





Joint position statement on solitary confinement of children and young people

We believe that children and young people detained in the youth justice system in the UK should never be subject to solitary confinement Solitary confinement is the physical isolation of an individual who is confined to a cell or room, often for upwards of 22 hours a day. In that period, they will have little, if any, meaningful interaction with others, purposeful activity, or environmental stimuli. Various terms are used across the UK youth secure estate to describe this practice, such as isolation, segregation, separation, "single unlock" or removal from association. Regardless of the term used, we consider any individual who is physically isolated and deprived of meaningful contact with others for a prolonged period of time to be in solitary confinement.

There is an unequivocal body of evidence on the profound impact solitary confinement can have on health and wellbeing.^{1 2 3} Various studies indicate an increased risk of suicide or self-harm amongst those placed in solitary confinement.^{4 5} As children are still in the crucial stages of developing socially, psychologically, and neurologically, there are serious risks of solitary confinement causing long-term psychiatric and developmental harm.^{6 7} There is also clear evidence that it is counter-productive. Rather than improving behaviour, solitary confinement fails to address the underlying causes, and creates problems with reintegration.⁸

For these reasons, there is a growing international consensus – from groups including the United Nations Committee on the Rights of the Child,⁹ the European Committee for the Prevention of Torture,¹⁰ and the United Nation's Special Rapporteur on Torture¹¹ – that solitary confinement should never be used on children and young people.

In light of its potential to cause harm, and in the absence of compelling evidence for its use, we call for an end to the use of solitary confinement on children and young people detained in the youth justice system. Additionally, following the recent findings of the Chief Inspector of Prisons,¹² which condemned the youth secure estate as not safe to hold children and young people, we urge the government to take immediate action. Until solitary confinement is completely abolished, the youth secure estate must ensure that the health needs of those in solitary confinement are met. There is an essential role for doctors to play in meeting those needs, which we explore in detail in a separate document.

Solitary confinement can be distinguished from other brief interventions. These can include "time outs" as an immediate response to violent or disruptive behaviour, or situations where a child or young person must be physically isolated to protect themselves or others, including in order to limit the spread of infectious disease. Where these types of interventions are necessary, they should take place in a non-solitary confinement environment with adequate resources and staff to meet the needs of children and young people. In the case of infection control, the need for transfer to a suitable medical facility should be considered and physical isolation should be carried out only on the advice of public health experts and in conjunction with other recommended infection control measures. Seclusions in psychiatric units that follow established good practice and oversight are not considered solitary confinement.

We recommend:

- The use of solitary confinement on children and young people detained in the youth justice system is abolished and prohibited
- Non-solitary confinement options are created within the youth secure estate, with adequate resources and staff, in order to meet the needs of children and young people
- Until solitary confinement is abolished, the youth secure estate ensures that the health needs of those in solitary confinement are met. There is an essential role for doctors to play in meeting these needs

Endnotes

- 1 Shalev S. (2008) *A sourcebook on solitary confinement*. Mannheim Centre for Criminology, The London School of Economics: London. 9-24.
- 2 United Nations General Assembly (2011) Interim report of the Special Rapporteur of the Human Rights Council on torture and other cruel, inhuman or degrading treatment or punishment. A/66/268. 17-18.
- 3 Shalev S. (2014) Solitary confinement as a prison health issue. In: Enggist S, Møller L, Galea G et al. ed. Prisons and Health. World Health Organization: Geneva. 27-29.
- 4 Shalev S. (2008) A sourcebook on solitary confinement. Mannheim Centre for Criminology, The London School of Economics: London. 17.
- 5 Associate Development Solutions, Children's Commissioner (2015) Isolation and Solitary Confinement of Children in the English Youth Justice Secure Estate. Office of the Children's Commissioner: London. 63.
- 6 National Preventive Mechanism (2015) Monitoring places of detention: Sixth Annual Report of the United Kingdom's National Preventive Mechanism. 1 April 2014 31 March 2015. NPM: London. 34.
- 7 R (on the application of AB) v Secretary of State for Justice [2017] EWHC 1694 (Admin). 77.
- 8 Associate Development Solutions, Children's Commissioner (2015) Isolation and Solitary Confinement of Children in the English Youth Justice Secure Estate. Office of the Children's Commissioner: London. 65.
- 9 United Nations Committee on the Rights of the Child (2016) Concluding observations on the fifth periodic report of the United Kingdom of Great Britain and Northern Ireland. CRC/C/GBR/CO/5. UNCRC: Geneva. Para. 78.
- 10 European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (2017) Report to the Government of the United Kingdom on the visit to the United Kingdom carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 30 March to 12 April 2016. CPT/Inf (2017) 9. Council of Europe: Strasbourg. Paras. 96-98.
- 11 United Nations General Assembly (2015) Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Juan E. Mendez. A/HRC/28/68, 5 March 2015. UN General Assembly: New York. Para. 86.
- 12 HM Chief Inspector of Prisons for England and Wales (2017) Annual Report 2016-17. HM Inspectorate of Prisons: London. 9-10.