Summary of recommendations

A number of common themes emerge from the various sources examined in the Sourcebook: a) Solitary confinement is an extreme and potentially harmful measure; b) Its use should be reserved for a handful of exceptional cases; c) Periods in solitary confinement should be as short as possible, and; d) Where prisoners are isolated they must be held in decent conditions and offered access to meaningful human contact and to purposeful activities. The deprivations inherent in solitary confinement should not be made worse by further restrictions on family visits and in-cell provisions such as books and magazines, craft and hobby materials, personal radios and so on. These may help to mitigate the harmful aspects of solitary confinement.

It is also clear that there are currently lacunae in international safeguards and protections against the misuse of solitary confinement and its negative health effects. Further development of international human rights standards is thus necessary, building on the United Nations’ call from 1990 to abolish the use of solitary confinement (Principle 7 of the UN Basic Principles for the Treatment of Prisoners). To this end, on December 9th 2007, a working group of 24 international experts adopted the Istanbul Expert Statement on the Use and Effects of Solitary Confinement, calling on States to limit the use of solitary confinement to very exceptional cases, for as short a time as possible and only as a last resort (see Appendix 2). Other such efforts should be initiated by experts, international bodies, and States

Specific recommendations that this Sourcebook makes include:

Procedural safeguards

- Inform prisoners, in writing, of the reason for their segregation and its duration.
- Allow prisoners to make representations on their case at a formal hearing.
- Undertake regular reviews of placement – substantive and at short intervals.

These safeguards apply to all forms of solitary confinement.

Placement in solitary confinement

- When used as punishment for prison offences, solitary confinement must only be used as a last resort, and then for the shortest time possible, lasting days rather than weeks or months.
- The use of prolonged solitary confinement for managing prisoners is rarely justified, and then only in the most extreme of cases.
Those suffering from mental illness must not be placed in solitary confinement and under no circumstances should the use of solitary confinement serve as a substitute for appropriate mental health care.

The use of solitary confinement for pre-charge and pre-trial detainees must be strictly limited by law and must only be used in exceptional circumstances, with judicial oversight, for as short a time as possible, and never for more than a matter of days.

Solitary confinement must not be imposed indefinitely, and prisoners should know in advance its duration.

The use of solitary confinement as a means of coercing or ‘softening up’ detainees for the purpose of interrogation should be prohibited.

**Physical conditions and regime:**

- Provide decent accommodation (as per established standards discussed in chapter 4), reflecting the fact that prisoners will spend most of their day in their cell.
- Provide educational, recreational and vocational programmes.
- Provide these activities, wherever possible, in association with others.
- Allow in-cell reading, hobbies and craft materials.
- Ensure that prisoners have regular human contact; encourage informal communication with staff.
- Allow regular and open family visits.
- Enable prisoners a degree of control of their daily lives and physical environment.
- Include a progressive element.

**Health**

- Health staff must maintain the same standards of care and ethical behaviour as those which apply outside the prison, in particular the right to health care and to privacy and confidentiality.
- Health staff must not participate in the decision to impose or the enforcement of any disciplinary measure.
- Provide mental health training for custodial staff.