Home Office

Detention Services Order 07/2016

Use of restraints on detained adult individuals under escort from an immigration removal centre

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Document Details

Process: To provide instructions on the risk assessment and use of restraints on detained adults under escort.

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Contains Mandatory Instructions

For Action: All Home Office staff and Contracted Service Providers operating in Immigration Removal Centres and pre-departure accommodation.

For Information: Home Office caseworkers

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Processes Affected: All processes governing the risk assessment and the restraint of detained individuals under escort while detained within an immigration removal centre.

Assumptions: Risk assessments are completed prior to any individual leaving a centre under escort. Operational staff are competent and suitably trained in the use of restraints.

Notes: This DSO replaces DSOs 06/2014 & 07/02014 which have been withdrawn.

Instruction

Introduction

1. This Detention Services Order (DSO) provides guidance for all staff in Immigration Removal Centres (IRCs) and pre-departure accommodation (PDA). It sets out instructions for staff on the completion of a risk assessment, prior to the application of restraints to a detained individual who will be escorted outside a centre. This guidance does not apply to escorting services staff.

2. For the purposes of this DSO:

    - 'Centre' refers to Immigration Removal Centres, or pre-departure accommodation.
    - 'Duty Manager' refers to the Contracted Service Provider's (CSPs) Duty Operations Manager or equivalent.
    - 'Duty Director' refers to a member of the CSPs senior management team.
    - 'Centre manager(s)' refers to the CSPs most senior manager.
    - 'Healthcare professional' refers to a qualified healthcare professional in the UK whose practice is based on direct observation and treatment of a patient.
    - Use of force refers to the physical actions taken to manage risk. This may include techniques taught in Personal Safety Training (PST), the use of approved equipment such as handcuffs, or other physical interventions.

3. Two different 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. They focus on communicating and engaging with people detained at IRCs, helping them to understand their cases and detention.

    There are no DETs at the Gatwick PDA or residential STHFs. The functions which are the responsibility of the DET in IRCs, are instead carried out by the contracted supplier in residential STHFs and overseen by the Immigration Enforcement International Returns Services (IRS). In the Gatwick PDA, the role of detention engagement is covered by the local Compliance Team.

Purpose

4. This DSO ensures that all staff within IRCs are aware of the individual risk assessment process, which must be undertaken prior to any escorted move of a detained individual over 18 years of age. This must include any planned use of restraint equipment.

Policy

5. The use of restraints on a detained individual constitutes a 'use of force'. Where restraints are applied to mitigate the risk of escape or absconding and this has been justified through the risk assessment process, there is no requirement to complete the paperwork or reporting set out in DSO 11/2025 Use of force for adults in detention. However, if restraints are applied during an escort, and without prior approval, this must be treated as a use of force and the processes in DSO 11/2025 must be adhered to.

6. The starting position for all escorts is that restraints are not required. Any decision to use restraints must be based on an individual risk assessment, which clearly provides the rationale and justification for decision making as to why restraints are required to mitigate a risk. Each assessment must use the most up to date information to determine whether restraints are necessary, and if required the assessment must also identify the appropriate equipment.

7. The use of any restraint must always be necessary, reasonable and proportionate and have due regard to all relevant circumstances.

Necessity

8. Staff must assess and make a defensible decision about whether the application of restraints is necessary. In all cases, staff must consider what options other than restraints are available to them, and act accordingly. In production of the risk assessment, staff must clearly justify their decision making and outline their reasons for not choosing those other options.

9. To ensure the detained individual understands their circumstances staff must be alert to communication barriers and use professional interpretation where possible, ensuring communication is in a language the detained individual understands in line with DSO 02/2022 Interpretation services and use of translation devices.

Reasonableness

10. The fact that an action was considered necessary does not automatically mean that the use of restraints was reasonable. Whether the use of restraints is reasonable must be determined on a case-by-case basis, taking into account the individual circumstances, the level of risk presented, and the guidance provided through staff training. As these decisions may be subject to review, scrutiny or investigation, staff must clearly record

the rationale for their decision, including why the use of restraints was considered reasonable and what specific risks the restraints were intended to mitigate. Where restraints are authorised in advance, this justification must be recorded in the Escorting Risk Assessment (Annex A) before the escort takes place. Where restraints are applied during an escort to respond to an emerging risk, and prior authorisation was not possible, the justification must be recorded in the Person Escort Record (PER) and any associated use of force documentation.

11. When determining what is a reasonable response to a situation, it is important to consider the risk that the member of staff is trying to prevent or stop. Alternative methods must be assessed as unlikely to adequately mitigate the risk of escape or abscond before restraints are considered.

12. Factors to be considered when deciding what is reasonable may include factors such as the size and age of the detained individual, any vulnerabilities (including known health conditions), known relevant history (behaviour, criminal and compliance) and sex of both the detained individual and the members of staff. The examples provided are not exhaustive and CSPs should apply all relevant information when making decisions.

Proportionality

13. Proportionality overlaps with necessity and reasonableness. Staff must be able to demonstrate that the application of restraints was not excessive in the circumstances and that it was proportionate to the threat of escape or abscond which the staff member sought to mitigate.

14. It may be necessary to restrain an individual to reduce the risk of:

    - Escape or absconding
    - Preventing harm to themselves, the public, other detained individuals or staff
    - Preventing damage to property, such as the escort vehicle or hospital equipment/property

15. The use of any restraint equipment must be done in such a way that it preserves the dignity of the detained individual to the greatest possible extent, while managing the risk of escape or abscond. Restraints should be used as discreetly as is practicable without affecting the safety of the detained individual or others.

16. Unless risk is properly assessed and the use of restraints fully justified, the application of restraints could amount to inhuman and degrading treatment under Articles 3 of the European Convention of Human Rights. https://www.equalityhumanrights.com/human-rights/what-are-human-rights/what-european-convention-human-rights.

17. Restraint equipment must **not** be used on:

- A detained individual who is subject to an order or directive for compulsory detention under the Mental Health Acts, **unless** the Centre Manager (or delegated Director) directs that it must be used, with the express agreement of a healthcare professional

- A detained individual whose medical condition renders the use of restraints inappropriate, as advised by a healthcare professional

- Staff must be aware of and consider the Graham judgment, which refers to the 2007 UK court case **Graham v the Secretary of State for Justice**, that established that using restraints during life-saving medical treatment can breach human rights, specifically Article 3 of the European Convention on Human Rights (prohibiting inhuman or degrading treatment).

18. Restraints will not normally be necessary when the detained individual's mobility is severely limited, for example when using crutches. In the unlikely event that restraints are deemed necessary, authorisation must be sought from the CSP's Duty Director. The decision must consider the medical/healthcare information provided in the risk assessment.

19. When the CSP's risk assessment contradicts the advice of the healthcare professional the CSP must consult with the Detention Services Compliance team of at least HEO grade to agree on the final assessment. If the final assessment cannot be reached it shall be escalated to the Home Office Service delivery manager or equivalent G7 Detention Services staff member whose decision shall be final.

20. Where a detained individual displays non-compliant behaviour, or resists the planned application of restraints, officers can use force after all reasonable efforts have been tried and failed or where such efforts are judged unlikely to succeed. This does not apply to moves for medical or other voluntary appointments. Any use of force must be necessary, reasonable, and proportionate, and only using approved techniques, in accordance with DSO 11/2025 Use of force for adults in detention.

21. Only staff who are trained in Control & Restraint as documented within DSO 11/2025, may use force on detained individuals, if deemed necessary. Following any spontaneous use of force or unplanned application of handcuffs during the escort, staff must complete the appropriate use of force forms, detailing and justifying the reasons for doing so.

22. In accordance with DSO 05/2016 Pregnant women in detention and DSO 11/2025, restraints or force must only ever be used on a pregnant woman to prevent her from harming herself or others. The minimum amount of force needed must be used to mitigate the risk, and for the shortest amount of time. Force must not be used on a pregnant woman to secure compliance. Any application must always be necessary, reasonable and proportionate. Where restraint equipment is being considered due to a

detained individual self-harming on escort, this must only be for the most exceptional cases.

23. Staff are to be aware of the psychological impact of restraint use, which may re-activate trauma in individuals with histories of torture. Consideration should be given during the risk assessment and subsequent application of restraints.

24. Restraints should only be used in front of children in exceptional circumstances and with due regard for the impact on the children who may witness it.

25. Any incident that relates to an attempted or successful abscond will be referred to the Professional Standards Unit by the Detention Services Compliance Team to carry out an independent investigation into the circumstances and management of the escorting arrangements.

Risk assessments

26. Individual risk assessments must be completed on the approved template (Annex A). A risk assessment must be undertaken before each escorted move, even if it is a regular appointment. The starting point for the assessment should be against the application of restraints on the detained individual.

27. The assessment must consider the most current information available. This will include information from the centre's security department, healthcare and the Home Office Compliance team.

28. The following areas of information must be documented on the risk assessment where available:

- **Healthcare assessment:** The health of a detained individual, particularly those who are infirm, will have an important bearing on the assessment of escape/abscond risk when considering any use of restraint equipment. Relevant information will include any clinical concerns, any medication currently prescribed and the medical condition of the individual having obtained their consent. This must include age, mobility, mental health or learning difficulties and pregnancy.

- **Security assessment:** Any information that suggests there is a risk to the escort staff, the detained individual, the public, or hospital staff must be included with the justification for this judgement. Relevant factors to be considered and recorded include:

    - Previous security incident/information reports
    - Ability to abscond/escape (including mobility, resources and any past history of escapes). It is also important to consider the actual risk posed in consultation/treatment appointments.
    - Criminal/offending history (including details of previous convictions, assaults on others or warnings from the police on past behaviour)

- Behaviour in detention or during previous escorted moves
- Previous risk assessments of the destination or previous problems encountered at the destination.

- **Immigration History: Detention Services, compliance team manager (or designated deputy):** Must complete with as much information as is readily available to help inform the CSP's risk assessment.

  - Reason for detention
  - Available information which may indicate an increased risk: previous abscond/escape, Bail or JR refusals. Any history of escape or absconds from Home Office or police staff must be noted as such and with as much information as is readily available to help inform the CSP's risk assessment. Staff should be aware to the difference in risk from evading enforcement in the community setting to absconding while in detention.
  - Risk to the public, those in detention or staff.
  - If the detained individual has prevented their own removal from the UK.
  - Whether removal directions have been set.
  - Any other relevant information i.e. adverse immigration decisions.

- **Previous hospital or other visits:** Information and behaviours from previous visits to either the same or other destinations. This will help staff make a more thorough assessment of the potential risks, and how these can be mitigated.

- **Journey and destination assessment**: An assessment of the journey and destination of the escort. Key points for consideration include the route to be taken, parking, route from parking area to destination and any contact with public. This must be kept under review as circumstances during the journey may change.

29. The assessment must take proper account of the entire escort journey, including transit points, scheduled rest stops, the destination and public areas. Every effort must be made to undertake a risk assessment of the destination in advance of any journey. A decision to authorise the use of restraint must not be made solely on the basis that a risk assessment of the destination has not been conducted.

30. For hospital visits, particular attention should be given to maintaining the confidentiality of consultations or examinations. The risk assessment must consider any risks associated with the use of consultation and/or treatment rooms as well as consideration of circumstances/location if an individual is admitted as an in-patient. Where appropriate, consultations or examination should take place outside of hearing of escorting officers.

31. The starting point for the assessment should be against the application of restraints on the detained individual. Where there is no custodial history behaviour profile/markers or intelligence to make an appropriate assessment justified for planned or unplanned

escorts. This is applicable until such a time a risk profile can be built. The risk a detained individual poses will change over the period they are detained. For example, behaviour since arrival in the Centre, whether removal directions have been served, history of behaviour on escorts, and whether this is a planned or an emergency escort, these factors contribute to an evidence-based assessment, supporting the development of a behavioural profile and risk assessment for escort.

32. Where the use of restraints may not be appropriate, for example due to the extent of a medical emergency, but a detained individual still poses a high or unknown risk, the use of an alternative mitigation, such as increasing the number of staff used on an escort, should be considered.

33. The assessment must consider whether handcuffs should be applied during transit and, if so, at which point in the journey. It must also consider if it is appropriate to consider the removal of handcuffs prior to medical consultation. Several factors will need to be considered when making the decision, such as clinical reasons/advice and medical confidentiality, weighed against the risk of abscond.

34. The decision on whether to use handcuffs, the reasons for their use, and any approval, must be clearly recorded on the risk assessment form. When the use of handcuffs is deemed necessary during a hospital visit, the Duty Manager conducting the risk assessment must consider the use of escort chains and privacy screens for any examinations or consultations required during the visit.

35. The information contained in the risk assessment will inform the approvers decision on whether to authorise and agree to the proposed method of escort. The decision to approve use of restraint equipment must clearly document the rational and refer to relevant policy.

36. If the assessment is completed more than 24 hours in advance of an escort, a full review of the assessment must be undertaken on the day of the escort.

37. The risk assessment will be used by the Duty Director or Duty Manager to authorise the risk assessment; agree the number of escorts; and confirm whether the escorted move should occur with or without the use of restraint equipment and under what circumstances. If restraints are authorised/approved, the method (for example handcuff to officer or self) and the points in the journey this is applicable to (for example handcuffs in open areas/treatment rooms) must be clearly recorded.

38. The risk assessment must be kept under constant review by the escort staff for the duration of the escort.

39. If an emergency escort takes place and insufficient current information is available to complete a risk assessment, then wherever possible and if safe to do so, Detention Services Compliance team must be contacted to undertake Atlas checks to inform the risk assessment. If this is not possible then all risk information must be gathered

retrospectively once an emergency escort has left the centre and provided as soon as possible. The onsite or on-call Compliance team manager must be notified of all emergency escorts in accordance with DSO 05/2015 Reporting and communicating incidents.

Authority to use restraints

40. Before the application of restraint equipment, an individual risk assessment must be undertaken in accordance with paragraphs 25-38 and authority given by the Duty Director or in cases of urgent escorts the Duty Manager. This includes the continued use of restraints during journeys when the detained individual is in a vehicle.

41. The decision to use restraint equipment in a reactive situation, such as sudden disruptive behaviour during escort, rests with the Detainee Custody Officers (DCOs) undertaking the escort. Dynamic risk assessments must be continually made during the escort with all options considered, for example, where it is appropriate, applying restraints at flash points, removing during medical treatment, then re-applying after treatment. This decision must be made with due regard to the use of force policy as outlined in DSO 11/2025 Use of force for adults in detention and the safe management of the detained individual. The Duty Manager must be notified of the use of restraint as soon as is reasonably practicable and this use must be kept under constant review.

Recording

42. Person Escort Record (PER) is a record which must be completed for all detained individuals prior to any escorted move. It provides the staff with relevant information on a detained individual, and highlights risks they may pose. The PER is not a risk assessment. The completed risk assessment must be attached to the PER prior to the commencement of the move.

43. PERs must be completed, by a staff member, for every escorted external movement. The information provided on a PER should be clear and without the use of acronyms or abbreviations. The PER must be updated throughout the escorted move at a frequency as documented within the centre's local security strategy.

44. Any decisions and justification for applying restraints must be clearly recorded on the PER including the details of the authorising officer/manager.

45. Where the use of restraint equipment is planned (based on a risk assessment), and the detained individual remains compliant and allows officers to apply restraints without resistance, then this is deemed to be a passive application of restraint equipment. This must be recorded on the risk assessment form and the PER.

46. The record of use of restraints must be a comprehensive and accurate note of the actions that took place before, during and after restraint.

47. It is important that the date, time and location restraint equipment was placed on a detained individual are recorded on the PER and the risk assessment form (Annex A) updated. If restraints were removed at any time, the date, time and place must be recorded on the PER as well as both the reason for their removal and either notification/approval to do so, depending on the situation. The PER must give details of any attempts made to de-escalate throughout the incident.

48. Clinical advice received during a hospital escort must be recorded on the PER and must include any clinical observations shared with the escorts, advice on the use of restraints and any decisions reached on the use of restraint or restraint equipment. The record-must also explain how the incident was finally resolved. Escort staff must treat this information appropriately as set out in DSO 01/2016 Medical information sharing.

49. Any additional application of force to the use of restraints must follow the local processes and in line with DSO 11/2025.

50. A copy of the risk assessment (Annex A) must be placed on the Detainee Transferable Document (DTD) with the completed PER.

51. The Centre Manager must provide the onsite Home Office Compliance manager with a monthly report, detailing all escorted moves and the use of restraints.

Restraint equipment

52. The Home Office has authorised the Control and Restraint (C&R) training used by His Majesty's Prison and Probation Service (HMPPS) as the approved training for DCOs working within the Centres and PDA.

53. Restraint equipment must be of a type approved by the Home Office and noted in this instruction and must only be applied using an approved technique, taught in training. CSP's must ensure that any staff undertaking an escort are suitable trained and competent in the application and removal of restraints prior to an escort.

54. The following restrictions, in addition to those policy considerations outlined elsewhere in this instruction, on the use of restraint equipment apply. Restraints must not be used to attach individuals to furniture or any other fixtures and fittings. Detained individuals must not be handcuffed to each other and double-cuffing will only take place when the risk assessment fully justifies the use.

Handcuffs

55. CSP staff have the authority to use handcuffs on detained individuals in accordance with the individual risk assessment. All staff must be suitably trained in the application and management of handcuffs prior to undertaking an escort. Prior to each escort, staff must be fully briefed on the risk assessment and the operational manager discharging

the escort from the centre must ensure that the staff undertaking the escort are competent in the completion of escort paperwork and use of handcuffs. Staff applying handcuffs must do so only using the approved techniques in accordance with training. Handcuffs **must not** be applied to detained individuals to the rear in a seated position, due to the increased risk of positional asphyxia.

56. Only the following types of handcuffs may be used in the following circumstances outside of a Centre and on escorting:

- Ratchet - for use on women and for use on men in situations where standard handcuffs and inserts do not provide a sufficiently secure fit.
- Standard - for use on men only. Three sizes of insert are available to ensure a close fit.
- Rigid Bar Handcuffs - for use on all detained individuals during use of force incidents when at least two or more staff are present. **Not for use as an escorting restraint.**

Escort chain

57. An escort chain may be used when necessary but only when restraints have been authorised within the formal risk assessment. If the escort chain is used in public, it must be kept as short as possible to make its use inconspicuous. Any other form of mechanical restraint is not authorised.

Removal of restraints

58. Where the risk factors justifying the use of restraints may be minimised, for example during hospital treatment or when a healthcare professional requests removal of restraints on health grounds, authority to remove the restraints must be sought from the Duty Manager. During hospital escorts, the confidentiality of medical examinations or consultations must be observed wherever possible. Subject to the agreement of the healthcare professional and taking account of identified risks and the assessment of the location, examinations or consultations should be conducted in private medical rooms and, wherever possible, out of the hearing of escorting staff. Where this is assessed as unsuitable due to risk, consideration should be given to the use of an escort chain and a privacy screen. Where restraints are required to be removed for the purposes of a MRI, CT scan or procedures impacted by the presence of metal restraints, consideration must be given to alterative measures to mitigate the risk, such as positioning staff by exits.

59. In an emergency where life is at risk, the preservation of life takes priority. Examples of life-threatening situations include, but are not limited to, severe bleeding, loss of consciousness, and signs of a stroke or heart attack. The decision to remove restraints rests with the officer in charge of the escort.

60. If restraints are removed during escort, staff must not permit the detained individual to leave the physical boundaries of any building (e.g. for a smoking break or exercise) and should not permit unescorted movement.

61. Any decisions and justification for removing or modifying restraints must be clearly recorded within the PER. Including the details of the authorising officer/manager.

Request by a healthcare professional for restraints to be removed

62. A direction from a healthcare professional for restraints to be removed must be considered as a matter of urgency. A healthcare professional may direct the removal of restraints because there's an immediate risk to the health of a detained individual, the individual is in pain/discomfort; or the restraints are impeding treatment, clinical examination or ongoing monitoring.

63. Where the use of restraints may have a significant effect on the individual's dignity or access to confidential consultations or examinations, escort chains and privacy screen must be considered to enable the greatest possible level of privacy and dignity. When a healthcare professional requests the removal of restraints but escort staff assess this would increase the level of risk, the decision to retain restraints must be authorised by the Duty Manager and documented in the PER.

64. If the direction to remove restraints relates to an immediate risk to the health of the detained individual, restraints must be removed. Escort staff must inform the Duty Manager as soon as possible in case additional security arrangements are required.

65. If a healthcare professional directs the removal of restraints because they are impeding examination or treatment, the restraints should be removed. Where the risk of abscond remains high or staff have concerns, they may share the risk assessment with the healthcare professional and seek to resolve the matter. For example, escort staff could request the examination be conducted in a private room where risk is significantly reduced. When there is no resolution, escort staff must inform hospital staff that the restraints will remain in place until a further decision is made by the Duty Manager.

66. The decision of the Duty Manager to remove or maintain restraints must be based on the information provided in the individual's risk assessment, any changes in circumstances since the initial risk assessment (including clinical condition) as well as the advice of the healthcare professional. Where possible, the Duty Manager should speak directly with the healthcare professional. In exceptional circumstances, when the Duty Manager does not approve the removal of handcuffs, this decision must be fully documented on the PER. The details of the escort and the reasons for the decision must be completed as soon as possible and submitted to the centres Detention Services Compliance team.

67. Once a detained individual has completed their consultation/treatment or has been discharged from being an in-patient and is being returned to the Centre, consideration must be given as to whether it is appropriate for restraints to be reapplied for the return journey. This decision will be based on an individual risk assessment, considering any changes in the individual's clinical condition and the relevant circumstances at the time.

68. Consultation with the lead healthcare professional on the detained individual's health may help when considering whether the original risk factors justifying the use of restraint still apply. Escort staff must speak with the Duty Manager if the individual is admitted as an in-patient or before leaving the hospital for a decision on whether restraints should be reapplied or not.

69. Any decisions and justification for removing restraints following a request from a healthcare professional must be clearly recorded within escort paperwork. Including the details of the authorising officer/manager.

Periods of stay in hospital (Bedwatch)

70. A bedwatch is when a detained individual is admitted to hospital as an inpatient, for medical, surgical or other treatment and Centre staff must remain with the detained individual, at their bedside or within constant sight, to ensure they cannot abscond from lawful custody.

71. Management checks must be conducted to ensure the escort's security and the handcuffs risk assessment remains appropriate. Managers conducting these checks must assess the welfare of the escorting staff and the detained individual. The initial bedwatch management check must be completed within 24 hours of the bedwatch being confirmed. Following the initial management check, it is expected that further checks are completed at least every 72 hours in person. These checks must be conducted in person by a staff member at an operational manager grade or above.

72. The CSP must ensure that a copy of the updated escort risk assessment is provided to the Home Office Compliance team within 24 hours of the bedwatch commencing and every 72 hours thereafter. This must be reviewed by the Detention Services Compliance team to ensure the application of restraints remain appropriate.

73. Due to the differences in restraint techniques between the escort service provider and Centre DCOs, a handover briefing must be undertaken when custody is being transferred in order to clarify individual staff members roles and responsibilities. This must be done prior to any escort that involves the planned use of restraint.

74. The IS91 must be signed by the supplier receiving the detained individual into their custody and must only be signed at the point of handover. Where responsibility for a bed watch transfers to the escorting supplier, copies of the risk assessment must also be provided.

Governance and assurance

75. The Centre Manager must set out in writing clear expectations to staff and ensure that all escorts are lawful and comply with this policy.

76. External escorts must be an agenda item at each centres Use of Force (UoF) committee meeting. The committee must perform a strategic assessment of the use of restraints on Centre escorts from the centre, analysing themes and trends to aid in the minimisation of restraints and assurance of the correct application and assessment.

77. Detention Services Compliance teams must carry out a retrospective monthly dip sample of risk assessments. The teams will quality assure documents in relation to a minimum of five risk assessments, or 20% of all completed risk assessments conducted in the previous month, whichever is the greater.

Self-audit

78. An annual self-audit of this DSO is required by CSPs 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
August 2016	Emily Jarvis	Minor amendment to 'mobile chair' section	August 2018
September 2022	Simon Edwards	Reformat. Inclusion of the requirement to maintain confidentiality during medical appointments where appropriate. Amended to include the roll out of DET teams and individual responsibilities and removal of mobile chair.	September 2024
August 2026	Andrew Sims	Amendments to risk assessment requirements and process. Removal of references to HOMES and Escort service providers practices. Reordering of document.	August 2028