37 awareness session that supports this instruction, annually, to ensure they are up to date and well informed with any changes to the policy and guidance.

192. Contracted service provider staff must cover this subject in their localised training both for established staff and new starters. This requirement extends to DCMs (DCOs in RSTHFs) that may be authorising use of the Rules.

193. Both Home Office and contracted service provider staff must keep a record of training attendance. Contracted service providers must submit completion results to the DCO Training Oversight Team (DTOT) within one calendar month of training completion VCAT-DCOTrainingoversight@homeoffice.gov.uk .

194. The Home Office training delivery package will be subject to a full internal review by the Detention Services Learning and Development Team every 18 months.

Self-audit

195. Contracted service providers are required to complete an annual self-audit of adherence to this DSO to ensure that the processes are being followed and recorded. This audit should be made available to the Home Office on request. The Compliance team must also conduct annual audits against their respective responsibilities stated within this DSO for the same purpose.

196. Monthly compliance checks of removal from association and temporary confinement must be completed by the Compliance teams in line with internal guidance. Where standards are not considered to be met,

rectification plans to address the issues should be established and progressed.

197. Detention Services should consider trends in usage of the Rules, including any instances where authorisation has extended beyond maximum limits.

198. The Detention Services Audit and Assurance Team will conduct audit reviews of adherence to this DSO at 6 monthly intervals.

Revision History

Review date	Reviewed by	Review outcome	Next review
January 2020	S. Ali	Update to include guidance on restrictions and dirty protests	January 2022
August 2020	F. Hardy	Update on managing those with mental vulnerabilities and annual audit requirements for centre suppliers and Home Office teams.	August 2022
March 2024	R. Lynch	Updated Annex E to ensure detained individuals' participation and understanding is clearly recorded Updated Annex B (boxes 8, 71 – 74) to ensure appropriate monitoring and auditing of removed items Considerations for Home Office teams to visit detained individuals under DC Rule 40/42 more than once per day. Clarifying the individual responsible for obtaining relevant healthcare information and known risks. Guidance on the transfer of individuals under Rule 40/42 Guidance on the removal of bedding and furniture items and the use of specialist alternatives	November 2025

Review date	Reviewed by	Review outcome	Next review
		and notification requirements. Updated guidance on dirty protests. Removed reference to HMPPS	
November 2025	J. Hayson	Glossary added to define key terminology Clarification around separated, special, and RFA/TC accommodation Clarification on delegation and authorisation hierarchy for urgent cases Updated guidance on pre-authorised use of R40/42 Updated Annex B requiring: • confirmation that the authoriser holds appropriate authority • vulnerabilities identified at time of RFA/TC to be documented • further information on use of interpreters to be documented, and • confirmation of continued necessity for pre-authorised usage of the Rules Updated guidance and clarification re. vulnerable individuals in alignment with AAR DSO Mandatory use of interpreters for healthcare discussions Updated requirement to include information about removal from association and temporary confinement in the centre compact	November 2027

Review date	Reviewed by	Review outcome	Next review
		or other induction materials Additional information on alternatives for use of the Rules, including de-escalation	

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