

Rule 35
(last modified
25/10/16)
(Deferred?)

Rule 35 Detention Centre Rules – IMB Monitoring

Three triggers for r35 report. A doctor must do a report in the case of a detainee whose health is likely to be injuriously affected by detention, or if he suspects that a detainee has suicidal intentions, or if he is concerned a detainee may have been the victim of torture.

Process stages:



Restrictions on IMB monitoring and access to reports: doctor/patient confidentiality.

Consider data-based monitoring. Plus some monitoring of BH Home Office log process.

Monitoring r35 generally - Proposal

Review total number of all r35 reports for BH each month: contrast statistics for other detention centres. Is BH in line? (HO statistics are available quarterly online, search 'Immigration Enforcement Transparency Data'.)

Monitoring rr35(1) and 35(2) – Proposal

Most reports are r 35(3)/torture. Very few on r 35(1)/injuriously impact or r 35(2)/suicidal intentions.

Get BH Monthly Reports info broken out into numbers for each category of r35 – currently just a single total number.

Contrast information from other IRCs? (Not sure that there is any HO data available by each r35 category.)

Contrast Shaw Report statistics: is BH in line? Any stats from Healthcare meetings?

Monitoring r 35(3)/torture process - Proposal

Getting a r35(3) report

- Are relevant detainees being identified – at Reception? At later stages? Training of nurses and GPs (or other staff?) to recognise possible torture?
- Getting a r35 appointment with GP – wait time? Any assessment/screening at earlier stage by nursing or other staff? Do nurses report requests to a GP? Any record kept of requests which don't lead to GP appointment?
- Getting a r35 report from GP – decision is for the GP. Have GPs been specially trained to do assessments and reports? Is there a range of GPs at BH? Complaints? Any record kept of number of detainees who have r35 appointment, but don't get r35 report? Quality of the r35 reports?

H Office decision making process

DSO detailed process with set time frame for response. HO CID.

A medical report is not determinative – decision on release/continued detention is for HO. The HO review is to be in line with 'guidance under chapter 55b – Adults at risk in immigration detention'.

Get details of decisions for the month in BH Monthly Reports – ie, number of detainees (if any) to be released based on r35.

Contrast r35 release statistics for other detention centres: is BH in line? (HO statistics available quarterly under Immigration Enforcement Transparency Data.)

Recent Developments

Stephen Shaw Report January 2016.

New DSO on r 35: DSO 09/2016 September 12, 2016.

Guidance on adults at risk in immigration detention August 2016.

Draft DSO 08/2016 Management of Adults at Risk in immigration detention.

Rule 35 of the Detention Centre Rules 2001

Special illnesses and conditions (including torture claims)

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.

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

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

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

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