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Can British Prisons Offer Solutions to Americas Solitary Confinement Crisis?

by [Jean Casella](#) | October 21, 2015

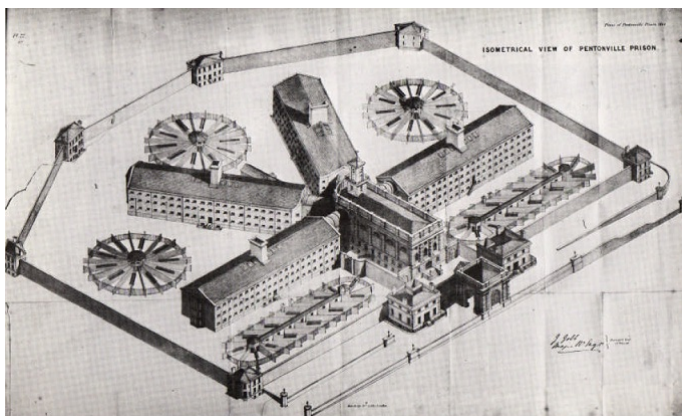
As the first of several journeys for Solitary Watch's [Alternatives Project](#), my colleague Aviva Stahl and I spent two weeks in Britain, visiting prisons and interviewing officials of HM Prison Service and its oversight bodies, advocates, lawyers, scholars, and currently and formerly incarcerated individuals. Our aim was to discover how solitary isand is notused in the British prison system, and what the British might have to teach their U.S. counterparts. This is the first in a planned series of articles about what we saw and learned on our visit.

At Her Majestys Prison Grendon in the Buckinghamshire countryside northwest of London, the men of B-Wing gather to greet a rare set of visitors from the United States. Many have been convicted of murder, armed robbery, and other violent crimes, while others are incarcerated for sex offenses. And many have been diagnosed with serious personality disorders, often considered difficult or impossible to treat.

HMP Grendons B-Wing is one of five therapeutic communities in the 230-man prison, and group therapy of one kind or another is at the center of everything that goes on here. Within their communities, the men are expected to come to terms with their crimes, understand and transform their behavior, and resolve any disputes that arise among themselves. They call staff by their first names, wear their own clothes, decorate their cells, cook and eat together, and are allowed a measure of self-governance. And while violence is not tolerated, there is no such thing as a solitary confinement cell at Grendon.

Grendon is an anomaly even in Britainan experiment in humane prison management that has lasted for 50 years, but failed to gain much traction in the larger British prison system. Her Majestys Prison Service, which covers England and Wales and incarcerates some 85,000 people in more than 130 prisons, has plenty of the same problems that plague American prisons (though generally to a lesser degree): overcrowding, violence, and unacceptable levels of suicide and self-harm.

Yet by comparison, British prisons are considerably less harsh, less dehumanizing, and less deadly, due in part to superior relations between guards and prisoners, a greater commitment to rehabilitation, and a far more robust system of oversight. Oversight comes in the form of a national Inspector of the Prisons, a Prisons and Probation Ombudsman, and Independent Monitoring Boards made up of citizen volunteers with free access to each prison. It also happens within the framework of international and national human rights guidelines, and without the complication of 50 state prisons systems and countless locally run jails.



The oversight reaches down into the solitary confinement units, colloquially referred to as the Block. Britain has a long history of using solitary confinement. In 1842, it mimicked the United States in opening a prison, North Londons HMP Pentonville (pictured), devoted to isolating prisoners so they could contemplate their sins. The practice was largely abandoned on both sides of the Atlantic once it became clear that solitary led to madness, not penitence. Prison isolation was revived in the late 20th Century, but never on the scale seen in the United States. And it was reduced again as part of the reforms spurred by the 1990 riots at Strangeways Prison in Manchester.

Today, a series of rules allow the short-term use of solitary confinement, but are meant to check its overuse and abuse. Prison governors (wardens) may place individuals in what are officially called care and separation units to preserve the good order and discipline of the prison. But after 72 hours, their continued segregation requires the approval of not only the governor, but as confirmed in a [recent court decision](#) the Cabinet Secretary for Justice. With the necessary approvals, terms in solitary can stretch longer, but must be reviewed and renewed every 14 days.

The system is not without its abuses, accomplished by pro forma renewals and by moving individuals from prison to prison. Still, a [June 2015 report](#) showed that in Britain's high-security prisons, just 24 people had been held in segregation for more than 6 months and this number was widely considered to be unacceptably high.

If long-term solitary is rare, what we think of as supermax confinement is nearly unknown. Fewer than 60 people live in the Close Supervision Centres where solitary can stretch to years rather than days or weeks. Placement in a CSC requires a complicated process of paperwork and psychological testing, and once individuals are put there, some efforts are made though not always successfully to mitigate the isolation and work toward reintegration. (See the accompanying article by Aviva Stahl, *How Britain Does Supermax*.)

In the coming weeks, we will be looking at a number of topics related to solitary confinement through the lens of the British prison system. We will examine what becomes of the types of prisoners who most frequently end up suffering in long-term solitary in the United States, but are less likely to do so in Britain: people with mental illness, vulnerable populations such as LGBTQ individuals, children, and individuals convicted of terrorism-related offenses. We will look more closely at the regulations and procedures designed to limit the need for and use of solitary confinement, and at why they sometimes succeed and sometimes fail.

During meetings with prison reform groups, including the Howard League for Prison Reform and the Prison Reform Trust, we were warned not to believe everything we heard or read regarding the superiority or humanity of the British prison system. Conditions in many of the facilities are poor, suicide rates are high, and in the last several years, severe cuts have left prisons underfunded and understaffed, meaning Britain's incarcerated men and women are spending more and more time in their cells in a kind of de-facto segregation.

We believe that the British prison system is far from perfect, and that if the Tories' [draconian cuts](#) continue, they may succeed in ruining much of what makes their prisons more decent and effective than ours. (The new Conservative Justice Minister, Michael Gove, has [vowed](#) to make prison reform a priority, but not to rescind the cuts.) In his latest [annual report](#), HM Chief Inspector of the Prisons, the systems' official watchdog, found the lowest outcomes in ten years in terms of prison safety, prisoner treatment, and purposeful activity.

But all things are relative, and we come from a country with the most brutal prison system in the industrialized world. In particular, our point of reference is a nation where on any given day at least 100,000 people languish in solitary confinement, and 25,000 are in extreme, long-term isolation in supermax prisons.

Moreover, we decided to study the British system in part because of some close parallels with the American system. Too often, when European prisons are held up as models for U.S. prisons, they are just as readily dismissed because they are thought not to face the same sorts of challenges.

But Britain is no Norway. It has a diverse population, a high level of income inequality, and the toughest laws and highest incarceration rate in Western Europe. Its prison system may offer the closest thing we have to a blueprint for what the first steps toward reform could look like in the United States, if we had some will to try and treat the needs of incarcerated people, rather than just throwing them in the hole.

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Like North London's HMP Pentonville, pictured above, Pelican Bays hub-and-spokes design could have been taken directly from John

Havilands 19th-century architectural plans for Eastern State Penitentiary (E.S.P.) which opened in 1829.

The irony in this story is that John Haviland had studied architecture in London in the early 1800s under professor James Elmes who, in lecturing on prison design said, The external aspect should be made as gloomy and melancholy as possible. Thus when Haviland submitted his design he chose a gloomy, Gothic style that accentuated the security and the punitive nature of imprisonment.

In the decades following the opening of Philadelphia's Eastern State Penitentiary (ESP), Americans began a building boom of a variety of public institutions; penitentiaries for the criminal, asylums for the insane, almshouses for the poor, orphan asylums for homeless children, and reformatories for delinquents. Absent other social service programs these institutions became the preferred solution to the problems of poverty, crime, delinquency, and insanity.

Besides ESP John Haviland also designed, Harrisburg State Hospital (HSH) known at the time as the Pennsylvania State Lunatic Hospital which opened in 1851. Fellow Quaker Dr. Thomas S. Kirkbride, M. D. had been in his second year of medical school in Philadelphia when ESP opened its gates and was one of the trustees appointed by the governor for the hospital project.

Dorothea Dix, an influential social reformer in the 19th century, worked closely with Kirkbride. While visiting a jail in 1841 to teach Sunday school, she had witnessed the appalling treatment of the mentally ill who were forced to live in the company of common criminals.

Outraged, Dix convinced the legislatures of many states to construct public asylums. Dix and Kirkbride formed a friendship that resulted in a proliferation of asylums based on the Kirkbride Plan.

Ever since, prisons and asylums have shared common methodologies of confinement. Both were sold to the public as being therapeutic, as opposed to simple custodial institutions, but neither system has been successful as abuse, neglect, and mismanagement, soon replaced the reformers high ideals.

Then, beginning in the early 1950s, there was a major push for the deinstitutionalization of the mentally ill after the abuse carried out in these mental asylums had been exposed.

(In another irony Life Magazine had published Bedlam 1946 exposing the abuse. Bedlam is an infamous London Asylum dating back to the 1200s) <http://www.pbs.org/wgbh/americanexperience/features/primary-resources/lobotomist-bedlam-1946/>

Some of the mental patients released ended up in privately run nursing homes using the new 1965 social welfare program, Medicaid, but undoubtedly many others landed in prisons over time creating a growing mental health crisis in these institutions.

Today the mentally ill are over represented in solitary confinement units where their condition only worsens. The ill effects of solitary confinement became well known after the failed experiment in Walnut-Street Penitentiary, in Philadelphia, in 1787. Even so they went on to design ESP specifically for Solitary Confinement. It was later noted in a U. S. Supreme Court on March 3, 1890 that under such conditions, a considerable number of the prisoners fell, after even a short confinement, into a semi-fatuous condition, from which it was next to impossible to arouse them, and others became violently insane; others still, committed suicide; while those who stood the ordeal better were not generally reformed, and in most cases did not recover sufficient mental activity to be of any subsequent service to the community.

Nearly a century after this Supreme Court finding the Pelican Bay opened for business in Crescent City, CA.

One hundred and twenty five years after that Supreme Court finding the legal battle in the U. S. continues even while the international community condemns the practice.

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