



Home Office

Detention Services Order 09/2016

Detention Centre Rule 35 and Short-term Holding Facility Rule 32

June 2025



© Crown copyright 2025

This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3 or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gov.uk.

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

This publication is available at www.gov.uk/government/collections/detention-service-orders

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

Contents

Document Details	6
Contains Mandatory Instructions	6
Definitions	7
Introduction	9
Rule 35 of the Detention Centre Rules 2001, as amended by the Detention Centre (Amendment) Rule 2018	10
Rule 32 of the Short-Term Holding Facility Rules 2018	11
Rule 32 of the Short-Term Holding Facility Rules 2018, as amended by the Short-term Holding Facility Rules 2022	12
Procedures	13
Healthcare Screening in an IRC or STHF	13
Preparing and submitting Rule 35 and Rule 32 reports	14
Who can submit and prepare a report	14
Rule 35 reports	14
Rule 32 reports	15
Content of Rule 35 and Rule 32 reports	15
Data Protection and Sharing Medical Information	16
Key areas to be included in a report	16
When to refer a Rule 35 or Rule 32 Category 3 Report	18
Reporting vulnerability concerns that do not engage Rule 35 or Rule 32	19
Requirements for Home Office staff on receipt of a Detention Centre Rule 35 or STHF Rule 32 Report	19
Where to send a Rule 35 or 32 report	19
Indications of modern slavery or trafficking	21
What to do if a Rule 35/32 report does not meet the required standard	21
Actions by Home Office Rule 35 Team EO drafting officers	22
Timeframes for responding to a Rule 35 or Rule 32 Report	22
Actions by Home Office DET or Escorting Ops Duty HEO	25
Reports from third parties	26
Self-audit	26
Annex A: Rule 35(1)/Rule 32(1) Report	26
Annex B: Rule 35(2)/Rule 32(2) report	32

Annex C: Rule 35(3)/Rule 32(3) report	37
Annex D: Rule 35 (3) report not required	43
Revision History	45

Document Details

Process: This guidance provides instructions for staff working in Immigration Removal Centres (IRC), residential Short-Term Holding Facilities (STHF) and responsible Home Office caseworkers involved in the Rule 35 (IRC) and Rule 32 (STHF) process. This includes the preparation and consideration of reports submitted in accordance with [Rule 35 of the Detention Centre Rules 2001](#) (DCR 2001), [as amended by the Detention Centre \(Amendment\) Rules 2018 \(SI 411/2018\)](#) and the preparation and consideration of reports submitted in accordance with [Rule 32 of the Short-term Holding Facility Rules 2018 \(SI 409/2018\)](#) (STHFR 2018) and Rule 32 of the Short-term Holding Facility (Amendment) Rules 2022.

Publication date: June 2025

Implementation Date: June 2025

Review Date: June 2027

Version: 8.0

Contains Mandatory Instructions

For Action: All staff (including escorting officers) working in Immigration Removal Centres, Pre-Departure Accommodation and residential Short-Term Holding Facilities who maintain oversight of those detained for the purposes of removal. Home Office staff who are responsible for authorising, managing and reviewing detention.

Author and Unit: Jessica Hayson, Detention Services

Owner: Michelle Smith, Head of Detention Operations

Contact Point: Detention Services Orders DSOConsultation@homeoffice.gov.uk

Processes Affected:

This guidance is not applicable to the operation of Rule 32 in Residential Holding Rooms. Instead, the Short-Term Holding Facility Rules guidance should be followed.

This guidance does not apply to individuals detained under immigration powers in prisons. Rule 21 (1) of the [Prison Rules 1999](#) would instead apply with regards to responsibilities of the medical officer or medical practitioner to raise concerns about a prisoner's health, as applicable to the rule.

Assumptions: All staff will have the necessary knowledge to follow these instructions.

Definitions

This page provides definitions of terms used in this Detention Services Order (DSO) and outlines the roles of teams involved in the process.

General practitioner

A “general practitioner” (GP) is a person who is vocationally trained and fully registered within the meaning of the Medical Act 1983 (Rule 33(1) and “medical practitioner” as described in DCR 2001

Healthcare professional

[Rule 2 of the Short-term Holding Facility Rules 2018](#) specifies that a “healthcare professional” for the purposes of the STHF Rules means a registered medical practitioner (general practitioner) or registered nurse.

GPHP

For this specific DSO when referencing both categories the General practitioner (IRCs) and Healthcare professionals (STHFs) the definition GPHP will be used.

IRC Manager

An Immigration Removal Centre Manager is the person appointed under [section 148\(1\) of the Immigration and Asylum Act 1999](#) to be the manager of a removal centre.

STHF Manager

In relation to short-term holding facilities a ‘Manager’ is defined in [Rule 2 of the Short-term Holding Facility Rules 2018](#) in the following terms:

- in relation to a directly managed short-term holding facility the official of the Secretary of State designated to complete the tasks that fall to a manager under these Rules;
- in relation to a contracted out short-term holding facility a member of the contractor’s staff
- designed to complete the tasks that fall to a manager under these Rules, and;
- certified as a detainee custody officer.

Responsible Officer

A “responsible officer” is the Home Office officer responsible for managing and reviewing an individual’s detention, even if they are not the officer undertaking every action on the case. For the purposes of this DSO, the responsible officer will be from one of two teams:

- The Rule 35 Team (R35T) – the R35T is part of the Detained Medical Reports Team which sits in the Detention Progression and Returns Command. The R35T are responsible for considering and responding to all Rule 35 and Rule 32 reports received from IRCs and RSTHFs. The team ensures that these reports are considered independently from the caseworker responsible for detention decisions, ensuring consistent application of the Adults at Risk in Immigration Detention and wider published detention policy for those whose health could be impacted by continued detention, protecting potentially vulnerable individuals from being detained.
- The relevant case working team – who are responsible for any actions pertaining to ongoing detention, case progression or reviews as required.

Introduction

1. The purpose of Rule 35, as set out in the [Detention: General Instructions](#) is “to ensure that particularly vulnerable individuals are brought to the attention of those with direct responsibility for authorising, maintaining and reviewing detention”. Rule 32 of the [Short-term Holding Facility Rules 2018](#) fulfils this function for individuals detained in residential short-term holding facilities, which are relatively small detention facilities with sleeping accommodation in which detained individuals may, in law, be held for up to a maximum of seven days.
2. Rule 35 reports provide the Home Office with information in order to consider, in line with published policy including the [Adults at Risk in Immigration Detention \(AaR\) policy](#), whether or not continued detention of the person concerned would be appropriate. Under the AaR policy, the level of evidence of vulnerability that applies in an individual’s case is balanced against the immigration control considerations that apply in their case (for example, public protection, compliance with immigration law, and prospective removal date). When immigration considerations outweigh evidence of vulnerability, the individual’s continued detention may be justified.
3. Two different Home Office teams operate in IRCs:
 - Detention Services Compliance team (Compliance team)
 - 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 on behalf of the 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.

There are no DETs at RHRs, STHFs, or the Gatwick PDA. Some of the functions which are the responsibility of the DET in IRCs, are instead carried out by the contracted service provider and overseen by the International Returns Services (IRS) Escorting Operations (Escorting Ops) in RSTHFs. In the Gatwick PDA, the role of detained individual engagement is covered by the local Compliance Team.

Rule 35 of the Detention Centre Rules 2001, as amended by the Detention Centre (Amendment) Rule 2018

- Sub-paragraphs (1) to (4) of [Rule 35 of the Detention Centre Rules 2001](#) are in place to ensure that IRC General Practitioners (GPs) report to the Home Office the concerns set out in sub-paragraphs (1) to (3). They state:

35(1) The medical practitioner shall report to the manager on the case of any detained person whose health is likely to be injuriously affected by continued detention or any conditions of detention.

35(2) The medical practitioner shall report to the manager on the case of any detained person he suspects of having suicidal intentions, and the detained person shall be placed under special observation for so long as those suspicions remain, and a record of his treatment and condition shall be kept throughout that time in a manner to be determined by the Secretary of State.

35(3) The medical practitioner shall report to the manager on the case of any detained person who he is concerned may have been the victim of torture.

35(4) The manager shall send a copy of any report under paragraphs (1), (2) or (3) to the Secretary of State without delay.

35(5) The medical practitioner shall pay special attention to any detained person whose mental condition appears to require it and make any special arrangements (including counselling arrangements) which appear necessary for his supervision or care.

- [The Detention Centre \(Amendment\) Rules 2018](#) introduced a new Rule 35(6) which defines 'torture' for the purposes of Rule 35(3) as:

35(6) any act by which a perpetrator intentionally inflicts severe pain or suffering on a victim in a situation in which;

(a) the perpetrator has control (whether mental or physical) over the victim, and

(b) as a result of that control, the victim is powerless to resist.

- For the avoidance of doubt, please note the following guidance when considering this definition of torture: **There is no difference between "powerless to resist"**

and “powerlessness”. The proper approach is to consider whether the individual was in a situation of powerlessness.

7. If a nurse or other healthcare professional working in an IRC recognises suicidal intention (or suicidal ideation) in a detained individual, they must report it to the GP without delay, to enable a Rule 35 report to be raised if appropriate.

8. Suicidal intention (and suicidal ideation) may present in a variety of ways, and it is the responsibility of all staff working in the centre to be vigilant for changing behaviours that may be indicative of a resident’s declining mental health. These behaviours may include, **but are not limited to**:
 - Withdrawing from social situations;
 - Neglecting self-care;
 - Extreme mood swings;
 - Feelings of worthlessness, guilt, shame, and self-hatred;
 - Self-destructive behaviour, or;
 - A sudden sense of calm or happiness.

9. Every resident must be treated as an individual – suicidal intention and ideation will not present in every person in the same way, or as above. If a member of staff has any concerns about changes in an individual’s behaviour or mood, they must inform healthcare staff without delay. Please see [DSO 01/2022 Assessment Care in Detention and Teamwork \(ACDT\)](#) for more information about opening an ACDT plan.

Rule 32 of the Short-Term Holding Facility Rules 2018

10. [Rule 32 of the Short-term Holding Facility Rules 2018](#) is in place to ensure that healthcare professionals (which includes both doctors and registered nurses) at residential STHFs report to the Home Office Rule 35 team the concerns set out in sub-paragraphs (1) to (4) in respect of detained individuals held within residential STHFs. Rule 32 states:

11. A healthcare professional at a STHF must report to the manager in relation to the case of any detained person whose health is likely to be injuriously affected by continued detention or any conditions of detention.

12. If the healthcare professional suspects a detained person of having suicidal intentions:

- this must be reported to the STHF manager;
 - the detained person must be placed under special supervision for so long as those suspicions remain, and
 - a record of the detained person’s treatment and condition must be kept throughout that time.
13. Where the health care professional has concerns that the detained person may have been a victim of torture this must be reported to the STHF manager.
14. Where a report has been made under paragraphs (1), (2) or (3) the STHF manager must send a copy of any relevant written reports to the Home Office promptly.
15. A healthcare professional must pay special attention to a detained person whose mental condition appears to require it and make any special arrangements which appear necessary for the detained person’s supervision or care.
16. For the purposes of Rule 32, “torture” means any act by which a perpetrator intentionally inflicts severe pain or suffering on a victim in a situation in which;
- the perpetrator has control (whether mental or physical) over the victim, and
 - as a result of that control, the victim is powerless to resist.
17. For the avoidance of doubt, please note the following guidance when considering this definition of torture: There is no difference between “powerless to resist” and “powerlessness”. The proper approach is to consider whether the individual was in a situation of powerlessness.

Rule 32 of the Short-Term Holding Facility Rules 2018, as amended by the Short-term Holding Facility Rules 2022

18. Rule 6A of STHFR 2018 as inserted by the Short-term Holding Facility (Amendment) Rules 2022 [Rule 32 of the Short-term Holding Facility Rules 2018](#) modifies the way Rule 32 applies in relation to Residential Holding Rooms (RHRs). It sets out the requirement for healthcare professionals (either a doctor or nurse) in RHRs to report on any immediate risks to a detained person’s health identified during the medical screening carried out under rule 30.
19. This DSO is not applicable to the operation of Rule 32 in RHRs. Guidance in relation to the operation of Rule 32 RHRs is set out in the STHF guidance at Annex A: Guidance on the application of Rule 32 of the Short-term Holding Facility Rules 2018 (as amended by the Short-term Holding Facility (Amendment) Rules 2022) in RHRs. [The Short-term Holding Facility Rules 2018](#)

Procedures

Healthcare Screening in an IRC or STHF

20. All individuals who are detained in an IRC or STHF are, as part of the admissions process, given a healthcare screening provided they consent to this. Detained individuals arriving at an IRC are given an initial healthcare screening within 2 hours of their arrival and, in accordance with Rule 34 of DCR 2001 are given a physical and mental examination by a GP within 24 hours of admission provided they consent to this. In accordance with Rule 30 of the STHFR 2018, individuals arriving at a RSTHF are given a medical screening ideally within 2 hours of their admission, provided they consent to this.
21. The purpose of the healthcare screening is to ensure that the physical and mental health of detained individuals is assessed shortly after their arrival at an IRC, ensuring that any immediate health needs can be identified and managed appropriately. Clinical pathways into other healthcare services are initiated at this point depending on the outcomes of the reception screen. The healthcare screening also provides an opportunity to identify concerns which may engage Rule 35 of the DCR 2001 or Rule 32 of the STHFR 2018. If such concerns are identified, appropriate steps as outlined in this DSO must be taken to ensure that those concerns are reported to the Home Office.
22. It must be explained to arriving residents that they can engage with Healthcare (HC) at any time during their stay. The purpose of a Rule 34 appointment should also be explained to residents.
23. Other vulnerabilities which do not engage Rule 35 of the DCR 2001 or Rule 32 of the STHFR 2018 may be identified at this time and appropriate action taken in line with relevant guidance.
24. If individuals do not attend a scheduled appointment, including a Rule 34 appointment, the healthcare team should arrange a follow up appointment as soon as possible.
25. All healthcare related conversations must be undertaken using professional interpreting services, such as in-person or telephone interpreters, unless it is clear that the individual'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.

All Staff responsibilities

26. A Rule 35 report is a mechanism for a GP to report to the Home Office instances where they believe an individual's circumstances are aligned to the matters in Rule 35 on which they are required to report. If, however, any member of staff working within the IRC, including Home Office staff, Service Provider staff or others, believes that an individual is being harmed by continued detention in a healthcare context, they must raise that concern with the relevant healthcare team and ask for a review of a person's mental and/or physical health. Following that review the GP may or may not consider a Rule 35 report to be appropriate, dependent upon their professional opinion.

27. Additionally, in referring to the healthcare team for review, IRC staff should consider the appropriateness of welfare monitoring for individuals exhibiting vulnerability or difficulty in the IRC. In circumstances of possible self-harm or suicide, staff must consider whether they should open an Assessment Care in Detention and Teamwork (ACDT.), Where concerns exist in relation to an individual's safety/vulnerability, or where assistance or enhanced monitoring might be considered appropriate, staff must consider a Vulnerable Adults Care Plan (VACP).

Preparing and submitting Rule 35 and Rule 32 reports

28. This section tells you about the responsibilities of medical staff when completing Rule 35 reports (in relation to IRCs) and Rule 32 reports (in relation to STHFs).

Who can submit and prepare a report

Rule 35 reports

29. Under the DCR 2001, Rule 35 reports must only be raised by a GP. Other healthcare professionals (whether working in the IRC or elsewhere) may assist in the examination or assessment of detained individuals and in the preparation of reports but the final responsibility for making a report rests with the general practitioner.

30. It is important that nurses and other healthcare professionals in an IRC are aware that they must report to a GP any detained individual where there is a concern the individual's health may be injuriously affected by detention, or the conditions of detention, where they suspect an individual has suicidal intentions, or where an individual claims to have been a victim of torture, or gives an indication that this might have been the case.

Rule 32 reports

31. Day-to-day healthcare provision in residential STHFs is provided by nurses. Rule 32 of STHFR 2018 provides that such reports may be prepared and submitted by 'healthcare professionals', as defined in Rule 2; a nurse or GP.

Content of Rule 35 and Rule 32 reports

32. Rule 35 and Rule 32 are in place for the same purpose - to ensure that particularly vulnerable detained individuals are brought to the attention of those with direct responsibility for authorising, maintaining and reviewing detention. They require medical staff to report concerns under the following three reporting categories:

- Category 1 - The likelihood of a detained persons health being injuriously affected by continued detention.
- Category 2 - A suspicion that a detained person has suicidal intentions.
- Category 3 - Concern that a detained person may have been a victim of torture.

33. Where an GPHP considers that one or more of the criteria in Rule 35 of DCR 2001, or Rule 32 of STHFR 2018 are met they must complete a clear and legible report using the relevant template, either:

- Annex A: Rule 35(1)/Rule 32(1) report template
- Annex B: Rule 35(2)/Rule 32(2) report template
- Annex C: Rule 35(3)/Rule 32(3) report template

34. There are separate templates for each of the reporting categories. The templates guide medical staff through the information required in a completed report. **In any case where a detained individual falls into more than one of the reporting categories, a separate report must be made in respect of the individual categories concerned.**

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

36. Once completed the report must be submitted by the medical professional within 2 days to the R35T centrally monitored inbox:

Rule35ReferralsIndependentBody@homeoffice.gov.uk. A report will only be accepted by the Rule 35 Team if sent to this inbox. A copy must also be placed on the individual's medical record and provided to them free of charge if requested.

37. The GP or healthcare assistant is not required to make the detained individual's legal representatives aware of the issues raised, nor establish whether the legal representatives are aware of those issues. This will be done via the Rule 35 team upon receipt of the Rule 35 report.

Data Protection and Sharing Medical Information

38. Data concerning health is considered to be special category data under UK data protection law - UKGDPR and Data Protection Act 2018. [Data Protection Act 2018](#) Article 9 of UKGDPR allows for special category data to be shared in certain circumstances. Article 9(2)(h) allows for the processing of health and medical information for the purposes of preventative or occupational medicine by a healthcare professional under a duty of confidentiality, and Article 9(2)(g) ('substantial public interest') enables supplier and Home Office staff to process this information in order to fulfil their obligations under Detention Centre Rule 35 and Short-Term Holding Facility Rule 32.

39. Healthcare professionals are able to share information that is necessary to ensure that the health and wellbeing of their client or patient is maintained, but the sharing of medical information should always be limited to what is necessary.

40. When the GPHP considers that one or more of the criteria in Rule 35 or 32 are met, they should explain to the individual that they need to send this information to the Home Office, and why.

41. The GP must advise the individual that their medical information will be shared so that the Centre staff and the Home Office can protect their welfare. The sharing of medical information without consent is set out in Detention Services Order (DSO) 1/2016 – the protection, use and sharing of medical information relating to people detained under immigration powers.

Key areas to be included in a report

Category 1 reports - a person whose health is likely to be injuriously affected by continued detention or any conditions of detention.

42. Where a category 1 report is completed in accordance with Rule 35(1) or Rule 32(1), the GPHP must record when they consider that an individual's health is likely to be injuriously affected by continued detention or any conditions of detention by setting out the basis for their concerns with supporting evidence. This may relate to physical or mental health issues. An estimate of the timescale for remedial action,

such as counselling, mental health team referral, additional medication requirements, if relevant, should also be provided.

Category 2 reports - concerns that a person may have suicidal intentions

43. Rule 35(2) and Rule 32(2) require a GPHP to notify of suicide risks to ensure the risk can be managed appropriately.
44. Where a category 2 report is completed the GPHP must refer without delay to Detention services order (DSO) 06/2008 - Assessment care in detention and teamwork (ACDT) and follow the procedures for managing the individual in accordance with ACDT policies. If the concerns are identified from a first-hand examination and there has been no ACDT process, it will be appropriate for the GPHP to open the process. **The GPHP should still consider whether a report under category 2 ought to be raised, regardless of whether they have opened an ACDT.**
45. The GPHP may become aware of an individual having suicidal intentions based on what they know from the current management of the individual under ACDT or other means and not through a first-hand examination. In these instances, they must raise a category 2 report and forward this to the Rule 35 Team for consideration.
46. Given that an individual may be subject to ACDT for a number of reasons, being subject to ACDT does not automatically mean a category 2 report will need to be completed. Reports should only be completed for individuals where suicidal intentions are suspected by the GPHP.
47. Category 2 reports must state the reasons for suspecting suicidal intentions, whether the individual is subject to the ACDT process and whether the suicide risk can be managed and/or reduced satisfactorily through ACDT or other measures.

Category 3 reports - concerns that a person may have been the victim of torture

48. If the GPHP is concerned that an individual may have been a victim of torture, as defined in paragraph 5, they must complete a category 3 report. It is for the GPHP to decide (in their professional capacity) if they have concerns that an individual may have been the victim of torture.
49. The individual has to be seen by a GPHP in order for an assessment to be made as to whether or not they have concerns that they may have been the victim of torture.
50. The GPHP is not obliged to report an allegation from an individual if this allegation does not cause them to be concerned, in the context of the overall medical examination, that the person may have been a victim of torture.

To help decide whether there is cause for concern, it is essential to ask the individual about:

- When the torture allegedly took place;
- How the injuries were caused and any impacts these;
- How and when any mental health issues arose;
- How the torture is currently affecting them.

Where there is medical evidence in support of an allegation, the GPHP must:

- Always clearly state the reasons why they have concerns arising from the medical examination – specifically noting the medical evidence which causes these concerns, including all physical and mental indicators.
- Record any mental or physical health problems that are relevant to the torture allegation.
- State if the concern derives from an allegation with no or limited medical evidence in support.
- Identify any medical evidence which may or may not be contrary to the account given by the detained person.

Where possible, **the GPHP should:**

- Say why they consider the individual's account is consistent with the medical evidence, consider whether the injury, health problem or other indicator may have other possible explanations which do not relate to torture.

51. A category 3 report is a mechanism for a GPHP to refer on concerns, rather than an expert medico-legal report. They are therefore not required to apply the terms or methodology set out in the Istanbul Protocol or apply probability levels or assess relative likelihoods of different causes but if they have a view, they should express it.

When to refer a Rule 35 or Rule 32 Category 3 Report

52. GPHP are not required to make a category 3 report if they do not have concerns that the individual may have been a victim of torture. This includes instances where the individual's experience of harm or mistreatment does not meet the definition of torture as set out in paragraph 9, where there are no clinical concerns that they may have been a victim of torture, or where there is no basis for concern other than an unsupported claim by the individual to have been a victim of torture.

Reporting vulnerability concerns that do not engage Rule 35 or Rule 32

53. When a GPHP does not consider it appropriate to submit a Rule 35 or Rule 32 report [Annex B: Rule 35/32 \(3\) letter template](#) can be used to explain this position to the individual in writing.
54. Where it is not deemed appropriate to submit a Rule 35 or Rule 32 report, the GPHP may nevertheless still have concerns arising from the alleged incident(s) or their consequences (such as physical or mental health problems) that the individual may be particularly vulnerable to harm in detention. In such circumstances, these concerns must be reported to the Home Office by completion of an IS.91RA Part C (risk assessment) and to the DETs, who are responsible for sending on to the responsible case working team, and a copy must be provided electronically to both the on-site Compliance team and DEPMU to ensure any new information is taken into consideration when reviewing detention and suitability for future removal

Requirements for Home Office staff on receipt of a Detention Centre Rule 35 or STHF Rule 32 Report

55. This section tells explains what actions must be taken when a Rule 35 or Rule 32 report is received by Home Office responsible officers. The Rule 35 Team are responsible for responding to all Rule 35 and Rule 32 reports apart from the Rule 32 Reports made in relation to people detained in Residential Holding Rooms, for which the Short-Term Holding Facility Rules guidance should be followed.
56. For the purpose of this section the responsible officer refers to a member of the Rule 35 Team.

Where to send a Rule 35 or 32 report

57. The GPHP must send the Rule 35 or 32 report by email to the following inbox: Rule35ReferralsIndependentBody@homeoffice.gov.uk using the format set out in [Annex C](#). This ensures there is an audit trail for receipt of the report, and it is at the point of receipt that the mandatory 2-day business requirement for responding to reports starts.

The body of the email and subject bar should contain the following details:

- Home Office Reference number; and
- Individual's family name; and
- Type of report (Rule 35 or 32)

58. Healthcare teams must maintain a record of all reports completed and the date the report was referred to the Rule 35 Team and retain the delivery confirmation receipt demonstrating that the Rule 35 or Rule 32 report has been received by the Rule 35 Team.

On receipt of the report, the Home Office Rule 35 team duty SEO must:

- Log its receipt on the R35T spreadsheet, showing the date and time the report was received, the date and time by which a response is required and clearly highlighting the report type (Rule 35 or Rule 32).
- Update ATLAS to confirm the report has been received by the Rule 35 Team.
- Where possible the following actions must be completed within the first hour on the day of receipt for reports received before 5pm and must be completed by 10am the following day, if received after 5pm, review the report to:
- Ensure it is legible, clear, signed by an appropriate named GP or healthcare professional.

Note: It is important that RSTHF Rule 32 reports are not rejected by the Rule 35 Team because they have been completed by a nurse, rather than a doctor. IRC Rule 35 reports must, however, only be completed by a GP.

- Complies with the overall reporting requirements as set out in this guidance and in the report template – checking all sections have been completed for each concern/category raised.
- Contains sufficient content to understand the medical concern and undertake meaningful consideration of the report in line with the Adults at Risk in Immigration Detention policy and Detention: General Instructions.

59. Once a report is considered to be of the required standard, the Rule 35 team duty SEO will allocate to a R35 Executive Officer (EO) for full consideration of the report and for drafting an appropriate response. The duty SEO **must:**

- Where possible, allocate the report within 1 hour of receipt in the Rule 35 Referrals inbox, unless received after 5pm that day - in such instances the report should be allocated no later than 10am the following day.
- Identify the responsible detained casework team, including the sub-owner.
- Establish whether a Legal Representative is acting on behalf of the individual.
- Identify any existing vulnerabilities on ATLAS which may need to be considered.

- Establish whether the individual has already been released or the process for release has been initiated.
- Email the referral to the Rule 35 Team EO drafting officer, clearly conveying the deadline for the response, copying the case working team's duty inbox.
- If the individual has a legal representative, their email address should be included in the body of the allocation email so that the drafting officer can send them a copy of the report and ensure that they are provided with a copy of any subsequent response letter.

Indications of modern slavery or trafficking

60. Where indicators of modern slavery or trafficking are identified within the report, or where these have been signposted by the medical professional undertaking the assessment, a check should be undertaken on ATLAS to confirm whether an National Referral Mechanism (NRM) referral has already been made or is in the process of being made.

61. Where a referral has been made, no further action is required in respect of the NRM process, however the NRM referral must be referenced in the Rule 35 Team's decision letter. Where no referral has been made, the DET, via the DET inbox or Escorting Ops who will act as the first responder, must be notified, and complete the NRM referral. The Rule 35 Team must also notify the case working team who will have responsibility to monitor the case and ensure that a referral has been made.

What to do if a Rule 35/32 report does not meet the required standard

62. If the report does not meet the criteria set out in paragraph 57 the Rule 35 duty SEO must immediately return the report to the GP or healthcare professional, clearly setting out the issues why the report has been returned and what needs to be rectified. The GP or healthcare professional must respond to this request within 24 hours.

63. If a response is not received from the GPHP within 24 hours or does not satisfactorily resolve the issues identified, the duty SEO must escalate the concerns to the relevant IRC Healthcare Lead, seeking resolution within 24 hours of the request.

64. If the GPHP is not available to respond to enquiries the issues should be raised with the IRC Healthcare lead.
65. If the author of the report will not be available to review their report within 24 hours the detained individual should be referred for an appointment with another GPHP professional and a new Rule 35 report provided.
66. No further action will be taken to respond to the report until the missing sections of the report are completed or required clarification received. In these situations, the 2-day business requirement for a response by the R35T will be paused pending receipt of further information from the GP or healthcare professional. The 2-day business requirement for a response will start once the report has been received with the required amendments.
67. Recurrent issues or trends relating to the standard of reports being received will be escalated directly to the relevant Healthcare Lead. If these cannot be resolved the issue will be escalated to the Detention Services compliance team.

Actions by Home Office Rule 35 Team EO drafting officers

68. A Rule 35 or Rule 32 report must be considered and be responded to by a Rule 35 Team drafting officer (of at least EO grade) in line with the Adults at Risk in Immigration Detention policy and Detention: General Instructions.

Timeframes for responding to a Rule 35 or Rule 32 Report

69. Rule 35 or Rule 32 reports must receive a written response, even if the individual has been or will be released. In such instances the response may be very brief.
70. Holding responses are not acceptable and responses must always be returned on time, regardless of other events close to the deadline (for example, a forthcoming asylum interview).
71. The following table sets out when a response from the Rule 35 Team is required in relation to when the report is received. This is based on a normal (Monday to Friday) working week. Weekends and public holidays are not included in the 2-day business requirement.
72. If a Rule 35 or Rule 32 report is received after 5pm on any given working day, then it will be deemed to have been received the following working day for the purposes of the 2-day timescale for completion of the response.

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

73. Please note that, notwithstanding the fact that individuals can only be detained in residential STHFs for an absolute maximum of 7 days, the timescales for considering and responding to Rule 32 reports are the same as those that apply to Rule 35 reports completed by GP in IRCs.

Actions for completion by the Rule 35 Team EO drafting officer

74. On receipt of a Rule 35 or Rule 32 report from the Rule 35 duty SEO the Rule 35 Team drafting officer must review it to consider the following:

75. If the GPHP clearly states that the report reflects a repeated claim or assertion rather than a reasoned medical concern (the practitioner is entitled to do this), the report must be considered although it will likely carry less weight as a consequence.

When a report capable of response has been received the Rule 35 Team drafting officer must:

- Upload a copy of the Report to ATLAS via Manage Documents. Complete a 'Receive a R35 or R32 Report' action within the Manage Detention Service.
- Where a Legal Representative has been appointed, send a copy of the report to them and include confirmation of this within the above ATLAS records.
- Consider the concerns raised in the report carefully and review the individual's detention in line with the guidance in Adults at Risk in Immigration Detention policy and Detention: General Instructions.
- Draft a response to the report using IS 335. The response must clearly set out the reasons why detention is being maintained or a decision for release has been made. Complete a detention and case progression review (DCPR) when a decision to maintain detention has been made.

- Submit the decision to the Rule 35 SEO inbox for clearance with a copy of the report, draft response and, where required, a copy of the DCPR. The SEO will quality assess the response and DCPR and return with appropriate clearance and feedback. Any changes which are required prior to final clearance will be taken forward by the EO and resubmitted.
- Once cleared by the SEO, upload a copy of the Response to ATLAS via Manage Documents and complete a 'Respond to a R35 or R32 Report' action within the Manage Detention Service.
- If a DCPR has been completed, upload a copy to ATLAS via Manage Documents and a 'Record detention and case progression review' action must be completed within the Manage Detention Service.
- Send a copy of the response via email to the DET and Escorting Operations (Escorting Ops) officer at the location that issued the report and to the individual's current detention location if different, copying in the relevant caseworker or SEO Inbox confirming that the response has been agreed and can be served. Update ATLAS notes to confirm that the response has been issued to the relevant DET or Escorting Ops Duty HEO and that the case has been closed.
- If the individual has already been released from detention a copy of the report should be sent directly to the individual's last known address by the Rule 35 Team.
- Send a copy of the response to the Legal Representatives via email where one has been appointed and include confirmation of this within the above ATLAS records.

Note: The Home Office case-working team must take prompt action to release the individual following a decision by the Rule 35 Team. Where there are additional unit or directorate-specific requirements as regards to obtaining management approval for release, or for notification of release, these must be followed.

To close the action, the Rule 35 Team EO drafting officer must:

- Have confirmation that the Home Office DET or Escorting Ops Duty HEO have received the response by retaining the send receipt or auto response from the respective inbox.
- Close the case on ATLAS within the Manage Detention function according to the applicable outcome (such as 'Rule 35 Review – Detention Maintained', 'STHF Rule 32 Review – Detention Maintained', 'Rule 35 Review – Detained Individual released' or 'STHF Rule 32 Review – Detained Individual released').
- If the individual is due to be released for reasons unconnected to the Rule 35, or Rule 32 report it will be necessary to close the Rule 35 or Rule 32 case type as 'Detained individual released', updating ATLAS notes accordingly, clearly explaining

the reasons for release. If release cannot be facilitated due to delays as a result of accommodation issues or appropriate medical support to be in place prior to release, the outcome will remain open pending their actual release for monitoring purposes.

- If the Rule 35 or Rule 32 report discloses information relevant to the consideration of any asylum and/or human rights case, the Rule 35 team will ensure that the responsible case working team are notified for appropriate action to be taken – the responsible case working team will then take steps to clarify the individual's intentions if they have not already claimed asylum or, if they have, considering the evidence as part of the asylum claim or appeal, or (where appropriate) as part of the individual's further representations.
- Email a copy of the response to the GP or healthcare professional, who should sign the report to confirm they have received the outcome. A copy should then be placed on the individual's medical record.
- If the GP or healthcare professional feels that their concerns, as outlined in the report, have not been properly addressed in the Rule 35 Team drafting officer's response, they should escalate this through the Home Office Rule 35 Team via the R35T Duty SEO inbox.

76. Note that Rule 35(3) or Rule 32(3) reports are not medico-legal reports. They must not be considered defective for not containing the detail of such a report or for not being written according to the Istanbul Protocol or other standards. GP and healthcare professionals are not expected to have specialist forensic training and are not trained in standards relating to documentation of torture such as the Istanbul Protocol.

Actions by Home Office DET or Escorting Ops Duty HEO

77. When a response has been received from the Home Office Rule 35 Team drafting officer, the Home Office DET or Escorting Ops Duty HEO must:

- Provide a copy of the response to the individual within 24 hours of receipt, and update ATLAS. Should the individual not understand English, an interpreter or telephone-based interpreting service should be used to explain the content of the response prior to updating ATLAS.
- If the individual has been transferred to another IRC, forward without delay to that centre's Home Office DET for action, and update ATLAS. In such circumstances, responses should be provided to the individual within 24 hours of receipt by the other IRC.

Reports from third parties

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

78. IRCs and STHFs may occasionally receive reports from third parties about an individual's health or allegations that they are the victim of torture. Such reports generated by persons who do not work in an IRC or STHF fall outside the terms of this guidance.

79. However, as a matter of best practice, reports about an individual's health and well-being, or reports alleging that an Individual may have been a victim of torture, where capable of engaging Rule 35 or Rule 32 must be forwarded to the IRC GP or STHF Healthcare professional and to the appropriate Home Office case working team for review. The Rule 35 Team would not be involved in this instance. It will be for the Home Office case working officer to consider such reports in line with the Adults at Risk in Immigration Detention guidance. Separately, the GPHP must review the individual's circumstances in light of the third-party report and decide whether or not to make a Rule 35 or Rule 32 report.

80. Reports alleging that an individual is feeling suicidal must be brought to the attention of the Home Office DET manager or the RSTHF Manager and to IRC or RSTHF healthcare staff immediately. The relevant casework team must be informed, and ATLAS updated as appropriate. IRC or RSTHF staff should support the individual in line with the ACDT process.

Self-audit

81. 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.

Annex A: Rule 35(1)/Rule 32(1) Report

Detention services order 9/2016 – Detention Centre Rule 35 and Short-term Holding Facility Rule 32

Rule 35(1) report/Rule 32(1) report [Delete as appropriate] – a detained individual whose health is likely to be injuriously affected by continued detention or the conditions of detention.

Section 1: Detained individuals' details

Forename(s):	
Surname:	
Date of Birth:	
Home Office reference number	
Immigration Removal Centre/Residential Short-term Holding Facility:	

Section 2: Detained individual's authority to release medical information

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

Section 3: Medical practitioner's/Registered nurse's [Delete as appropriate] report

(Please read the notes at the end of this form)

I write in respect of the detained individual named above in my capacity as an Immigration Removal Centre (IRC) doctor/Short-Term Holding Facility (STHF) healthcare professional [Delete as appropriate]. I hereby report that this individual's health is likely to be injuriously affected by continued detention or the conditions of detention.

Section 4: Relevant clinical information

- i) Why is the individual's physical and/or mental health likely to be injuriously affected by continued detention or the conditions of detention? Please include as much detail as possible to aid in the consideration of this report. This must include an outline of the individual's relevant physical and/or mental health condition(s).
- ii) What treatment is the individual receiving? Is specialist input being provided, either within the IRC/STHF or as a hospital outpatient or inpatient?
- iii) In the case of mental health problems, has there been a detailed mental health assessment and, if so, carried out by whom and with what result/recommendation? If not, is an assessment scheduled to take place and, if so, when? Please attach the report of any assessment or give a brief overview.

Section 5: Assessment

- i) What impact is detention or the conditions of detention having (or likely to have) on the individual's health and why?
- ii) Can remedial action be taken to minimise the risks to the individual's health whilst in detention? If so, what action and in what timeframe?
- iii) If the risks to the individual's health are not yet serious, are they assessed as likely to become so in a particular timeframe (i.e. in a matter of days or weeks, or only if detention continued for an appreciably longer period)?
- iv) How would release from detention affect the individual's health? What alternative care and/or treatment might be available in the community that is not available in detention?
- v) Are there any special considerations that need to be taken into account if the individual were to be released? Can they travel independently to a release address?

Other comments:

Section 6: Signature

Signed:.....

Printed name:.....

Position and qualifications:
.....

Date.....

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

Signed:.....

Printed name:.....

Position and qualifications:
.....

Date.....

Signed:.....

Printed name:.....

Position and qualifications:
.....

Date.....

Signed:.....

Printed name:.....

Position and qualifications:
.....

Date.....

Notes – for the doctor/registered nurse

Your report must be completed legibly, with all questions being completed fully.

Consideration of the report will be delayed if Home Office officials have to return the report to seek clarification.

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

Once completed this report must be emailed to the Home Office Detention engagement team (in relation to IRC rule 35 reports) or to the Escorting Contract Monitoring Team (in relation to STHF rule 32 reports).

A signed copy of this report must be placed on the detained individuals medical record and another signed copy provided to them free of charge.

The Home Office response must on receipt be reviewed by the GP/registered nurse. If it is considered to unsatisfactorily address the original concerns, it must be escalated to the Home Office Detention engagement team (in relation to rule IRC 35 reports) or the Escorting Contract Monitoring Team (in relation to rule STHF 32 reports).

Notes – for the Responsible Officer

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

- Adults at risk in immigration detention policy guidance.
- Detention services order (DSO) 9/2016 – Detention centre rule 35 and Short-term Holding Facility rule 32.

Annex B: Rule 35(2)/Rule 32(2) report

Detention services order 9/2016 – Detention centre rule 35 and Short-term Holding Facility rule 32

Rule 35(2) report/Rule 32(2) report [Delete as appropriate] – a detained individual is suspected of having suicidal intentions

Section 1: Detained individuals' details

Forename(s):	
Surname:	
Date of Birth:	
Home Office reference number	
Immigration Removal Centre/Residential Short-term Holding Facility:	

Section 2: Detained individual's authority to release medical information

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

Section 2: Doctor /registered nurse's [Delete as appropriate] report

(Please read the notes at the end of this form)

I write in respect of the detained individual named above in my capacity as an Immigration Removal Centre doctor/Short-Term Holding Facility healthcare professional [Delete as appropriate]. I hereby report that this individual is suspected of having suicidal intentions.

Section 3: Relevant information

Please state the reasons for suspecting that the individual has suicidal intentions?

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

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

What arrangements might be needed to manage the individuals suicide risk in a non-detained setting?

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

Other comments:

Section 4: Signature

Signed:.....

Printed name:.....

Position and qualifications:
.....

Date.....

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

Signed:.....

Printed name:.....

Position and qualifications:

.....

Date.....

Signed:.....

Printed name:.....

Position and qualifications:

.....

Date.....

Signed:.....

Printed name:.....

Position and qualifications:

.....

Date.....

Notes – for the doctor/registered nurse

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

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

Once completed this report must be emailed to the Home Office Detention engagement team (in relation to IRC rule 35 reports) or to the Escorting Contract Monitoring Team (in relation to STHF rule 32 reports).

A signed copy of this report must be placed on the detained individuals medical record and another signed copy provided to them free of charge.

The Home Office response must on receipt be reviewed by the GP/nurse. If it is considered to unsatisfactorily address the original concerns, it must be escalated to the Home Office Detention engagement team (in relation to IRC rule 35 reports) or the Escorting Contract Monitoring Team (in relation to STHF rule 32 reports).

Notes – for the Responsible Officer

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

- Adults at risk in immigration detention policy guidance
- Detention services order (DSO) 9/2016 – Detention centre rule 35 and Short-term Holding Facility Rule 32

Annex C: Rule 35(3)/Rule 32(3) report

Detention Services Order 9/2016 – Detention centre rule 35 and Short-term Holding Facility rule 32

Rule 35(3) report/Rule 32(3) report [Delete as appropriate] – concerns that a detained individual may have been a victim of torture

Section 1: Detained individual's details

Forename(s):	
Surname:	
Date of Birth:	
Home Office reference number	
Immigration Removal Centre/Residential Short-term Holding Facility:	

Section 2: Detained individual's authority to release medical information

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

Section 3: Doctor /registered nurse's [Delete as appropriate] report

(Please read the notes at the end of this form)

I have examined the detained individual named above in my capacity as an Immigration Removal Centre GP/healthcare professional in a Short-Term Holding Facility and hereby report that I have concerns that they may have been a victim of torture. This is a factual report rather than a medico-legal one.

I understand that 'torture' in this context means:

"Any act by which a perpetrator intentionally inflicts severe pain or suffering on a victim in a situation in which-

- (a) the perpetrator has control (whether mental or physical) over the victim, and
- (b) as a result of that control, the victim is powerless to resist."

Noting the following guidance when considering this definition of torture: There is no difference between "powerless to resist" and "powerlessness". The proper approach is to consider whether the detained individual was in a situation of powerlessness.

Section 4: Detained individual's account

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

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

Section 5: Relevant clinical observations and findings

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

details of all scarring or other physical marks, psychological symptoms, physical disability or impairment

details of any medical or professional treatment or support that the individual has received (including outside the UK) or is receiving and from whom

any information in respect of previous or current physical or mental health problems which may be a result of having been tortured

Section 6: Assessment

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

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

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

Section 7: Signature

Signed:.....

Printed name:.....

Position and qualifications:
.....

Date.....

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

Signed:.....

Printed name:.....

Position and qualifications:
.....

Date.....

Signed:.....

Printed name:.....

Position and qualifications:

.....

Date.....

Signed:.....

Printed name:.....

Position and qualifications:

.....

Date.....

Notes – for the doctor/registered nurse

The requirement to report need only be triggered by you having a concern that the detained individual may have been a victim of torture, as defined above. However, you should not make a report where the detained individuals experience of harm or mistreatment does not meet the definition of torture given in section 3 above, or where you do not have clinical concerns that they may have been a victim of torture, including instances where there is no basis for concern other than an unsupported claim by the individual to have been a victim of torture. If, however, you do have concerns that they may nevertheless be particularly vulnerable to harm in detention you must report those concerns, by completion of a Rule 35(1)/STHF Rule 32(1) report if appropriate, an IS.91 RA Part C (risk assessment), or by passing the information direct to the Home Office Detention engagement team at the centre (in relation to IRC rule 35 reports) or to the Escorting Contract Monitoring Team (in relation to STHF rule 32 reports).

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

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

Once completed this report must be emailed to the Home Office Detention engagement team (in relation to IRC rule 35 reports) or the Escorting Contract monitoring Team (in relation to STHF rule 32 reports).

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

The Home Office response must on receipt be reviewed by the doctor or nurse. If it is considered to unsatisfactorily address the original concerns, it must be escalated to the Home Office Detention engagement team (in relation to IRC rule 35 reports) or the Escorting Contract Monitoring Team (in relation to STHF rule 32 reports).

Notes – for the Responsible Officer

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

Adults at risk in immigration detention policy guidance

Detention services order (DSO) 9/2016 – Detention centre rule 35 and Short-term holding facility rule

Annex D: Rule 35 (3) report not required

From: [Named GP/Healthcare professional]

Healthcare, [XYZ] Immigration Removal Centre/Residential Short-term Holding Facility
[Delete as appropriate]:

To: [Forename Family name]

HO ref:

Cc [Individual's legal representative, if known]

[HO caseworker, via the HO Detention engagement team or, Escorting Contract Monitoring Team.

Date: [DD/MM/YYYY]

Dear [Resident's name]

I am a GP working in the healthcare department of an Immigration Removal Centre/registered nurse working in the healthcare department of a Short-Term Holding Facility. I work independently and my primary responsibility as a doctor/nurse [delete as appropriate] is the care of my patients. I am not involved in decisions to detain or decisions about immigration status.

On [dd/mm/yyyy] you presented to the healthcare unit in the Immigration Removal Centre/Short-term Holding Facility [Delete as appropriate], in connection with a claimed history of torture/ill-treatment. I am required, as a doctor/nurse [delete as appropriate] to

provide the relevant and necessary treatment for any injuries or medical complaints arising from such a history. Rule 35 (3) of the DCR 2001 and Rule 32 (3) of the Short-term Holding Facility Rules 2018 [Delete as appropriate] also sets out a requirement that I 'shall report to the manager on the case of any detained person who [I am] concerned may have been the victim of torture'.

According to Rule 35(6) of the Detention Centre (Amendment) Rules 2018)/Rule 32(6) of the Short-term Holding Facility Rules 2018 [Delete as appropriate] the definition of 'torture' I must apply as part of this consideration is: 'any act by which a perpetrator intentionally inflicts severe pain or suffering on a victim in a situation in which:

- (a) the perpetrator has control (whether mental or physical) over the victim, and
- (b) as a result of that control, the victim is powerless to resist.'

I understand, however, that there is guidance to the effect that for these purposes there is no difference between "powerless to resist" and "powerlessness". The proper approach is to consider whether the individual was in a situation of powerlessness.

On the basis of what you have been able to tell me and/or the examination I have carried out, my independent view is that a report under Rule 35(3)/Rule 32(3) [Delete as appropriate] is not the appropriate process for these concerns to be raised. The events or issues you raised may be relevant to your immigration or asylum case and you should therefore raise them in writing with your Home Office caseworker directly. However, it is my opinion that the completion of a Rule 35(3) Rule 32(3) [Delete as appropriate] report in these circumstances will not be appropriate for you. Accordingly, I have not issued a report under Rule 35(3)/Rule 32(3) [Delete as appropriate]. In reaching this view I have also considered whether there are other grounds on which you may be particularly vulnerable to harm in detention but have concluded that this is not the case.

Yours sincerely,

[Doctor/NurseAnnex E: Email Referral Template

Subject bar: Reference number, Family Name, Type of report

Rule 35 Team Duty SEO,

I am attaching a copy of a report under Rule 35 of the Detention Centre Rules 2001/Rule 32 of the Short-term Holding Facility Rules 2018. [Delete as appropriate]

The report is for (Individual's name), reference number (Home Office Reference Number).

Yours sincerely,

[Name of GP/healthcare professional]

[Name of detention location]

Revision History

Review date	Reviewed by	Review outcome	Next review
June 2025	Karl Ward	Interim Draft 2025	June 2027