



Home Office

Detention Services Order 12/2012

Room Sharing Risk Assessment

June 2025



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Document Details

Process: To provide instructions and operational guidance to staff working in immigration removal centres (IRCs) and residential short-term holding facilities (RSTHFs), on how to identify and assess the risk each detained individual poses of seriously assaulting, fatally injuring or otherwise causing mental or physical harm to another resident when assigned to a shared area.

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Contains Mandatory Instructions

For Action: All Home Office staff and contracted service providers operating in Immigration Removal Centres (IRC) and Residential Short-term Holding Facilities (RSTHFs).

For Information: Escorting staff and Home Office caseworkers.

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Processes Affected: All Home Office processes relating to the identification and assessment of risk of detained individuals.

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

Notes: The room sharing risk assessment and review form are attached to this Detention Services Order (DSO) as an annex, along with guidance on completing both forms. This guidance supplements [DSO 08/2016 'Management of Adults at Risk in Immigration Detention'](#), which sets out instructions on the care and management of adults at risk in detention.

Instruction

Introduction

1. Staff are required to undertake room sharing risk assessments in order to ensure legally robust decisions are made about the conditions of the detention of individuals.
2. The purpose of this Detention Services Order (DSO) is to provide instructions and operational guidance for staff working in Immigration Removal Centres (IRCs) and residential short term holding facilities (RSTHFs), on how to identify and assess the risk that one detained individual poses of killing, seriously assaulting, or causing mental or physical harm to another detained individual when confined in a shared area e.g. a room, or indeed the risk that a resident be harmed by another detained individual. [DSO 04/2018 Management and security of night state](#) refers to the period in which detained individuals are limited to a residential area/individual rooms overnight.
3. For information on the risk assessment process for escorts, please refer to [DSO 07/2016 Use of restraints for escorted moves](#).
4. For the purpose of this guidance, references to “centre” in this document cover IRCs and RSTHFs.
5. This instruction does not apply to Residential Holding Rooms (RHRs) and non-residential short-term holding facilities.
6. Two separate Home Office teams operate in IRCs:
 - Detention Services Compliance team (Compliance team)
 - Immigration Enforcement Detention Engagement team (DET)

The Compliance team are responsible for all on-site commercial and contract monitoring work. The DETs interact with detained individuals face-to-face within the IRCs, on behalf of responsible officers within the removal centres. They focus on communication and engaging with people detained at IRCs, helping them to understand their cases and reasons for detention.

There are no DETs at RSTHFs; functions which are the responsibility of the DET in RSTHFs are carried out by the contracted service provider and overseen by the International and Returns Services (IRS) Escorting Operations (Escorting Ops). The risk posed by a detained individual is assessed locally each time they enter a new centre, or where their risk changes, and will take account of all evidence and intelligence available either on the day of admission or after a change in risk.

respectively. The assessment will consider both the needs of the detained individual and any risks around sharing with other detained individuals and should be considered in conjunction with [DSO 08/2016 Management of adults at risk in immigration detention](#).

7. When a decision to detain has been made, the detaining officer must complete the IS91 RA (Risk Assessment) form in relation to each detained individual to detail any known risks or vulnerabilities the individual is likely to pose or present in detention. On receipt of the assessment, the Detention Gatekeeper Team will review their suitability for detention before sending the form to the Home Office DEPMU team, who use it primarily to allocate appropriate detention accommodation for an individual who presents the sort of risks/vulnerabilities highlighted on the form. Risk assessment is, however, an ongoing process. If further information comes to light which alters the original risk assessment, including changes in mental and physical health, this information should be forwarded to the on-site Home Office DETs using an IS91 RA Part C. DETs are responsible for forwarding the Part C document to the responsible case working team, and DEPMU must upload the document to ATLAS via “manage documents”.

Purpose

8. The detention estate primarily has rooms that require shared occupancy, and detained individuals will be required to share a room on that basis in line with their RSRA risk assessment unless that risk assessment identifies high risk sharing concerns that cannot be mitigated and may require consideration from the contracted service provider to authorise single occupancy status.
9. The RSRA is an essential tool in the identification of detained individuals who pose a risk to other detained individuals when confined in a shared area e.g. a room.
10. The RSRA is intended to:
 - help contracted service provider staff with the assessment of risk (to an individual or by an individual)
 - draw together information and knowledge about the predictive risk factors regarding an individual
 - make best use of available documentary evidence at the time of the review to assess the level of risk posed by an individual
 - support staff judgement about allocation to rooms and risk management
 - record additional operational precautionary measures for a detained individual identified as a potential risk, where sharing is unavoidable

- provide a record about risk of harm to self and/ or others as a detained individual moves between units/centres
- enable early identification of violent detained individuals or detained individuals who may bully, or be bullied by, others, which may include bullying on the grounds of race, religion, sexual orientation, gender identity or disability
- ensure that other procedures to protect potential victims are followed
- ensure that potential victims of Modern Slavery e.g. those at risk of sexual exploitation, are provided with single occupancy accommodation
- ensure that detained individuals' health is protected in the event of any infectious disease, and
- provide a system for risk factors to be considered either systematically where factors have been identified or on an ad hoc basis, as and when circumstances change.

11. The RSRA process does **not**:

- replace staff judgement, but allows staff judgement to be recorded effectively;
- provide a risk score, or;
- rule out room sharing by individuals identified as posing a high risk (where such risks can be appropriately mitigated)

Risk assessment

12. The risk assessment is formed of three parts: an operational assessment, a healthcare assessment and an authorisation assessment.

13. A RSRA form (**Annex A**) must be completed by the contracted service provider for every detained individual during the reception process on admission to an IRC/RSTHF. If information is not available on the day of admission, a second assessment must be completed as soon as possible once further evidence/information has been received, or within the first 7 days of admission into the IRC. Staff completing the form should utilise observations from unit/wing detainee custody officers (DCOs) and residential/welfare checks. If required evidence, such as a prison file, is not available, it is the responsibility of contracted service provider staff to escalate this as appropriate.

14. If a centre is unable to accommodate someone in accordance with the outcome of the RSRA (due to capacity or for other reasons), the contracted service provider must contact the on-site Compliance team (grade SEO or above), who will escalate to DEPMU immediately to ensure the individual is transferred to another, more suitable IRC or RSTHF.

Definitions

15. There are detained individuals who may present a risk to other residents, and others who may be at risk from other residents, due to their history and/or identified vulnerabilities. When conducting the RSRA, contracted service providers can assess a detained individual as one of two categories: high risk and standard risk.

High risk

16. A high-risk detained individual is one for whom there is a clear indication, based on evidence available, of a high level of risk that they may be violent to another detained individual in a shared space or that a detained individual's vulnerability indicates that another resident may be violent towards them. High risk ratings should include detained individuals who may be vulnerable to sexual assault or coercive sex.
17. Detained individuals may also be classed as high risk where evidence exists to indicate a risk is posed to another detained individual, if accommodated in a shared space with another detained individual. For example, if a detained individual has risk markers for racism, homophobia, religious belief or other protected characteristics, it would then not be appropriate for them to share with another detained individual from their target group, though they can be considered suitable for sharing with an individual not from their target group. Due diligence and relevant processes must be observed to ensure that residents from their target group are not housed with individuals with these risk markers.
18. It is the responsibility of contracted service provider staff to ensure they consider all detained individuals' RSRA status prior to allocating shared accommodation in all circumstances.
19. Contracted service provider records must accurately reflect a resident's suitability to share when assessed as high risk, for example "High Risk – Single Occupancy" or "High Risk – Permitted to Share". This DSO places the onus of room sharing considerations on contracted service provider staff allocating those arrangements.
20. The mandatory high-risk factors are:
 - Life threatening assault, murder, or manslaughter of another prisoner/detained individual or assisting a suicide while in custody/detention. A life-threatening assault would be one in which the victim suffered very severe injuries. In police terms these would be the most serious form of Grievous Bodily Harm, or attempted murder. Assisting a suicide is a charge used where the police believe a prisoner/detained individual was involved in the death of a cell/roommate.
 - Sexual assault with a same-sex adult victim in the community or in prison/IRC. Convictions for sexual assault need to be considered very carefully. A detained individual convicted of rape or serious sexual assault with a same-sex adult would present a high risk.

21. High risk factors do not automatically result in single occupancy. For example, if a detained individual had a conviction for a racially aggravated offence, or any form of hate crime, they could still be considered for a shared room if the risks could be appropriately mitigated. Likewise, a detained individual convicted of rape or serious sexual assault with someone of the opposite sex or a child may not be at increased risk of harming an adult, same-sex roommate; but they may be more likely to be harmed themselves by other detained individuals.

Standard Risk

22. A standard risk individual is one for whom, based on evidence available, there is no immediate risk that they may be violent to an individual or be at risk of violence from another detained individual.

Risk factors

Risk factors are described as either static or dynamic.

- Static factors are risk justifications that are unlikely to change over long periods of time, such as, but not limited to, a previous offence of in-room/out of room physical violence, homicide, sexual violence, terrorism or arson.
- Dynamic factors are risk justifications that are not fixed and can change in short periods of time, such as, but not limited to, a change in behaviour during treatment for substance abuse, a mental health condition which varies with medication, or a volatile state associated with 'bad news' e.g. service of removal directions or failed bail hearing.

Operational Risk Assessment

23. The following evidence and information should be considered as a minimum by contracted service provider staff when making an operational assessment, and recorded on the RSRA form:

- Previous convictions,
- Handover from Escorting service provider,
- Any known previous incidents of discrimination
- Cell sharing risk assessment (if transferred from a prison)
- Known vulnerabilities for an individual identified as an 'adult at risk' ([DSO 08/2016 refers; including previous or open Vulnerable Adult Care Plan \(VACP\)](#))
- Previous RSRA and any review forms (if transferred from an IRC or RSTHF)
- Prison file including list of any adjudications
- Detainee Transferable Document (DTD)
- Person Escort Record (PER)

- Records of instances of Rule 40 and Rule 42 (if transferred from an IRC or STHF)
- Assessment Care in Detention and Teamwork (ACDT) (see [DSO 01/2022](#))
- IS91– checking PNC result and any history of violence
- Movement Order (MO) (A brief summary of notes of previous CSRAs and RSRAs are available as part of the MO)
- Healthcare assessment as part of the risk assessment
- Intelligence Management System Forms (To be submitted to Detention Services Security Team)

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

24. In the event some of the evidence sources are not available upon arrival, staff must ensure a second assessment is recorded as required and explain the reasons for this i.e. what evidence is missing. The second assessment must be completed no later than 7 days after arrival to allow for further evidence to be received (or immediately in response to additional information, changes in behaviour or involvement in an incident). In the event additional evidence is not received within 7 days, a second assessment should still be carried out which will rely on the resident's behaviours in detention over the course of the initial 7-day period, along with any relevant staff observations/ interactions and local reports SIRs, incident reports etc and recorded on the Annex C review form.
25. Staff must ensure their assessment is based upon all the information available to them at the time of the assessment. If any of the required "evidence sources" are missing, it is the responsibility of the assessing officer to ensure arrangements are made for the receipt of information (see paragraph 28).
26. Should further information be received after a second assessment has been conducted, contracted service provider managers must consider whether this additional information requires a further review of the RSRA (**Annex C**).
27. DEPMU will conduct a careful and timely risk assessment of the suitability of all Time Served Foreign National Offenders (TSFNOs) to transfer from prison to the immigration removal estate. Where possible, DEPMU will complete risk assessments up to two weeks in advance of an individual's custodial sentence end date or as close to this date as possible, to allow for the logistical planning of setting transfers into the IRC estate for those risk assessed as suitable. A case-specific assessment will be undertaken for each individual, with consideration given to a range of factors, including the index offence, the sentence length of the index offence, the offending history (including any overseas convictions if known), custodial behaviour (and previous behaviour within the immigration detention estate, if relevant), as well as any needs relating to medical issues or other vulnerabilities. Consideration is also given to

whether the individual presents specific risk factors as set out in the published Home Office Detention: General Instructions guidance, that indicates that they pose serious current risk of harm; including to the safety of staff, to members of the public, to themselves and other residents, which cannot be managed within the regime operated in IRCs/STHFs in line with the Detention Centre Rules 2001 or Short-Term Holding Facility Rules 2018. Staff should refer to this assessment to inform the RSRA.

28. There may be instances where a detained individual is transferred from the prison estate without their prison file. Centre contracted service providers are responsible for notifying Home Office compliance teams before approaching the prison to obtain the missing prison files and must have a documented procedure in place to retrieve them. For detained individuals leaving Scottish Prisons, where the prison file will not accompany the detained individual, the receiving centre must call the last prison the detained individual was held at, for a list of any adjudications and any other relevant risk factors (FNO risk assessment refers). Once the detained individual has been deported or released from the IRC, it is the responsibility of the IRC contracted service provider to return the file to the sending prison for storage, in the same way as for other discharged prisoners.

Healthcare Assessment

29. Healthcare professionals in IRCs will complete an Immigration Removal Centre Assessment Toolkit (IRCAT) reception screening template as part of reception procedures within 2 hours of admission. Following screening, a member of the healthcare team must complete the healthcare assessment part of the RSRA, recording any information gathered on SystmOne (or Vision in Scotland), either through observation or available in records (including medical records), that indicates that a detained individual may pose a risk of killing, seriously assaulting, or causing mental or physical harm to another detained individual when confined in a shared area e.g. a room or corridor, or be at risk of such harm from other detained individuals.
30. All healthcare related conversations must be undertaken using professional interpreting services, such as in-person or telephone interpreters, unless it is clear that the resident's English language skills are such that they can adequately understand and communicate the issues likely to be discussed in the appointment. Any decision to use or not to use an interpreter, including any refusal by the individual to consent to professional interpretation must be recorded by healthcare staff on their record. [DSO 02/2022 Interpretation services and use of translation devices](#) refers.
31. Where an increased risk is identified as part of the healthcare assessment, this must be referred to a contracted service provider manager for review, and consideration given to how these identified risks can be mitigated when sharing a room and enclosed areas, the authority for authorising a High Risk RSRA is the responsibility of a contract service provider manager. Sharing of information relating to identified risks

is required as per [DSO 01/2016 Medical Information Sharing](#) to ensure informed decision making can take place.

32. Healthcare staff should wherever reasonably possible, obtain consent for the sharing of such information during their assessment, however the sharing of relevant information without consent may be necessary and appropriate under some circumstances such as where there is evidence of a serious health risk to the patient or a significant risk of harm to others when sharing a room or an enclosed area, as supported by [DSO 01/2016 Medical Information Sharing](#).
33. Healthcare assessments should not identify someone as “High Risk” if the detained individual requires a single occupancy room for a medical reason i.e. infectious condition. The RSRA is designed to identify detained individuals who present risks of physical or mental harm (such as violent or coercive behaviours) to another detained individual, or who are at risk of such harm. If healthcare staff determine a detained individual should require a single occupancy room for medical reasons, this should be recorded in the individual’s medical records and healthcare staff must advise contracted service provider staff of this.
34. If a detained individual’s RSRA reflects a Standard risk rating, and they also require a medical single occupancy (whether due to an old or new condition), the RSRA rating is not impacted by this, as medical single occupancy is not linked to the RSRA process. The requirement for a medical single occupancy is also subject to Part C notification requirements by healthcare staff.
35. The RSRA and medical single occupancy processes serve distinct but occasionally overlapping functions. The RSRA is a risk management tool designed to identify individuals who may pose a threat to others or be at risk themselves due to factors such as vulnerability, behavioural history, or interpersonal dynamics. It is conducted by centre staff and informs decisions related to room sharing from a security and safeguarding perspective. Conversely, medical single occupancy is a clinically driven process initiated and determined by healthcare professionals. It is applied when an individual’s physical or mental health condition necessitates single-room accommodation for medical or therapeutic reasons. While the two processes are not formally linked, certain cases (particularly those involving complex mental health needs) may warrant consideration through both assessments. To ensure coherence and consistency in decision-making, it is essential that findings from the RSRA process are communicated to healthcare teams where relevant, and that contracted service provider staff are informed of medical single occupancy conclusions that may impact accommodation planning.

Process

36. The RSRA must be completed as soon as practicable after the detained individual has arrived at the centre and before allocation to a shared room/area. The RSRA must

only be used to assess the risk that a detained individual poses to another detained individual or highlight if a detained individual is at risk of harm for reasons such as vulnerability. This guidance must be considered in alignment with [DSO 08/2016 Management of adults at risk in immigration detention](#). Additionally, this information should be considered when assessing a detained individual for a closed visit as set out in DSO 04/2012 Visitors and Visiting Procedures.

37. The RSRA process is designed to identify and inform risk, it is therefore not appropriate for detained individuals to be designated as high-risk single occupancy as a way to manage disruptive individuals (including those refusing to share a room) or to facilitate Removal Directions or transfers between establishments. If such risks exist, considerations should be given to the suitability of the use of Rule 40 and the specific criteria must be met. ([DSO 02/2017 Removal from Association \(Detention centre rule 40\) and Temporary Confinement \(Detention centre rule 42\) refers](#)).
38. Where a detained individual has transferred from another centre, the receiving centre must read the existing RSRA before undertaking the new assessment, to establish whether any new evidence needs to be considered. All new and existing information must be recorded on a new RSRA form, and a new assessment of risk must be undertaken. Movement orders created and shared with Escorting/Accommodation contracted service providers will include all relevant risk information that is held on ATLAS at the time of its creation. If a detained individual arrives at an IRC with an existing HIGH RSRA/CSRA, and the new assessment by the receiving IRC maintains HIGH RSRA, a IS91RA Part C must be submitted detailing the specific risks identified. The Part C must be sent to the onsite DETs, Compliance and DEPMU teams. DETs are responsible for forwarding the Part C to the responsible caseworker, while DEPMU are responsible for uploading the document to ATLAS via "Manage Documents".
39. Where a detained individual has transferred from a prison, a Cell Sharing Risk Assessment (CSRA) will accompany the detained individual; details of this should be included within the individual Movement Orders the receiving centres receive from DEPMU. The receiving centre must read the CSRA, establish whether any new evidence needs to be considered and complete a RSRA form, including both the evidence available in the CSRA and any new evidence gathered. If the CSRA is missing during the initial assessment, the centre contracted service provider must request a copy from the last prison the detained individual was held at and ensure arrangements are made to retrieve this information. If evidence is not available on the day of admission, a second assessment must be completed as soon as possible once further evidence/information has been received, or within the first 7 days of admission into the IRC.
40. Staff in reception should consider all evidence available at the time and assess whether the individual is a standard or high risk, recording this on the RSRA form. If there is evidence or strong suspicion that any of the following risk factors shown below

exist, the detained individual must be assessed as mandatory 'High Risk' and located in either a single occupancy room or, in specific circumstances where the risk can be mitigated, a shared room. In RSTHFs, it may not be possible to locate a detained individual in a single room and in these circumstances other safeguards should be considered including monitoring by staff or transfer to a suitable IRC. See mandatory high risk factors.

41. The sharing requirements and expectations for detained individuals deemed suitable to share (this includes those assessed as both Standard and High) should be adequately explained to residents on admission to the IRC during the initial RSRA assessment.
42. If a detained individual is required to share a room but refuses, a manager from the contracted service provider should speak with them to assess whether any new risks have emerged that would justify an exemption from room-sharing. If no increased risk is identified and room-sharing remains necessary, the reasons should be clearly explained to the individual, and the room-sharing arrangement should proceed accordingly. Should no direct threat be made, though concerns still exist (such as a refusal to engage in conversation) staff should ensure regular monitoring through routine area patrols during day and night state, as well as two documented visual welfare checks during night state – these should be recorded on local contracted service provider systems. Any concerns identified should be escalated to a contracted service provider manager at the earliest opportunity.
43. In the event that alongside continued refusal, there is threat of violence towards another detained individual, staff or the safety and security of the IRC, consideration for the appropriateness of Rule 40 should be considered as set out in [DSO 02/2017 removal from association and temporary confinement](#). This threat(s) will constitute a change in dynamic risk and must be appropriately recorded on an Annex C review form, and may also result in an increase in risk level i.e. from Standard to High, although this increase to High would not automatically exclude room sharing.
44. In the event the use of Rule 40 is deemed appropriate due to threats made towards another person's safety or the security of the IRC, the Removal from Association (RFA) Annex B document must accurately reflect this as the justification for relocating a detained individual due to safety and/ or security concerns of the IRC as supported in [DSO 02/2017 Removal from association and temporary confinement](#).
45. Under no circumstances should detained individuals be placed under DC Rule 40 for solely refusing to share a room. The justification requirements set out in paragraph 44 and [DSO 02/2017](#) must be met for relocation to be considered appropriate.
46. If contracted service provider/healthcare staff have concerns about the behaviour of a detained individual, (e.g., if they show signs of racism or other forms of bigotry or discriminatory behaviour, but not to the degree that they have to be located in a room

on their own, immediately or at all), the contracted service providers should carefully consider who the detained individual shares a room with, and monitor any risk factors identified as part of the ongoing RSRA review process.

47. Whilst assessing RSRA status for those who are considered vulnerable under the Adults at Risk policy, [Management of adults at risk in immigration detention - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/management-of-adults-at-risk-in-immigration-detention), contracted service provider staff should also consider the importance of the detained individual's comments in relation to room sharing. Detained individuals who are considered vulnerable under this policy may require single occupancy accommodation, such as pregnant women in detention, however it is important that the needs and wishes of "at risk" individuals are considered as part of the assessment process, for example, whether their vulnerability may indicate they would benefit from single occupancy or shared occupancy for reasons such as peer support.
48. The RSRA form (Annex A) must be used to record the initial risk assessment. Detailed guidance (Annex B) accompanies the RSRA form. Reception staff must be aware of how to access this document which must be available in the reception area for staff carrying out an initial risk assessment to consult at any time. The RSRA includes a requirement to affix a photograph to the form. This is an important safeguard for the process and must be complied with immediately.
49. Once completed, the contracted service provider must record the RSRA decision on their IT system stating the reasons for the decision. If a detained individual is assessed as high risk, the centre contracted service provider must submit the details as soon as operationally possible, including the date of review, on an IS91RA Part C to the onsite Compliance, DETs and DEPMU teams. DETs are responsible for forwarding the Part C to the responsible caseworkers, whereas DEPMU are responsible for uploading the document to ATLAS via "manage documents".
50. The completed RSRA form must be placed in the DTD, with the most recent copy of the RSRA provided to the residential unit. If changes need to occur, a new Annex C must be filled out to replace the previous initial assessment/previously reviewed Annex C.
51. The contracted service provider staff working in residential units must ensure they receive a handover of all High RSRA's prior to commencement of their duties. It is the responsibility of the discharging centre to ensure that a good quality risk assessment form is present at all times and accompanies the detained individual in hard copy upon transfer to another centre.
52. Where it is identified that evidence is not available for consideration, for example a missing prison file or when the detained individual is new into a detention/custodial setting and background information is limited, then a second assessment must be scheduled and completed immediately once further evidence/information has been received or following the detained individuals initial 7 days. In this situation, the

allocation of a room should be based on the information available at the point of the reception assessment. The second assessment box on the RSRA form should be marked to confirm this has taken place.

53. If evidence has still not been received after 5 days from the day of admission (except for detained individuals new into detention), the local DS Manager (grade SEO or above) must be notified.
54. In the event the missing information is a Prison File/ Prison information, should this information not arrive with a new detained individual (exception being those from a non-prison origin) and there is evidence of unsuccessful attempts to obtain this from the prison OMU, should it not have been received after 5 days from the day of admission, DS Area Manager (grade SEO or above) must be notified to escalate with DEPMU (Detainee Escorting and Population Management Unit) Duty SEO who will in turn raise with the relevant HMP contact (HMPPS/SPS/NIPS).
55. Cases involving the arrival of detained individuals into the detention estate who arrived in the UK via clandestine means require the assignment of initial risk levels of RSRA. Presently, initial assessments in these types of cases are marked as standard risk, unless observations/behaviour upon arrival to the IRC would suggest otherwise.

Reviewing the room sharing risk assessment (RSRA)

56. Centre contracted service providers must review all High Risk RSRAs on a weekly basis as part of a multi-disciplinary process. In addition, both High and Standard Risk RSRAs must be reviewed immediately if new intelligence emerges, if there are noticeable changes in a resident's behaviour, or if the resident is involved in an incident, particularly those involving physical altercations, verbal threats, or changes in potential roommates. All reviews must be documented using Annex C, with any identified risk factors clearly recorded.
57. The review process should be used to monitor factors or review decisions made about the level of risk a detained individual poses to other detained individuals, or residents who are vulnerable to harm from others. High risk cases should be reviewed on a weekly basis, with the exception of those assessed as mandatory High, which are subject to a monthly review to monitor the detained individuals' ongoing behaviour. Standard risk RSRAs are to be reviewed every three months.
58. During weekly high risk RSRA reviews, contracted service providers should evaluate whether vulnerable residents in single occupancy are adequately protected from potential harm or exploitation while in detention. If concerns arise, staff should engage with the R35 process as necessary. [DSO 09/2016 Detention centre rule 35 and Short term Holding Facility rule 32](#) refers.

59. The review should be approved by a multidisciplinary team, comprising of (as a minimum):

- A representative from the onsite Home Office compliance team
- Contracted service provider unit manager
- Safer community manager
- Security representative
- Healthcare representative
- Welfare representative

This list is not exhaustive, and staff should invite any further stakeholders as appropriate to ensure a balanced and reasonable risk decision is taken. The review process will consider: changes in risk factors; whether the risk has reduced sufficiently to allow safe allocation to a confined shared area; and increased risk which could indicate continued or new allocation to a single room.

60. Details of the review for each detained individual must be recorded on a RSRA review form (Annex C), and the risk status agreed as part of the review, entered. The RSRA review form must be kept in the DTD. If there is a change in risk, then the contracted service provider must record this on their IT system stating the reasons for the decision. The details must be submitted on an IS91RA Part C to Home Office DETs, (who will share with the responsible caseworker team), on-site compliance teams, and DEPMU (who are responsible for uploading it onto ATLAS and updating the manage documents screen).

61. In addition to the above requirements for routine review, contracted service provider staff must also ensure a documented and proactive approach to identifying room-sharing concerns when engaging with detained individuals during discussion for other vulnerabilities, such as:

- ACDT Case Reviews
- Anti-Bullying Care plans
- Vulnerable Adult Care Plan reviews
- Food & Fluid refusal reviews
- First Night in Custody checks
- Mandated RSRA review (Annex C) for all detained individuals prior to resumption of Rule 40/42

Authorising risk levels

62. Where there is evidence of risk factors - as part of the risk assessment, a contracted service provider centre manager or duty manager (Detainee Custody Officer Manager (DCOM or above whilst assuming this role) must decide on the risk rating. Where no evidence of the individual posing a high risk is found, a Detainee Custody Officer (DCO) can authorise a standard risk as defined above in the section 'risk definitions'. Where the contracted service provider manager deems a detained individual to be high risk, they must ensure that the individual details are recorded on the register of high-risk detained individuals.
63. Where urgent concerns are raised that a 'standard risk' detained individual should be increased to 'high risk', a decision can be taken by the contracted service provider duty manager (DCOM or above whilst assuming this role) at any time, and in this instance, an Annex C review form must be completed each time, with a Part C submitted detailing the reasons for a change in risk. The duty manager (DCOM or above assuming this role) can also authorise a reduction in the risk level to standard, where a high-risk detained individual is assessed as no longer posing a threat. For example, where a dynamic risk has been identified such as a detained individual receiving treatment for substance misuse who has stabilised. Where an urgent decision is made to increase or decrease a risk assessment, this should be recorded on the register of high risk detained individuals and referred for review by the multidisciplinary team.

Ongoing Assessment whilst in detention

64. Detained individuals assessed as standard risk will usually be suitable to share a room. It is the responsibility of all staff who interact with a detained individual to observe potential risk factors. It is essential that where behaviour is observed which could indicate increased risk when in a shared confined environment, a RSRA review (Annex C) is completed immediately by the centre contracted service provider and referred to the centre contracted service provider duty manager for the assessment to be authorised.

Role of the contracted service provider

65. Contracted service provider managers must satisfy themselves that staff are aware of the RSRA process and that it is being adhered to, including:
- The RSRA Form and RSRA Review Form are being used and completed accurately and in full.
66. It is the responsibility of the contracted service provider to ensure all operational staff have received up-to-date RSRA training to enable staff to confidently carry out an RSRA assessment and completion of the form. The RSRA process is a continual

assessment from arrival throughout a detained individuals stay in an IRC, and therefore contracted service provider staff must be competent in completing all aspects of this process.

- The RSRA process and supplementary guidance must be covered in the Initial Training Course (ITC) for new starters and is subject to annual refreshers
- All evidence sources are checked on reception or where information is not available during the reception process, a second assessment takes place as soon as the information is available (or within 7 days).

67. A register of detained individuals designated as high risk must be held in each establishment and be reviewed by a multidisciplinary team on a weekly basis.
68. Contracted service provider managers must review at least 10% of all completed RSRA and RSRA review forms on a monthly basis to check for quality and appropriate sign off. These checks must be recorded and made available to the Home Office DS manager (grade HEO or above) on a monthly basis. Poorly completed forms should be addressed with the staff member at the earliest opportunity and noted on the record of completed checks.
69. Each contracted service provider should have in place, an annual self-audit schedule to include the reception process. DS Compliance teams and Escorting Ops should ensure these RSRA audits of both contractual areas and this DSO, are conducted by the contracted service provider.

Training

70. Detention Services will provide approved training content to Home Office staff working in IRCs and RSTHFs. A local record must be kept of all staff who have participated in this training and made available to the onsite compliance team upon request.
71. Additional guidance on completing the RSRA is provided in Annex B which must be readily available in areas where RSRA's are completed and easily accessible to all contracted service provider staff. Contracted service provider staff must be familiar with the guidance provided in the Annex B document prior to completing an RSRA.

Role of the Compliance Team

72. On a daily basis, Compliance Teams will conduct an assurance review of all new HIGH RSRA's from the previous day for both new arrivals and those increased to HIGH RSRA status via the Annex C process, compliance teams will rely on the information provided in the Part C RA document to inform their assurance review.
73. Compliance teams will be provided with a daily register of High Risk individuals which includes a percentage count of all RSRA's requiring single occupancy (including those for medical reasons) in their respective IRCs against the current population figure. It is

the responsibility of the contracted service provider to provide this information to the onsite compliance team daily.

74. Compliance teams alongside the required MDT stakeholders are required to conduct a weekly review of all High RSRA, with the exclusion of those assessed as mandatory High risk.
75. Compliance Managers will receive a weekly update following this MDT review, any concerns highlighted during this weekly review will be escalated to the Area Manager.
76. Once an IRC's High RSRA percentage reaches 10% or more, the Compliance SEO must be notified in order to conduct their own assurance review.
77. On receipt of reported incidents from the contracted service provider, compliance teams must ensure a consideration for the appropriateness of an Annex C review was made by the contracted service provider.

Register of High Risk Detained individuals

78. A register of all detained individuals designated as high risk must be held centrally in each place of detention by the centre contracted service provider. The register must record:
 - name of the detained individual
 - whether the risk is static or dynamic
 - whether the detained individual is allocated to a single room
 - review date (if different from weekly)
57. In addition to the electronic weekly register being sent to DS Compliance teams, they must ensure that contracted service provider comments on weekly high-risk register returns are concise and provide detail.

Self-audit

79. An annual self-audit of this DSO is required by contracted service providers to ensure that the processes are being followed. This audit should be made available to the Home Office on request.

Revision History

Review date	Reviewed by	Review outcome	Next review
July 2015	Michelle Smith	Rebrand and updated processes	July 2017

Review date	Reviewed by	Review outcome	Next review
August 2016	Emily Jarvis	Alignment with new adults at risk policy and DSO	August 2018
June 2025	Jessica Hayson	<ul style="list-style-type: none"> • Updated to reflect the terminology change from detainees to detained individuals, and roll out of HO teams and individual responsibilities • Inclusion of new annexes and guidance on completing the RSRA • Updating HIGH classification to include sharing permitted in some circumstances • Further guidance to support assessments being made with evidence available at the time of assessment (Including those arriving via clandestine means) • Introduction of weekly HIGH RSRA reviews and immediate reviews should new information come to light • Contracted service provider training requirements • Compliance team assurance requirements 	June 2027

Returns Directorate

Annex A – RSRA Form

Detained
individual photo

ROOM SHARING RISK ASSESSMENT FORM

HIGH RISK (Single occupancy)	HIGH RISK (Permitted to share)	STANDARD RISK
Reception Assessment	Reception Assessment	Reception Assessment
2 nd Assessment (If required)	2 nd Assessment (If required)	2 nd Assessment (If required)
High level of risk of severe in room violence to or from roommate, including short term. Restrictions must be applied	High level of risk of severe violence to or from certain individuals. Permitted to share in specific circumstances.	No immediate risk, but situation will need to be monitored

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

IRC	
Reception Date	
ATLAS Number	
Telephone interpreter required?	YES NO
Interpreter ID reference number	

OPERATIONAL ASSESSMENT Current or previous conviction, or knowledge of	Reception Assessment	2 nd Assessment (If required)
Life threatening assault on, or murder or manslaughter of another prisoner/detained individual or assisting a suicide whilst in custody/detention IF YES, THE DETAINED INDIVIDUAL MUST BE MANDATORY HIGH RISK	Y / N	Y / N
Sexual assault with same sex adult victim IF YES, THE DETAINED INDIVIDUAL MUST BE MANDATORY HIGH RISK	Y / N	Y / N
Healthcare assessment of increased risk (from Part 2)	Y / N	Y / N
Repeated violence (in custody/detention)	Y / N	Y / N

Racially or homophobic motivated offending (in custody/detention OR the community)	Y / N	Y / N
Arson, fire setting (in custody/detention OR the community)	Y / N	Y / N
Kidnap / False imprisonment / Stalking / Hostage taking (in custody/detention OR the community)	Y / N	Y / N
Detained individual statement of heightened risk	Y / N	Y / N
Significant detained individual vulnerability	Y / N	Y / N
Behavioural concerns observed by staff	Y / N	Y / N
Documentation interviews and other case related reviews	Y / N	Y / N
Further charges or police interview	Y / N	Y / N
Recent conflict between countries/nationalities/ethnicities	Y / N	Y / N
Other (specify)	Y / N	Y / N
Confirmation of Evidence Searches		
Detainee Transferable Document	Y / N	Y / N
IS91	Y / N	Y / N
Prison Licence	Y / N	Y / N
Person Escort Record (PER)	Y / N	Y / N
ACDT	Y / N	Y / N
Previous assessment	Y / N	Y / N
Prison record (ex-FNO)	Y / N	Y / N
Other (describe)	Y / N	Y / N
Assessment carried out by:		
Assessor Name:		
Signature:		
Date:		
Comments		

Healthcare assessment (To be completed by a qualified nurse) Following the reception health screen process, do you have any information (from your observations and if available any other records) that indicates this detained individual may be at risk of severely harming another detained individual in a locked room due to:	
<ul style="list-style-type: none"> ○ Evidence or suspicion of a mental health disorder ○ Extremely disturbed behaviour ○ Failure or inability to engage with the reception health process ○ Agitation or aggression ○ Other reasons (e.g. attitudes and/or behaviour) described below* 	
If any of the above factors are present this indicates increased risk. INCREASED RISK <input type="checkbox"/>	If none of the factors above are present this indicates there are no immediate healthcare risks. NO INCREASED RISK <input type="checkbox"/>

Clear indication of increased level of risk that detained individual might assault a roommate.

Discuss with appropriate IRC manager

*Other reasons and comments including sharing considerations;

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

Available medical records have been accessed

Yes

☐

No

☐

Role / Position:

Name:

Signature:

Date:

AUTHORISATION

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

Reception Assessment

Name:

Detained individual is:

STANDARD RISK

☐

Signature:

HIGH RISK

☐

Job title:

Date:

2nd Assessment (If required)

Name:

Detained individual is:

STANDARD RISK

☐

Signature:

HIGH RISK

Job title:

Date:

Reason for decision and comments

Annex B – Guidance on completing the initial RSRA form

Introduction

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

Step 1: Risk Assessment

HIGH RISK (Single occupancy)	HIGH RISK (Permitted to share)	STANDARD RISK
Reception Assessment	Reception Assessment	Reception Assessment
2 nd Assessment (If required)	2 nd Assessment (If required)	2 nd Assessment (If required)
High level of risk of severe in room violence to or from roommate, including short term. Restrictions must be applied	High level of risk of severe violence to or from certain individuals. Permitted to share in specific circumstances.	No immediate risk, but situation will need to be monitored

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

Step 2: Detained individual and establishment details

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

IRC		
Reception Date		
ATLAS Number		
Telephone Interpreter required	YES	NO
Interpreter ID reference number		

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

Step 3: Operational Assessment

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

Comments

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

The reception assessment

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

Second assessment

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

The risk indicators

- If there is evidence or strong suspicion that the following two risk factors exist, the detained individual must be assessed as mandatory 'High Risk' and located in a single room, or a shared room where the risk can be appropriately mitigated. The top two risk indicators are:

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

- Arson, fire setting in the community or in detention/custody. It is known that previous convictions for arson are a very strong indicator that a detained individual may be violent towards a roommate. The risk from those who set fires in their room is obvious, but any history of arson indicates increased risk. Arson and fire setting behaviour should be recorded in their prison record that will accompany them to the IRC and/or the movement order.
- Kidnap / false imprisonment / stalking / hostage taking in the community or in detention/custody. Detained individuals who develop a fixation or abnormal attachment to others in any environment will have increased risk. Where this offending took place in the community and a prison sentence was served, the prison file and/or movement order should highlight this.
- Detained individual statement of heightened risk. The decision process for room sharing should be evidence based wherever possible. This includes instances when a detained individual raises a genuine issue of concern which has not been evidenced elsewhere and should be taken into account.
- Significant detained individual vulnerability. There can be circumstances where a detained individual is vulnerable to bullying, violence or mental harm from another resident. This could be because of their offence (if an Ex-Foreign National Offender), their appearance, a protected characteristic they hold (eg. their sexuality) or any other vulnerability factor. Staff should be particularly alert for circumstances where a detained individual is being “controlled” or inappropriately influenced by other detained individuals. Detained individuals with significant vulnerability can be accommodated in a shared room but great care needs to be taken to ensure neither detained individual presents a risk to the other.
- Behavioural concerns observed by staff. There will be circumstances when an officer suspects that even though there is no documentary evidence, there may be cause for concern. It may be something like the detained individual's body language or demeanour but this option provides an opportunity for staff to express any concerns.
- Documentation interviews and other case related reviews, for example, service of removal directions, a failed bail hearing, or a monthly report, may increase a detained individual's risk of harm to a roommate. The communication of these is within the control of HOIE staff. Therefore it is important that onsite HOIE teams are aware of detained individuals classed as ‘High Risk’ so that communication of such news can be appropriately managed. In such circumstances, it could be necessary to review a detained individual's RSRA rating.
- Further charges or police interview may increase a detained individual's risk of harm to a roommate. The communication of these is often within the control of HOIE staff. Therefore it is important that onsite HOIE teams are aware of detained individuals classed as ‘High Risk’ so that communication of such news can be appropriately managed. In such circumstances, it could be necessary to review a detained individual's RSRA rating.
- Recent conflict between countries/nationalities/ethnicities may mean two detained individuals from opposing sides should not be sharing a room. They can still be accommodated in a shared room if there are other detained individuals who would not be at risk. For instance, one detained individual may still be suitable to share

with another detained individual from the same country/ethnic background. In this case the detained individual should be assessed as high risk and sharing considerations are to be recorded. Subsequent observation of the detained individual during association or when at work or education will highlight whether they freely associate with members of their target group, or if they avoid such people or associate with members of their target group in a negative way.

- Other. The last category provides an opportunity for any other evidence to be recorded. For example, the following incidents could mean it is necessary to review a detained individual's RSRA rating: seizure of detained individual's cash, removal of a family member, finding drugs in a detained individual's possession.

Confirmation of evidence searches

- The following documentation must be consulted, if available, when the RSRA form is being completed:
 - Previous convictions
 - Cell sharing risk assessment (if transferred from a prison)
 - Room sharing risk assessment and any review forms (if transferred from an IRC or STHF)
 - Prison file including a list of any adjudications
 - Detained individual Transferable Document (DTD)
 - Person Escort Record (PER)
 - Records of instances of Rule 40 and Rule 42 (if transferred from an IRC or STHF)
 - ACDT documentation
 - IS91 – checking PNC result and any history of violence
 - Movement Order
 - Healthcare assessment
 - Intelligence (detention intelligence team)
- If staff have access to any other sources of evidence, and time to access them, they should be used, including ATLAS if relevant.

Step 4: Healthcare Assessment

HEALTHCARE ASSESSMENT (To be completed by a qualified nurse)

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

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

<p>If any of the above factors are present this indicates increased risk.</p> <p>INCREASED RISK <input style="width: 40px; height: 25px; border: 1px solid black;" type="checkbox"/></p> <p>Clear indication of increased level of risk that detained individual might assault a roommate. Discuss with appropriate IRC manager</p>	<p>If none of the factors above are present this indicates there are no immediate healthcare risks.</p> <p>NO RISK INCREASED RISK <input style="width: 40px; height: 25px; border: 1px solid black;" type="checkbox"/></p>															
<p>*Other reasons and comments including sharing considerations</p> <p>Any relevant information, including any of the above, must be recorded in the clinical record including any plans for further assessment if required.</p>																
<table style="width: 100%;"> <tr> <td style="width: 40%;">Available medical records have been accessed</td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 20%;"><input style="width: 100px; height: 25px; border: 1px solid black;" type="checkbox"/></td> <td style="width: 10%; text-align: center;">No</td> <td style="width: 20%;"><input style="width: 20px; height: 25px; border: 1px solid black;" type="checkbox"/></td> </tr> <tr> <td>Role / Position:</td> <td><input style="width: 150px; height: 25px; border: 1px solid black;" type="text"/></td> <td>Name:</td> <td colspan="2"><input style="width: 150px; height: 25px; border: 1px solid black;" type="text"/></td> </tr> <tr> <td>Signature:</td> <td><input style="width: 150px; height: 25px; border: 1px solid black;" type="text"/></td> <td>Date:</td> <td colspan="2"><input style="width: 150px; height: 25px; border: 1px solid black;" type="text"/></td> </tr> </table>		Available medical records have been accessed	Yes	<input style="width: 100px; height: 25px; border: 1px solid black;" type="checkbox"/>	No	<input style="width: 20px; height: 25px; border: 1px solid black;" type="checkbox"/>	Role / Position:	<input style="width: 150px; height: 25px; border: 1px solid black;" type="text"/>	Name:	<input style="width: 150px; height: 25px; border: 1px solid black;" type="text"/>		Signature:	<input style="width: 150px; height: 25px; border: 1px solid black;" type="text"/>	Date:	<input style="width: 150px; height: 25px; border: 1px solid black;" type="text"/>	
Available medical records have been accessed	Yes	<input style="width: 100px; height: 25px; border: 1px solid black;" type="checkbox"/>	No	<input style="width: 20px; height: 25px; border: 1px solid black;" type="checkbox"/>												
Role / Position:	<input style="width: 150px; height: 25px; border: 1px solid black;" type="text"/>	Name:	<input style="width: 150px; height: 25px; border: 1px solid black;" type="text"/>													
Signature:	<input style="width: 150px; height: 25px; border: 1px solid black;" type="text"/>	Date:	<input style="width: 150px; height: 25px; border: 1px solid black;" type="text"/>													

- In part 2, the healthcare assessment is shown.
- The requirement for healthcare staff is to highlight any factors which may indicate elevated risk to a roommate.
- It identifies whether there is increased risk due to healthcare factors, or no increased risk.
- Where room sharing may be in the interests of the detained individual's healthcare, such as having someone to call for help in case of illness, the detained individual must still be managed according to the identified risks to others. Full account needs to be taken of the implications for the roommate of such a decision; the care of their roommate is not their responsibility - this remains the responsibility of management and staff.
- ACTION:** When completing the form, healthcare staff should indicate where there is evidence of increased risk. Where this exists, they are to discuss their concerns with the reception officer or Centre Manager (or duty manager authorised by the Centre Manager).

Step 5: Authorisation

AUTHORISATION

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

Reception Assessment

| 2nd Assessment

<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> Name: <input style="width: 100%;" type="text"/> Signature: <input style="width: 100%;" type="text"/> Job title: <input style="width: 100%;" type="text"/> Date: <input style="width: 100%;" type="text"/> </div> <div style="width: 50%; text-align: center;"> Detained individual is: <div style="display: flex; justify-content: center; gap: 20px;"> <div style="text-align: center;"> STANDARD RISK <input style="width: 30px; height: 20px;" type="checkbox"/> </div> <div style="text-align: center;"> HIGH RISK <input style="width: 30px; height: 20px;" type="checkbox"/> </div> </div> </div> </div>		<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> Name: <input style="width: 100%;" type="text"/> Signature: <input style="width: 100%;" type="text"/> Job title: <input style="width: 100%;" type="text"/> Date: <input style="width: 100%;" type="text"/> </div> <div style="width: 50%; text-align: center;"> (If required) Detained individual is: <div style="display: flex; justify-content: center; gap: 20px;"> <div style="text-align: center;"> STANDARD RISK <input style="width: 30px; height: 20px;" type="checkbox"/> </div> <div style="text-align: center;"> HIGH RISK <input style="width: 30px; height: 20px;" type="checkbox"/> </div> </div> </div> </div>	
Reason for decision and comments			

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

Annex C – RSRA Review Form

ROOM SHARING RISK ASSESSMENT REVIEW FORM

HIGH RISK (Single occupancy)	HIGH RISK (Permitted to share)	STANDARD RISK
Reception Assessment	Reception Assessment	Reception Assessment
2 nd Assessment (If required)	2 nd Assessment (If required)	2 nd Assessment (If required)
High level of risk of severe in room violence to or from roommate, including short term. Restrictions must be applied	High level of risk of severe violence to or from certain individuals. Permitted to share in specific circumstances.	No immediate risk, but situation will need to be monitored

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

IRC		
Reception Date		
ATLAS Number		
Telephone Interpreter required?	YES	NO
Interpreter ID reference number		

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

REVIEW OF HIGH RISK DETAINED INDIVIDUALS	
Confirmation of previous conviction, or knowledge of	
Life threatening assault on, or murder of another prisoner/detained individual or assisting a suicide whilst in custody/detention Detained individual MUST remain high risk until there is evidence that risk has substantially and permanently reduced	Y / N
Sexual assault on same sex adult victim	Y / N

Detained individual MUST remain high risk until there is evidence that risk has substantially and permanently reduced		
Healthcare assessment of increased risk		Y / N
Racially or homophobic motivated offence or reports		Y / N
Repeated violence in detention		Y / N
Arson, fire setting		Y / N
Kidnap / False imprisonment / Stalking / Hostage taking		Y / N
Detained individual statement of heightened risk		Y / N
Significant detained individual vulnerability		Y / N
Behavioural concerns observed by staff		Y / N
Documentation interviews and other case related reviews		Y / N
Further charges or police interview		Y / N
Recent conflict between countries/nationalities/ethnicities		Y / N
Other (specify)		Y / N
Reason for decision and comments		
REVIEW OF STANDARD RISK DETAINED INDIVIDUALS FOLLOWING NEW OR ADDITIONAL INFORMATION Receipt of new or additional information which may increase the risk rating		
Life threatening assault on, or murder of another prisoner/detained individual or assisting a suicide whilst in custody/detention Detained individual MUST be made MANDATORY HIGH RISK		Y / N
Sexual assault on same sex adult victim Detained individual MUST be made MANDATORY HIGH RISK		Y / N
New or additional information such as:	Racial or homophobic offences	Y / N
	Previous violence in other establishments or in previous custody	Y / N
	Arson, fire setting	Y / N
	Kidnap / False imprisonment / Stalking / Hostage taking	Y / N
	Information from healthcare assessments	Y / N
	Previous in-patient at a Special Hospital or Secure Unit	Y / N
	Other	Y / N

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

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

Annex D - Room Sharing Risk Assessment FAQ's

Further information on the RSRA process can be obtained from the Safer Detention team or from Annex B of the Room Sharing Risk Assessment DSO.

Q1. What is the purpose of the RSRA?

A1. The RSRA is designed to assess the risk a detained individual may pose to others, or face themselves, when placed in shared accommodation. It ensures safety, supports safeguarding, and informs room allocation decisions.

Q2. Who is responsible for completing the RSRA?

A2. Contracted service provider staff must complete the RSRA during the reception process for every detained individual entering an IRC or RSTHF.

Q3. Who authorises completed RSRA forms where risk issues have been identified?

A3. Authorisation is the responsibility of IRC contracted service provider managers. Typically, this will be a reception or safer detention manager, but any suitably trained IRC manager may authorise a HIGH risk rating.

Q4. How are RSRA decisions recorded and shared?

A4. All RSRA decisions must be recorded on the RSRA form (Annex A), entered into the CSPs local IT system and shared with the Home Office via the IS91RA Part C.

Q5. What defines a HIGH risk detained individual?

A5. A detained individual is considered high risk if there is clear evidence they may seriously harm another resident or be at risk themselves due to vulnerability or behavioural concerns.

Q6. Can a resident assessed as HIGH risk still share a room?

A6. Yes. While HIGH risk detained individuals are not routinely placed in shared room, the DSO allows for exceptions where the risk can be thoroughly and appropriately mitigated. A thorough risk assessment must be conducted for both the HIGH risk resident and the proposed roommate to ensure their mutual safety.

Q7. What if not all evidence sources are available at reception?

A8. Staff should complete the initial RSRA using the information available and clearly document any missing sources in the operational assessment. A second assessment must be completed as soon as the missing information becomes available, no later than 7 days after their arrival.

Q9. Why don't healthcare staff assign risk ratings during the RSRA?

A9. Healthcare staff do not assign Standard or HIGH risk ratings. Their role is to flag any concerns that a Resident may pose a serious risk to others in a shared room, or otherwise suffer from harm in a shared room. These concerns must be discussed with an IRC Manager, who will determine the appropriate risk rating. Sharing of medical information must be in alignment with [DSO 01/2016 Medical information sharing](#).

Q10. Why might a HIGH risk detained individual be allowed to share with a STANDARD risk roommate?

A10. Some residents may meet HIGH risk criteria but still be suitable for sharing under specific circumstances. For example, a detained individual with racist views may be safely accommodated with someone not from their target group. This decision is subject to a full risk assessment of both the high risk individual and the potential roommate to guarantee their mutual safety.

Q11. Should a risk assessment still be completed if little information is available of arrival?

A11. Yes. A preliminary RSRA must always be completed to fulfil our duty of care. Staff should use available information and follow up with a second assessment once additional documentation is obtained, no later than 7 days after their arrival.

Q12. What is the difference between static and dynamic risk factors?

A12. Static risks (e.g., past convictions) are long-term and unchanging. Dynamic risks (e.g., recent behavioural changes) can fluctuate and require ongoing monitoring.

Q13. How often must assessments be reviewed?

A13. High-risk assessments must be reviewed weekly, except for mandatory high-risk cases, which are reviewed monthly. Standard risk assessments are reviewed every three months. However, all assessments regardless of risk rating are subject to immediate reviews if new intelligence or evidence is received, if there are changes in the individual's behaviour, or if the resident is involved in an incident.

Q14. Who should attend RSRA review meetings?

A15. The RSRA review meetings should be attended by a multi-disciplinary team to ensure a balanced and informed decision-making process. This meeting will be chaired by the Safer Detention Lead, and as a minimum the following stakeholders should be in attendance: Compliance team representative, CSP unit manager, Safer community manager, security representative, healthcare representative, DET representative and a Welfare team representative. Additional stakeholders may be invited depending on the specific circumstances.

Q15. Can I submit an SIR if I notice changes in a detained individual's behaviour?

A15. Yes. All staff, regardless of their role, have a duty to report any observed changes in a detained individual's behaviour that may indicate an increased risk of harm to others in shared accommodation. This includes concerns raised through direct observation, conversations, or information from other detained individuals. Any such concerns must be reported to a contracted service provider manager and recorded on the local records. These observations may trigger a review of the detained individual's RSRA using the Annex C RSRA review form.

Annex E - Guidance for Managers on how to reach a decision

1.1 Where a risk indicator has been identified, a full assessment of the risk needs to be undertaken to determine two things; whether the detained individual should be categorised as high risk or standard risk, and when they are high risk, whether they can share a room.

1.2 It will always be for local managers to assess and decide upon a detained individual's risk to a room mate. The assessment needs to take account of all the evidence and intelligence available, and any local knowledge of the detained individual, and ensure this meets the needs of the detained individual being assessed and other detained individuals who may be co-located with them.

1.3 Managers should consider a range of issues including;

- What is the evidence?
- How recent is it?
- Is there more than one piece of evidence?
- Is the detained individual a risk to any other detained individual, or only some?
- Can the risk be mitigated?
- Is the nature of the risk long term?

1.4 The decision which has to be taken is, does this detained individual present a risk so great that they may kill or attempt to kill a room mate. Vulnerable detained individuals should be considered for the **risk to them**.

1.5 Although not prescriptive, the following examples of situations have been produced to help guide staff where the information does not lead to a clear-cut answer.

a. Previous serious assaults, homicide and sexual assault

- A detained individual is transferred and reception staff recognise that he previously attempted to murder a room mate in another establishment. Because of the nature of this act, the detained individual must be made mandatory high risk.
- When checking the detained individuals' record, the reception officer notes that the detained individual has a conviction for male rape three years ago. This is a mandatory high risk factor so the detained individual must be made mandatory high risk.

b. Healthcare consideration

- During the healthcare assessment for a newly arrived detained individual, the nurse notes that the individual has recently been abusing drugs and seeks help for this. However, she is anxious and volatile, and the nurse feels the detained individual will potentially be violent until her medication is stabilised. The nurse therefore advises the reception manager that there is increased risk. Based on this advice, the manager assesses the detained individual as high risk, but

recommends that a review be held in one week to reassess the detained individual's risk.

- A detained individual is assessed by healthcare staff as part of the reception screen and the nurse notes that the detained individual has a skin condition which is neither infectious nor dangerous, but looks unpleasant. The duty manager considers this but notes that although all the evidence sources were checked, there were no indicators present and the reception officer believes the detained individual should be standard risk. The skin condition may be unpleasant for some room mates, but it does not indicate he is likely to seriously harm another room mate. Although careful consideration will need to be given to sharing a room, the RSRA rating should probably be assessed as standard risk.

c. Previous violence

- A detained individual is received who has served several previous custodial terms at this establishment and it is known from evidence sources that they have an extensive adjudication record for assault and fighting. The detained individual should be assessed as high risk and located in a single room.
- A detained individual evidence sources shows they have numerous previous convictions for all forms of violence including GBH. The adjudication record is reviewed and shows that over many years in previous custody he had not been adjudicated on for violence. Violence in the community is not a good predictor of violence in custody, as demonstrated here, and the detained individual should be assessed as standard risk.

d. Racial and homophobic offences

- A detained individual has been convicted of a racially motivated attack in the community. From their statements to the reception officer it is clear that they hold strong racist views which they will continue to express through violence. The detained individual should be assessed as high risk and will need to be monitored closely and dealt with through the IRC's violence reduction policy. However, they can be allocated to a shared room with a detained individual not of the targeted ethnicity providing a risk assessment is undertaken.
- A detained individual is received having been charged with driving whilst disqualified and has many previous convictions for motoring offences. There is an additional charge of racially aggravated assault. The detained individual is well known to staff and has no previous convictions with racial issues and has had no adjudications or markers whilst in custody or IRC's previously. He tells the reception officer that when he was arrested he was verbally abusive to the arresting officer who was from a different ethnic background. The detained individual should probably be assessed as standard risk but his behaviour will need to be monitored.

e. Arson and fire setting

- A detained individual set fire to some papers in his room yesterday during association, and walked out of the room leaving his room mate in there. He is being urgently reviewed because of this act. His deliberate action in setting fire to the

room, with his room mate inside is highly dangerous. He also placed staff at risk because they had to provide the first response, enter the room to recover the other detained individual and fight the fire. The detained individual's risk rating should be immediately increased to high risk and he should be located in a single room. The decision will need to be reviewed by the multi-disciplinary team when it next meets.

- A newly received detained individual has been identified as having served several previous sentences for a variety of offences. One of these, ten years ago, was for arson. Since then, the detained individual has served a number of terms of imprisonment, but has no other offences for arson and has never set fire to anything whilst in custody. No other risk factors have been identified. The decision may be that the detained individual is standard risk but needs to be monitored.

f. Kidnap, false imprisonment, stalking and hostage taking

- A detained individual recently took his room mate hostage, barricaded the room and assaulted his room mate before staff could intervene. He is having his RSRA rating reviewed before he returns to normal location from a period in the segregation unit. His risk has clearly increased as a result of the incident and he should probably be assessed as high risk and located in a single room.
- A woman is assessed with markers concerning her partner and children. One charge is that she abducted her daughter. In interview with the reception officer, the woman says she has visiting rights with her children and has been going through a very messy break-up with her estranged partner. Last week she missed the bus and was quite late taking her daughter back from a visit, as a result of which she got into a fight, was arrested and among other things, charged with abduction. There are no other indicators and the woman has no previous offending history. She should probably be assessed as standard risk but should be monitored.

g. Heightened risk

- A detained individual is received who has been arrested and charged with a group of others, some of whom will also have been received at this establishment. The detained individual says he has a long running feud with two of the others but refuses to name them. There is clearly potential heightened risk and he should probably be assessed as high risk until the identity of the others can be determined.

h. Vulnerability

- A detained individual with additional support needs is received. She will be particularly vulnerable and for this reason should be assessed as high risk.

i. Behavioural concerns observed by staff

- A reception officer has completed a thorough search of the DTD and other sources of evidence and identified no risk factors. However, she is concerned that the detained individual has made no eye contact and has responded to questions with very curt answers, if at all. The officer is concerned and believes the

detained individual will need to be monitored closely over the coming days and therefore recommends a high risk rating, which seems appropriate.

1.6 Once the decision has been made, the reason should be entered on the comments section of the form. These notes can be short but should make clear why the decision has been taken. As an example, the following would be perfectly acceptable;

- “Racist charge on PNC. Expressed racist views during interview.”
- “Warrant shows charge of abduction. Detained individual interviewed. Relationship issue and no other risk issues identified.”

1.7 These perfectly capture the risk identified, as well as the source. The risk rating (high or standard) should then be entered on local contracted service provider databases and any required notifications to the Home Office actioned.