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Unlocking care in prisons

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In this post, Helen Brown Coverdale discusses her recent article in Journal of Applied Philosophy on care in prisons.

Lawyers, criminologists and campaign groups increasingly call out the injustices of prison conditions. They are right to do so – we cannot and should not ignore brutalisation permitted and perpetrated by the state. But there's more to prison life than violence. Although it may surprise you, care is present in prisons. In my article 'Caring and the Prison in Philosophy, Policy and Practice: Under Lock and Key', I argue that the ethics of care can enhance how we think about punishment. Care ethics can recognise and value caring in prisons, recognise and condemn both violence and inadequate caring, and help us improve criminal punishment by its own lights.

What is care ethics?

Care ethics is concerned with relationships, responsibilities, and meeting needs. I offer more detail on care in my article, but several aspects make it a powerful tool to offer a more realistic view of punishment:

Care ethics is relational. Relationships are valuable to humans. Some relationships we choose, others not, but all come with responsibilities: to family, friends, colleagues etc.

Care ethics normalises needs and human vulnerability. We all have needs, some of which we can only meet through co-operation. For example, collective social goods like team sports. We all have different natural limits, but we can work together within these. As a petite person, I'm never going to make the basketball A team. But I can still learn to play.

From these, care ethics recognises our interdependence. Like it or not, we're in this together.

Care ethics is situated. Meeting needs for these people in this context – of competing needs, scarce resources, limited time and knowledge – is a unique challenge.

For Daniel Engster, care ethics allows individuals to 'survive, develop or function', through aiming to meet basic needs, or build capabilities, or avoid unnecessary pain. Care-receivers should be treated inclusively as active participants. Engster's 'attentive, responsive, and respectful' method and an open, engaged, attitude, facilitates this. But going through the

motions isn't enough. Good care requires Joan Tronto's integrity and high standards of competence, responsiveness and integrity.

Care in prisons

According to the House of Commons Justice Committee, prison officers in England and Wales help prisoners with everyday problems, including 'anything from sentence planning, to food requirements to bereavements'. This means meeting needs (eg dietary requirements), building capabilities (rehabilitative or educative sentence planning) and avoiding harm (facilitating bereavement support) – meshing surprisingly well with Engster's caring aims. Insofar as these practices overlap with care, we can optimise them by applying care methods and standards to better achieve these existing penal aims. This cherry-picked, ideal case illustrates everyday obscured penal care, challenging public perceptions of care and prison as antithetical (almost all theorists argue that punishment, paradigmatically prison, is unpleasant or harmful – or something similar. Some, like HLA Hart, to identify punishment, others, like Boonin, to critique the practice).

Existing penal theories require treating convicted prisoners as equals. But what does it mean to treat prisoners as equals? It's not identical treatment. What constitutes as-equal treatment in a particular case requires context. Ronald Dworkin famously illustrates this with an example about two sick children. If one child has a slight headache and the other may die, we should use the last dose of medication to save the dying child. We should absolutely not toss a coin – giving the children identical chances to receive the medicine does not decide 'fairly' because it ignores the context. Helping the child in mortal danger treats the children as equals in this context. Care ethics is informed by care practice, requiring contextual information about the needs and resources in a particular situation to decide how to proceed. So, care ethics can instrumentally facilitate access to context – also needed to treat people as equals – through its attentive, responsive, open, engaged methods.

But can care ethics handle prison violence? Virginia Held argues yes. Achieving caring aims may require responding to destruction, resisting aggression, or forcefully asserting rights. Care ethics offers a more accurate account of prisons by identifying caring. Further, we can recognise and critique both the dehumanising carceral violence; and the necessity, presence, and inadequacies of penal care.

Improving penal practice

Gathering contextual information can go wrong. Procedurally, we may fail to use Engster's caring methods properly, gathering the wrong information, too little information, or poor quality, superficial information. Even if the best contextual information is gathered, applying it might fail Tronto's standards of competence, responsiveness and integrity.

Both procedural and application failures can be called out as problematic using the methods and standards intrinsic to care ethics before harm (poor care or penal violence) occurs. So, care ethics provides both access to the information and the language to identify intermediate inadequacies that will likely result in failing to treat people as equals – but before things have gone irrevocably wrong. This early warning offers precious time to respond. Identifying injustice does not defeat it, but it is a necessary step towards acknowledging and addressing problems. Instrumentally, care standards and aims may further help to identify, assess, and rank, potential remedies.

From the institutional perspective the pervasive problems of prison seem almost intractable. But the institutional-focus of much penal theory also blinds us to the plight of particular people in prison. Care ethics provides additional insight by recognising the particular individual and the institutional context, drawing on both to illuminate present particular problems in the context of long-term structural issues. We must not overlook the needs of people in prison as we address long-term structural problems. Their needs might help direct priorities in structural change, while zooming out to the institutional level can help us assess where to zoom in to address immediate needs. Caring practices, and the methods and standards intrinsic to care, offer radical institutional, individual, and structural keys to reframe, reform, and perhaps ultimately challenge, the use of prison.