



What Did Care Become? The Conditions Lens and Care as Condition-Making in Education

Thomas Mountney¹

Abstract

Care is frequently described through kindness, empathy, attentiveness, responsiveness and relational concern. These dimensions remain important, but established care ethics already places care within relational, political, institutional and more-than-human worlds. This conceptual article therefore asks a more specific applied-philosophical question: what happens to care as it passes through the conditions that organise lived experience? Drawing on care ethics and relational and more-than-human accounts of becoming, the article extends the previously developed Conditions Lens™ into the ethics of care and develops two connected propositions: care can be examined as condition-making, and responsibility for care can be examined in relation to condition-shaping power. Rather than treating conditions as deterministic causes, the article traces how emotional climates, adult presence, material environments, institutional arrangements, policy structures, technologies and ecological conditions may enable, constrain or alter how care arrives in practice. It argues that care may be sincerely intended, claimed or documented while becoming diminished through conditions of pressure, fragmentation, exhaustion or unequal power. The article develops a conditions-attuned inquiry for educational praxis. Its central question is not only whether care was intended, but what care became through the conditions by which it was carried.

Keywords

Care ethics;
Condition-making;
Conditions Lens;
Responsibility;
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¹ Thomas Mountney, Independent Researcher, MA Early Childhood Studies, County Mayo, Ireland, e-mail: mountneythomas@yahoo.com



1. Introduction: When Care Narrows in Practice

Care is one of the most widely used and widely valued concepts across education, childhood, policy, health, community life and social practice. Teachers care for children. Parents care for families. Practitioners care for those they support. Policymakers speak of caring societies, while institutions describe themselves as caring, inclusive, responsive and child-centred. Across professional and public life, care is repeatedly invoked as something necessary, desirable and morally significant.

Care is frequently articulated through concepts such as attentiveness, responsiveness, relational concern, responsibility, empathy and compassion (Gilligan, 1982; Held, 2006; Noddings, 1984; Tronto, 1993). These dimensions matter deeply, but they do not exhaust what care is or what care requires. Care ethics itself has long challenged the image of the detached, self-sufficient individual and has developed increasingly political and institutional accounts of how care is organised, distributed and sustained (Held, 2006; Tronto, 1993, 2010, 2013). Posthuman and material approaches have extended this conversation further by examining care within more-than-human, ecological and sociomaterial worlds (Puig de la Bellacasa, 2017).

An expansive account is already present in foundational care ethics. Fisher and Tronto (1990) describe care as activity directed toward maintaining, continuing and repairing the world through which life can be sustained. Later political accounts extend care across institutions and democratic life (Tronto, 2010, 2013), while the Care Collective (2020) places interdependence and care across intimate, social, economic and ecological scales. Work on care as alternate infrastructure similarly examines how social and material arrangements organise capacities to give and receive care, including within more-than-human relations (Alam & Houston, 2020). The contribution developed here therefore does not depend upon claiming that care ethics has overlooked structure, materiality or interdependence. It develops a more specific analytical orientation: to follow the conditions through which care travels, examine what care becomes in

lived experience, and relate responsibility to the power different actors possess to shape those conditions.

The question pursued in this article therefore does not begin from the claim that care ethics is confined to interpersonal kindness or feeling. Instead, it asks a more specific applied question: what happens to care as it moves through the conditions in which life is organised? A person may care deeply while participating in arrangements that exhaust, exclude or constrain others. A service may sincerely value care while organising time, space, expectations and relationships in ways that make caring practice difficult to sustain. An institution may articulate care as a value while the conditions through which that value must be enacted alter what care is able to become.

This article argues that care should therefore be examined not only as relational, political or ethical practice, but also through the condition-making that carries it into lived experience. Care is not simply what one person feels toward another. Care is also implicated in what is made possible around another. It is enacted through emotional climates, relational rhythms, material environments, institutional arrangements, policy structures, technologies and ecological conditions. To care is not merely to respond to need after it appears. It is also to attend to the conditions through which need, possibility, agency, belonging, distress, recovery and flourishing are formed (Gilligan, 1982; Held, 2006; Noddings, 1984; Puig de la Bellacasa, 2017; Tronto, 1993, 2010, 2013).

This matters because the Conditions Lens begins from the relational proposition that nothing becomes alone (Mountney, 2026). This is not a deterministic claim that outcomes can be reduced to surrounding circumstances. It names the premise that becoming occurs through ongoing relations among bodies, other people, histories, materials, institutions and environments (Barad, 2007; Bronfenbrenner, 1979; Haraway, 2016; Puig de la Bellacasa,

2017). Children do not become apart from the adults, spaces, expectations, pressures, routines, technologies, policies and ecological worlds that surround them. Families do not become apart from housing, income, work, time, recognition, support and social trust. Practitioners likewise work and become within conditions of workload, professional status, regulation, resources and institutional culture. Research in early childhood education and care demonstrates that professional practice is materially shaped by working conditions, policy reform, workload and institutional expectations (Mooney Simmie & Murphy, 2023; OECD, 2025). What becomes possible for any life is therefore shaped, although never wholly determined, by the web of conditions in which that life is held.

The Conditions Lens, developed previously as a relational framework for examining how becoming occurs within wider conditions (Mountney, 2026), is extended here specifically into the ethics of care. Its central question is simple but demanding: what conditions are shaping what we see? Rather than treating behaviour, development, participation, care or distress as outcomes that can be understood solely at the level of the individual, the lens asks how emotional, relational, environmental, institutional, cultural, technological and ecological conditions participate in shaping what can emerge. It does not deny agency, responsibility or personal action. Instead, it situates them within the wider conditions that may enable, restrict, redirect or sustain becoming.

In this article, a condition refers to a relational, material, temporal, institutional, cultural, technological or ecological circumstance that participates in shaping what becomes possible within a situation. Conditions do not determine outcomes in isolation; they interact with other conditions to alter possibilities, constraints, probabilities and available forms of action. A condition is therefore not synonymous with a cause. The analytical task is not to identify one hidden variable behind an outcome, but to examine the configuration of circumstances through which that outcome became more or less possible.

From this perspective, care is not an optional softness added to systems after their structures have already been designed. Care is part of the ethical architecture of becoming. Whether care can be enacted is connected to the conditions that shape safety, agency, presence, dignity, participation and continuity. This applies not only to interactions between people, but also to institutional and material arrangements. Tronto's account of caring institutions, for example, makes clear that good care cannot be separated from the conditions through which institutions organise responsibility and practice (Tronto, 2010). The Conditions Lens builds from this insight by asking how such conditions carry, alter or obstruct care as it moves toward lived experience.

This question is particularly relevant in education and early childhood. Research has documented tensions between caring and relational aspirations on the one hand, and accountability, quantification, professionalisation and working conditions on the other. Archer (2017), for example, identifies tensions between care ethics and accountability-oriented forms of early childhood assessment. In the Irish context, Mooney Simmie and Murphy (2023) identify contradictions between professionalisation reforms and practitioners' reported working conditions. More recently, the OECD's TALIS Starting Strong 2024 findings show that ECEC staff across participating systems report stress associated with competing tasks, staff absence, administrative work and documentation demands (OECD, 2025). These findings do not demonstrate that policy or accountability inevitably undermines care. They do, however, show that the conditions through which educational purposes are enacted can materially affect the people expected to carry them.

A conditions-attuned approach therefore asks more than whether a system, policy or practitioner values care. It asks what conditions accompany that commitment and what those conditions make possible. A commitment to children's wellbeing, for example, may coexist

with intensified assessment or accountability demands (Archer, 2017). A commitment to professional quality may coexist with working conditions that place practitioners under significant strain (Mooney Simmie & Murphy, 2023; OECD, 2025). The ethical issue is not simply whether care appears in the language of a system, but how care is translated through the arrangements by which that system operates.

This article therefore asks what becomes visible when care is approached as condition-making. The Conditions Lens was developed previously as a broader relational framework; the distinctive contribution developed here is its extension into care ethics through the proposition of care as condition-making and an account of responsibility organised around condition-shaping power. Here, condition-shaping power refers to the meaningful capacity different actors possess to influence the conditions through which care is enacted, rather than simply their proximity to the point at which consequences become visible. Education provides the applied field through which these propositions are examined. This does not mean that all condition-shaping constitutes care; the distinction between caring condition-making and management, control or paternalism is developed below. The article does not seek to replace care ethics, nor to relocate care from the interpersonal to the structural as though political, institutional and material accounts of care did not already exist. Rather, it offers a particular analytical move: to trace what care becomes as it passes through the conditions that organise lived experience, and to treat the shaping of those conditions as a site of ethical responsibility. The central claim is this: care is not only what we feel toward another; care is what we make possible around another. To care is to enter the web of conditions that shapes becoming. It is to recognise that life is never held by feeling alone, but through the conditions by which continuity, belonging, agency and flourishing are supported, constrained or denied.

2. Care Beyond Kindness, Empathy and Sentiment

Care is often spoken about as though its meaning were self-evident. To care may evoke kindness, compassion, warmth, empathy, attentiveness or emotional responsiveness. These qualities are important. Without warmth, care can become cold and procedural. Without empathy, it can fail to recognise the felt experience of another. Without kindness, it may become harsh even when technically competent. Without attentiveness, it can miss the very life it claims to support. Any account of care that dismisses these dimensions risks emptying care of its human texture.

Yet these dimensions do not exhaust what care is or what care requires. Care ethics has long challenged accounts of human life organised around autonomy, independence and self-sufficiency, instead emphasising dependency, relationality, responsibility and vulnerability (Gilligan, 1982; Held, 2006; Noddings, 1984; Tronto, 1993). Later work has extended care explicitly into political, institutional and material domains, showing that care cannot be separated from questions of power, organisation and the conditions through which caring practices become possible (Puig de la Bellacasa, 2017; Tronto, 2010, 2013).

Even where care is already understood as relational, political, material and more-than-human, however, a further applied question remains: what happens to care as it moves through the concrete conditions through which life is organised?

Kindness may comfort without changing the conditions that contributed to harm. Empathy may recognise suffering without altering the arrangements through which that suffering continues. Compassion may motivate response without necessarily changing the circumstances to which the response is directed. Emotional warmth may matter deeply in an encounter while remaining insufficient to compensate for conditions that repeatedly constrain the possibility of sustained

care. In this sense, care may be emotionally present while the conditions required to carry it remain weak, obstructed or absent.

This distinction matters because responsibility for care can still become individualised even where care itself is theoretically understood as relational or political. The caring parent, practitioner, teacher or professional may become the most visible bearer of responsibility, while the conditions through which that person must care receive less attention. Tronto's work on caring institutions is particularly important here because it locates questions of care within institutional purposes, power relations and the background conditions required for good care (Tronto, 2010). A conditions-attuned approach builds from this insight by asking not only whether individuals care, but what surrounding arrangements enable, constrain or redirect their capacity to do so.

In education and early childhood, this question has practical significance because caring capacities are exercised within working and family conditions rather than outside them. Practitioners may be expected to sustain attentiveness, responsiveness and relational presence while also negotiating workload, staffing and administrative demands; parents may be caring within economic, temporal and social pressures they did not individually create; and children meet expectations within environments already organised by adults and institutions. Research in Irish ECEC and TALIS Starting Strong 2024 illustrates how professional practice is shaped by working conditions, workload and institutional expectations (Mooney Simmie & Murphy, 2023; OECD, 2025), while research on family processes similarly demonstrates that socioeconomic conditions can shape parent-child relationships (Conger et al., 2010). A conditions-attuned account therefore resists treating the capacities of practitioners, parents or children as though they arise independently of the circumstances in which they are exercised.

The ethical concern is not simply that difficult conditions exist, but that responsibility for compensating for them can become concentrated on those closest to the lived moment. Systems

may praise care while relying on practitioners, parents or others to absorb pressures created elsewhere. Fraser's (2016) account of a crisis of care identifies a related structural contradiction: social arrangements can depend upon care while simultaneously undermining the capacities through which it is sustained. A conditions-attuned approach therefore asks not only who is expected to care, but what sustains the relations and capacities through which care becomes possible.

The Conditions Lens takes this relational starting point and asks another question: what sustains the relation itself? What makes attentiveness possible? What permits responsiveness to occur? What conditions enable a person to notice, remain present, act with patience, listen well or respond ethically? These questions do not correct or replace established care ethics. They direct attention toward the conditions through which caring capacities are carried into practice.

This is where the article proposes condition-making as an ethical dimension through which care can be examined. To care is not only to feel with another or to respond once need has become visible. It is also to participate in shaping the conditions through which another life can continue with dignity, agency and possibility. A child is cared for through affection and responsiveness, but also through time, rhythm, safety, nourishment, rest, play, meaningful choice, relational security and environments that permit exploration. A practitioner is cared for not only through praise or expressions of appreciation, but through conditions that make caring work sustainable. A family is cared for not only through advice or intervention, but through arrangements that make ordinary life more liveable.

This does not make emotional care less important. Rather, it asks that emotional care be carried into the conditions of life. Warmth matters, but warmth within persistently harmful conditions can become compensation rather than transformation. Empathy matters, but recognition of suffering without attention to the conditions sustaining it risks becoming witness without

sufficient responsibility. Kindness matters, but kindness alone cannot repair arrangements that repeatedly produce preventable strain.

Care, then, is relational and material, emotional and structural, immediate and ecological. It lives in gestures, but it also travels through timetables. It lives in tone of voice, but it is affected by workload, access, food, space, rest, policy and the organisation of time. It lives in an adult's presence with a child, but also in the conditions that make such presence possible. To widen care is not to abandon kindness, empathy or compassion. It is to refuse to stop there.

Care becomes ethically demanding when it asks not only whether concern was felt, but what conditions were created, protected, altered or repaired. It is not a soft alternative to ethics, politics or institutional design. Care is one of the ways ethics enters the organisation of life. It asks what life needs in order to continue, what relationships require in order to remain trustworthy, what environments must provide in order to support becoming, and what responsibilities arise when conditions repeatedly contribute to avoidable harm.

Care is therefore not only a response to vulnerability. It is also responsibility for the conditions in which vulnerability is held.

3. Reading the Web of Becoming

If care is understood as more than sentiment or interpersonal response, it must also be examined through the conditions that enable, constrain, redirect or sustain it. The Conditions Lens begins from a simple but demanding question: what conditions are shaping what we see? It asks this not to remove responsibility from individuals, but to situate individual action within the wider emotional, relational, material, institutional, cultural, technological and ecological conditions through which life unfolds.

This way of reading begins from the recognition that nothing becomes alone. Behaviour, agency, development, participation, distress, belonging and flourishing do not emerge from

isolated individuals acting in empty space. They arise through relations among bodies, histories, environments, other people, institutions and material circumstances (Barad, 2007; Bronfenbrenner, 1979; Haraway, 2016). A child's behaviour may be shaped by sleep, hunger, sensory experience, adult response, family rhythm, physical environment and cultural interpretation. A practitioner's capacity for presence may be shaped by workload, staffing, professional trust, pay, regulation and institutional culture (Mooney Simmie & Murphy, 2023; OECD, 2025). A parent's capacity for presence may similarly be shaped by time, income, work, support and stress. Ecological life becomes through conditions of soil, water, habitat, climate, human intervention and restraint.

To read through conditions is therefore to resist isolating a visible outcome from the circumstances that participated in producing it. This does not mean that people have no agency, choice or responsibility. Rather, it means that agency itself is exercised within conditions. People act, but they do not act outside time, pressure, place, relation, embodiment, policy, technology or ecology. A conditions-attuned reading asks how these forces make some actions easier, harder, more likely, less available or, at times, practically impossible.

This matters for care because care does not necessarily arrive in lived experience in the same form in which it was intended. A policy, institutional commitment or professional value may genuinely be oriented toward quality, inclusion, safety or wellbeing, while the conditions through which it is implemented alter how that commitment is ultimately experienced. The Conditions Lens therefore asks not only what care intends, but what care becomes as it travels through conditions.

Consider, as an illustrative conditions cascade, a policy intended to improve quality, accountability, inclusion or wellbeing. Such a policy need not be uncaring in purpose. However, if its implementation increases documentation, administrative workload, compliance demands

or pressure on staff, those conditions may influence management decisions, routines, allocation of time and the emotional climate of a setting. Research does not justify treating such a sequence as inevitable, but it does establish that accountability and assessment demands can sit in tension with care-oriented early childhood practice (Archer, 2017), that professional reforms interact with practitioners' working conditions (Mooney Simmie & Murphy, 2023), and that administrative work, documentation and competing duties are reported sources of stress among ECEC staff and leaders (OECD, 2025).

A conditions cascade therefore provides an analytical possibility rather than a claim of universal causation. Increased demands at one level may travel through staffing patterns, paperwork expectations or time pressure. These pressures may then be encountered by an educator as tiredness, divided attention, reduced flexibility or anxiety about meeting requirements. The child does not encounter the original policy intention as an abstract policy statement. The child encounters the conditions through which that intention arrives: perhaps a hurried transition, a shortened interaction, less available attention, a firmer tone or reduced flexibility.

The child's response may then become the most visible part of the sequence. A child may appear unsettled, resistant, withdrawn or dysregulated. If analysis begins only at that visible endpoint, attention may settle upon what the child is doing rather than widening toward the conditions surrounding the moment. The Conditions Lens asks what becomes visible when analysis moves backwards and outwards: what happened before the behaviour, what pressures were present around the adult, what organisational conditions were operating, and what decisions elsewhere helped shape the immediate environment?

The purpose of this example is not to claim that policy demands straightforwardly cause particular adult responses or child behaviours. Human situations are more complex than such linear explanations allow. Rather, it demonstrates why care cannot be assessed solely at the level of stated intention or immediate interaction. A policy may sincerely intend support while

creating pressures through implementation. A service may value relationships while organising time in ways that constrain relational presence. An educator may care deeply while working within conditions that make sustained caring practice difficult. A child described as challenging may be acting within a relational environment already shaped by pressures that are not visible in the behaviour itself.

This way of reading is especially relevant to educational systems because care, policy and practice meet one another through implementation. Archer's (2017) analysis of early childhood assessment illustrates how accountability and quantification can enter into tension with relational and care-oriented practice, while Mooney Simmie and Murphy (2023) demonstrate how wider policy reform can coexist with difficult practitioner working conditions. The OECD (2025) likewise shows that the capacity of ECEC staff and leaders is shaped by workload, staffing and administrative demands. Taken together, such evidence does not establish one universal chain from system to child. It does establish the importance of examining the conditions through which educational intentions are translated into everyday practice.

A conditions-attuned approach therefore asks not only whether care was intended, but what care became as it moved through the web. Did it become time, presence, access, trust, rest, agency and support? Or was it thinned into pressure, compliance, speed, exhaustion or surveillance? The question matters because care is not carried by language alone. It is carried through arrangements of time, space, labour, relationship, authority and material possibility.

This also changes how responsibility is examined. A conditions-attuned analysis guards against locating responsibility only at the point where difficulty becomes visible. The person closest to a problem may be the most immediately available object of judgement: the educator for the atmosphere of the room, the parent for a child's distress, the child for visible behaviour, or the frontline practitioner for the quality of an interaction. Yet the conditions shaping that moment

may also include decisions made elsewhere through funding, staffing, regulation, employment structures, institutional design or policy. Responsibility therefore needs to be examined both at the visible point of action and across the conditions that helped shape what became possible there.

This does not remove personal responsibility. It makes its location more precise. A practitioner remains responsible for how they act toward a child. A parent can still create moments of connection. A policymaker remains responsible for the decisions within their power. A service can protect relational time where it is able to do so. The Conditions Lens does not dissolve responsibility into an endless web in which nobody is accountable. It asks instead that responsibility be examined in relation to the power different actors have to shape the conditions in question, alongside what they could reasonably know, influence or change.

Young's (2011) social connection model of responsibility offers an important philosophical parallel. Structural responsibility need not be reduced to individual blame or direct causal liability; it can be forward-looking and shared among those connected to structural processes, while differing according to social position, power, privilege, interest and collective capacity. This is useful for a conditions-attuned account because the conditions shaping an educational moment are often produced across multiple sites rather than by one actor alone. Responsibility may therefore be distributed without being equal.

The concept of condition-shaping power develops this distinction at the level of the conditions under examination. An educator may possess substantial power over tone, interpretation and the immediate organisation of an interaction while having little control over staffing levels or regulatory requirements. A manager may have greater capacity to shape rosters, routines or organisational priorities, while funders, regulators or policymakers may possess more substantial power over upstream conditions without determining any single encounter. Children and families may exercise agency within these arrangements while holding comparatively less

authority over many of the conditions that organise them. The relevant ethical question is therefore not simply who was present when difficulty became visible, but who could meaningfully shape the conditions involved, what each actor could reasonably know, and what possibilities for alteration were available to them. Condition-shaping power does not eliminate personal responsibility; it helps differentiate its scope.

The lens therefore does not replace care ethics. Nor does it claim that care ethics has ignored institutions, materiality or power. Its contribution is more specific: it treats conditions as something that can be followed analytically, asking how care is carried, altered, enabled or obstructed as it passes through the organisation of lived experience. Care may be located in the intention of an individual, the quality of an interaction or the stated purpose of a policy, but it must also be examined in time, space, workload, access, rhythm, recognition, technology, ecology, power and possibility.

Care that does not reach the conditions of lived experience may remain ethically incomplete. It may comfort without preventing repetition. It may respond without altering what repeatedly produces the need for response. A conditions-attuned approach therefore asks not simply, Was care present?, but What conditions carried it, and what did care become when it arrived?

To read the web of becoming is to recognise that life is held by more than intention. It is held through conditions. If care is to become ethically consequential in lived experience, it must be able to enter that web.

4. Care as Condition-Making

If care changes as it moves through conditions, then care cannot be examined only as intention, feeling or response. This article proposes that care can also be examined as condition-making. To care is not simply to feel concern for another, or to respond warmly when need becomes visible. It is also to participate in shaping the conditions through which another life can

continue, belong, recover, act and become. Condition-making does not become care simply because conditions are being shaped. Conditions can also constrain, exploit, exclude or harm. The term care is used here where condition-shaping is oriented toward sustaining dignity, agency, continuity, relationship and the possibility for life to continue and become, while remaining responsive to the consequences those conditions produce.

Nor should caring conditions be equated with comfort, unrestricted agency or the absence of constraint. Care can require limits, safeguarding decisions, difficult trade-offs and responses to competing needs. A boundary that frustrates a child may still be caring where it protects safety; an institutional decision may restrict one possibility in order to protect another person or a wider community. The ethical question is therefore not whether every condition feels favourable, but whether constraints are necessary and proportionate, whether those affected are treated with dignity, whether power is exercised accountably, and whether the consequences remain open to review (Tronto, 2010, 2013).

This distinction is necessary because condition-shaping can also take the form of management, control or paternalism. The fact that an adult or institution believes a condition to be beneficial does not, by itself, make that condition caring. Similar outward actions may differ ethically according to what they respond to, whose interests they primarily serve, how much restriction they impose and whether those affected can meaningfully participate in, question or influence what is being decided. A caring constraint should therefore be open to examination in terms of necessity and proportionality, the availability of less restrictive alternatives, the distribution of power, the perspective of those affected and the consequences the condition actually produces. Where condition-shaping primarily secures institutional convenience, suppresses dissent or substitutes another person's judgement for the lived interests of those affected without sufficient justification, it may be better understood as management or control than care. Care as condition-

making is therefore not benevolent authority over another's life; it remains accountable to the person or people whose conditions are being shaped.

This does not mean that care is only structural. Care still lives in small gestures: a softened voice, a patient pause, a hand held, a room made welcoming, a child noticed before distress becomes behaviour. These moments matter. They are often where care is most immediately felt. Yet such moments do not appear from nowhere. They depend upon time, rhythm, safety, trust, attention, emotional capacity, material resources and the wider arrangements that allow people to remain present to one another. The gesture of care is therefore never only a gesture. It is the visible edge of a deeper ecology.

A child is not cared for only through affection. Affection matters, but it is carried through conditions that hold the child's day: predictable rhythms, secure relationships, space for movement, opportunities for rest, nourishment, play, agency, emotional co-regulation and adults with sufficient time and capacity to notice what the child is communicating. Practitioners likewise require conditions that make sustained caring practice possible; praise, training or wellbeing language cannot substitute for time, staffing, professional trust and workable demands. Evidence from Irish ECEC and TALIS Starting Strong 2024 illustrates how working conditions, competing duties, staff absence and administrative demands can shape professional capacity (Mooney Simmie & Murphy, 2023; OECD, 2025). The ethical question is therefore not whether pressure inevitably makes a person less caring, but what happens when care is repeatedly demanded through conditions that deplete the capacity required to enact it.

This creates an important distinction proposed here between care as personal effort and care as condition-making. Personal effort may soften the effects of difficult conditions without necessarily changing them. A practitioner may use warmth to protect children from the pressures surrounding the setting. A parent may stretch their own time, energy or resources to

protect family life from pressures originating elsewhere. A frontline professional may absorb institutional demands so that another person experiences patience rather than frustration. These are genuine acts of care, but they can also make less visible the conditions that made such additional effort necessary.

When systems become overly dependent upon individual sacrifice, care may become fragile. Dedication can compensate for difficult arrangements without altering them. Resilience may be praised while the conditions requiring resilience remain intact. Compassion may be celebrated while significant emotional and relational labour continues to be carried by individuals. Care can therefore be genuine in the person who gives it while simultaneously being relied upon by arrangements that do too little to sustain the giver, a tension consistent with wider analyses of systems that depend upon care while undermining the capacities through which it is reproduced (Fraser, 2016).

A condition-making view of care asks a different set of questions. It asks not only, Who cared?, but What made care possible here? Was time protected? Were relationships valued? Were expectations realistic? Was sufficient rest possible? How was power distributed? Whose voice carried authority? Was the body respected? Were the material and ecological conditions through which life continued also sustained? These questions shift attention from care as an isolated act toward care as an organised ecology.

Examining care through condition-making therefore refuses a simple separation between ethics and design. Timetables are ethical. Ratios are ethical. Funding is ethical. Architecture is ethical. Policy language is ethical. Digital design is ethical. Land use is ethical. Workload is ethical. The organisation of everyday life participates in shaping the possibilities for care. Scholarship on caring institutions and care as infrastructure similarly demonstrates that ethical relations are organised through material and institutional arrangements rather than residing only in individual intentions (Alam & Houston, 2020; Tronto, 2010, 2013). Ethics therefore enters the

arrangements through which people, communities and living systems are able to meet and sustain one another (Dahlberg et al., 2013; Puig de la Bellacasa, 2017).

This does not mean that every condition can be controlled. Life is uncertain, relational and unfinished. People inherit histories, pressures and limits they did not create. No parent, practitioner, institution or policymaker can produce perfect conditions. A condition-making view of care is therefore not a demand for perfection or total control. It is a demand for attention, humility and proportionate responsibility. It asks which conditions can reasonably be shaped, who possesses the power to shape them, what harms those arrangements may be producing, and what responsibility follows from that condition-shaping power.

Care as condition-making can therefore be preventative, sustaining and restorative. It asks which conditions might reduce avoidable harm, which allow people, communities and living systems to continue with dignity, and which might support repair when harm has already occurred. In each case, care becomes more than an emotional response to one visible point within the web. It becomes an ethical commitment to the conditions through which life is carried.

The central claim can now be stated clearly: care is not only what we feel toward another; care is what we make possible around another. A person may be comforted, but are they supported? A child may be managed, but are they understood? A practitioner may be thanked, but are they sustained? A family may be advised, but are their conditions liveable? A community may be consulted, but has its capacity to influence what happens actually changed? A landscape may be admired, but is it protected?

These questions do not move care away from feeling. They ask whether feeling has entered the conditions through which becoming is shaped. When it has, care does more than soothe. It carries life forward.

5. When Care Is Claimed but Conditions Contradict It

If care is examined through condition-making, it cannot be judged only by the language used to describe it. A policy, service or institution may speak of wellbeing, inclusion, support, participation or empowerment while organising everyday life in ways that make those commitments difficult to realise. This creates a potential contradiction between care as claim and care as condition. Care may be present in intention or language while becoming weakened, delayed or altered in lived experience.

This tension is particularly relevant in education and early childhood, where relational practice depends upon adults having sufficient capacity to listen, notice, respond and remain emotionally available. Research on accountability, professionalisation and working conditions shows that these capacities are exercised within institutional arrangements rather than outside them (Archer, 2017; Mooney Simmie & Murphy, 2023; OECD, 2025). Regulation, documentation and professional standards may be necessary for protection, consistency and public responsibility; the ethical question is what they become in practice and whether, in particular configurations, they support or compete with the conditions required for care.

In such circumstances, care can become a moral demand concentrated at the level of the individual. Practitioners may be expected to remain patient and responsive, parents to sustain stability and opportunity, and children to regulate and participate within conditions they did not design. Difficulty visible at one point may nevertheless have been shaped by decisions distributed elsewhere through staffing, funding, regulation, organisational design or policy. A conditions-attuned analysis therefore asks whether responsibility is being placed primarily upon those closest to the lived moment while the actors with greater power over its conditions receive less scrutiny.

A related tension emerges when care becomes closely associated with evidence of compliance. Services and professionals may be required to demonstrate responsible practice through

policies, observations, assessments, plans, risk procedures, consultations and written records. Such processes can be essential. They may protect people, preserve accountability, document decisions and make responsibilities visible. In early childhood education, however, scholarship has also raised questions about what happens when assessment and accountability become increasingly organised around measurement and quantification, particularly where these may sit uneasily alongside relational and care-oriented pedagogies (Archer, 2017; Dahlberg et al., 2013).

The Conditions Lens therefore distinguishes between evidence that a caring process has been undertaken and the lived conditions produced through that process. A procedure may demonstrate that a need was assessed, a consultation occurred or a plan was completed without, by itself, establishing how the person at the centre experienced the process or whether their conditions materially changed. Administrative evidence is important, but it cannot alone establish the quality or consequence of lived care.

This is why care cannot be reduced to proof of process. The ethical question is not simply whether care can be documented, but what the documented process made possible. Was a person heard? Did meaningful access improve? Was support received? Was time protected? Did the conditions contributing to difficulty change? Care can be evidenced without necessarily being experienced in the way its documentation implies. A record can demonstrate that a process occurred while leaving open the question of what that process became in lived experience.

The perspective of the person receiving care is therefore not an optional supplement to conditions-attuned analysis. It is part of the evidence required to understand what care became. This does not mean that an action ceases to be caring whenever it is disliked, resisted or experienced as frustrating; necessary and proportionate limits may still be ethically warranted.

It does mean that care cannot be established solely from the intention of the caregiver, the judgement of the institution or the completion of a prescribed process. The lived effects of those conditions, and the person's own account of them where this can be known, must remain ethically relevant.

For children, especially young children, perspective cannot be reduced to formal consultation or verbal testimony. It may be expressed through words, affect, approach and withdrawal, participation, resistance, play, bodily response or changes in engagement. None of these should be treated as transparent evidence of a single meaning. Rather, they should be approached with interpretive humility: as indications that can inform inquiry alongside relational history, context and what remains unknown. The question 'What did care become?' therefore includes not only what adults or institutions intended to provide, but how the conditions created around a child were encountered and lived.

When the representation of care becomes detached from its lived conditions, care risks becoming symbolic. It may appear in mission statements, professional standards, policy commitments and documented procedures without being fully carried into the organisation of everyday life. The concern here is not that institutional language or evidence is inherently empty. Rather, it is that language and procedure can become substitutes for examining whether the conditions they were intended to improve have actually changed.

A conditions-attuned reading therefore asks whether stated commitments survive contact with the conditions through which they must be enacted. Does inclusion survive the process through which access is organised? Does wellbeing survive the workload required to deliver it? Does child-centred practice survive the organisation of time? Does participation survive unequal authority? Does relational pedagogy remain possible under particular combinations of ratios, paperwork, accountability demands and pace? Such questions examine the potential distance

between stated values, recorded processes and lived conditions (Archer, 2017; Dahlberg et al., 2013; Tronto, 2010, 2013).

Importantly, this distance need not arise from bad intention. Individuals inside institutions may care deeply. Policymakers may sincerely intend improvement. Managers may be attempting to balance competing responsibilities. Practitioners may work with considerable commitment. Parents may expend significant effort to protect and sustain family life. Institutions themselves may operate within conditions they did not wholly create. A conditions-based account therefore does not require blame to be simple. It asks instead that responsibility be traced more carefully, particularly toward those with greater power to shape the conditions in question.

This has particular importance for education and childhood. Children encounter wider systems through immediate conditions such as adult tone, rhythm, space, transitions, routines, opportunities for play and the possibility of being heard. Policy and institutional arrangements may therefore reach children indirectly through what happens to the adults, relationships and environments around them. The relationship is neither simple nor linear, and not every hurried interaction can be traced upstream. The analytical point is that conditions of settings and adults form part of the environment through which children encounter wider systems.

A conditions-attuned analysis also invites caution before interpreting visible difficulty solely at face value. Might apparent non-compliance reflect overwhelm? Might poor engagement reveal barriers in access? Might challenging behaviour be occurring within strained relational conditions? Might apparent practitioner weakness be connected to unsustainable working conditions? Might what is interpreted as family failure partly reflect narrowed social or material possibilities? These questions do not presume that the answer is always yes. Their purpose is to prevent interpretation from stopping at the most visible individual.

The central problem, then, is not simply whether care is present or absent. Care may be sincerely present in intention while becoming constrained in its passage into lived experience. It may be present in the practitioner who wants to respond but lacks time, in the parent whose capacity is stretched, in the policy aim that encounters implementation pressures, or in child-centred language operating within conditions of pace and accountability. The question is not whether these examples prove that care has failed, but what care was able to become within the conditions through which it had to travel.

This is why care must be judged by more than intention, language or evidence alone. The ethical question is not only, Was care meant? or Can care be proven? It is also: What did care become? Did it become presence, time, access, dignity, agency, repair and continuity? Or did it become pressure, compliance, exhaustion, delay, surveillance or blame?

The Conditions Lens does not assume the answer in advance. It asks that the conditions be followed until the distance, if any, between the claim of care and the lived experience of care becomes visible.

6. From Ethical Analysis to Educational Praxis

For applied philosophy of education, the value of a conditions-attuned account lies not only in widening description but in improving judgement before and during action. The Conditions Lens is not a checklist that supplies a predetermined answer. It is an orientation that keeps interpretation open long enough to examine how a visible moment has been shaped, whose knowledge matters, where responsibility sits and what possibilities for change are realistically available. In practice, a conditions-attuned inquiry into care may ask six linked questions:

1. What care is being claimed, intended or expected?
2. What conditions are carrying that care into practice?
3. What is becoming easier, harder or less possible through those conditions?

4. Who has meaningful power to shape them?
5. What consequences are visible, and what remains unknown?
6. What conditions could reasonably be altered, protected or repaired with care?

Consider an illustrative early childhood situation within a setting that identifies responsive, relational and child-centred practice as central commitments. Its policies, staffing records, observations and documented procedures may provide evidence of that commitment. During an afternoon session, an educator notices a child sitting apart from the group, appearing unsettled and repeatedly seeking adult attention. The educator wishes to spend time with the child but is also responsible for supervising the wider group, responding to other children's needs and completing documentation for which time must be found within the working day. Staffing arrangements meet the applicable requirements, yet the educator's attention remains subject to competing demands. The educator responds warmly, offers reassurance and returns to other responsibilities.

The response may constitute genuine care, just as the setting's procedures may provide legitimate evidence that caring responsibilities are recognised. Neither, however, establishes on its own what the child required, how the interaction was experienced or whether the conditions of the day allowed relational care to be sustained. Care may be visible in policy and professional action while arriving in lived experience through brief or interrupted encounters. A narrow reading might ask whether the educator responded appropriately, whether the child's need was recorded or whether the child subsequently settled. A conditions-attuned inquiry asks what care was intended to provide, what the organisation of everyday practice allowed it to become, and whether conditions contributing to any recurring difficulty are themselves receiving attention.

The first question asks what care is being claimed, intended or expected. The setting's commitment to responsive, child-centred practice establishes an expectation of attentiveness to

individual needs. The educator may sincerely intend to offer reassurance and relational presence while fulfilling responsibilities towards the wider group. Supervision, documentation and appropriate responses to other children are not necessarily competing with care in purpose; each may form part of responsible educational practice. Beginning with intention therefore recognises the legitimacy of these responsibilities before examining what care becomes through the conditions in which they must be enacted.

The second and third questions widen towards the conditions carrying that intention and what those conditions are making possible. The educator's available time, group composition, staffing arrangements, documentation expectations, environmental demands and the needs of other children may all participate in shaping the encounter. These are not simply obstacles: supervision and documentation may protect continuity, accountability and the wellbeing of children. Yet their combined organisation may leave attention divided, making sustained presence harder at particular moments even when each responsibility is legitimate. The relevant question is therefore not whether paperwork or group care is inherently opposed to relational care, but how these responsibilities are arranged, what time and attention remain available, and what a child encounters as a result. Nor should competing demands automatically establish that the educator lacks capacity or that the setting's arrangements are unsuitable. The inquiry distinguishes conditions known to be present from those only plausibly relevant and examines how they interact within this particular situation.

The fourth question asks who has meaningful condition-shaping power. The educator possesses professional responsibility and considerable influence over their immediate response, including how they prioritise competing needs, organise available time, interpret the child's behaviour and seek support where appropriate. The child may exercise agency through their actions and responses but has comparatively little authority over staffing arrangements, documentation requirements or the organisation of the wider setting. A room leader or manager may possess

greater capacity to influence staff deployment, routines, administrative expectations or the allocation of time for particular responsibilities. Actors further upstream may shape regulatory requirements, funding and other structural conditions without determining this individual encounter. Responsibility is therefore not transferred away from the educator merely because wider conditions exist. Rather, it is examined in relation to which conditions are meaningfully implicated and what different actors could reasonably know, influence or change.

The fifth question concerns consequences and uncertainty. The child appears unsettled and repeatedly seeks adult attention, but the meaning of these observations is not automatically known. The child may be seeking reassurance, connection, assistance or something not yet apparent. Equally, the educator's brief response may have been sufficient in the circumstances, or the child's subsequent experience may indicate that further attention was needed. The child's perspective is therefore relevant, including what may be expressed through words, gestures, withdrawal, approach, play, bodily responses or later participation. None of these should be treated as transparent evidence of a single meaning. The educator's experience also matters, particularly in understanding whether responsibilities were manageable or whether divided attention constrained what they could offer. Records may establish that the educator noticed and responded to the child, but not by themselves what that response became for the child. A conditions-attuned inquiry separates what is known from what is possible and what remains unknown, rather than turning documented action or observation into certainty.

The final question asks what can reasonably be altered, protected or repaired with care. Within the immediate encounter, the educator might adjust their priorities, offer additional relational presence, provide reassurance, seek support from a colleague or consider whether a less immediate task can reasonably be deferred. Such decisions form part of ordinary professional

responsibility and may change the conditions through which the child experiences care without requiring wider organisational alteration.

However, if similar situations repeatedly arise and there is reason to believe that competing demands are restricting sustained relational practice, the inquiry may appropriately widen. Rather than relying only on the educator to offer more reassurance within the same arrangements, a room leader or manager might examine whether time for documentation is protected, whether staff deployment permits responsive attention, or whether responsibilities could reasonably be organised differently. This does not presume that documentation should be reduced, that staffing arrangements are inadequate or that one educator should be available exclusively to one child. It asks whether the conditions through which legitimate responsibilities are enacted sustain the care the setting claims to provide, and whether any agreed alterations are subsequently examined through the experiences of children and practitioners.

The ethical distinction is important. Care as condition-making does not require every difficulty to result in institutional change, nor does it remove an educator's responsibility to exercise professional judgement within their role. Equally, a caring interaction or a completed record should not be treated as sufficient evidence that the surrounding conditions are caring or that recurring needs have been addressed. Where individual effort repeatedly compensates for conditions that others possess greater power to shape, responsibility for examining those arrangements becomes relevant. Any proposed alteration must consider competing needs, necessary safeguards, proportionality, the perspectives of those affected and the consequences produced. Creating, sustaining or altering conditions becomes ethically significant not simply because a process was followed or an arrangement changed, but because attention remains directed towards what care becomes in lived experience.

The practical significance of this widening is therefore not that action is delayed until every condition is known. Educational practice often requires action under uncertainty. Rather, the aim is to make judgement more proportionate: to avoid confusing the most visible person with the whole explanation, to distinguish intention from consequence and condition from cause, and to direct responsibility towards the actors and arrangements that can meaningfully shape what happens next. The same six questions can be directed towards a classroom routine, a staffing arrangement, a curriculum demand, a policy or an institutional procedure. Their purpose is not to guarantee a caring answer, but to make the conditions through which care succeeds, thins or fails more available to ethical scrutiny.

7. Conclusion: What Did Care Become?

This article has argued that care cannot be exhausted by kindness, empathy, warmth, attentiveness or interpersonal response. These dimensions remain indispensable, and care ethics has long established care as relational, political and institutionally significant. The distinctive proposition developed here is that care can also be examined as condition-making: by following what happens to care as it moves through the conditions by which lived experience is organised, and by relating responsibility to the power different actors possess to shape those conditions.

The Conditions Lens offers one way of undertaking that analysis. It does not replace care ethics or relocate care from the interpersonal to the structural. It asks how care is carried, enabled, constrained or altered as it passes through time, workload, funding, regulation, space, power, institutional arrangements, relational rhythms and material environments. The person, child or community toward whom care is directed does not encounter intention alone; they encounter care as it has arrived through lived conditions.

This distinction matters because evidence that care was intended or that a caring process occurred is not identical to evidence of what that care became in experience. Policies,

procedures, documentation and accountability can be necessary and protective, but the ethical task is to follow care beyond proof of process and into its lived consequences. Was care meant? Can it be demonstrated? Those questions remain relevant, but they are joined by another: What did care become? Did it become time, presence, dignity, access, agency, repair and continuity, or was it thinned through particular conditions into pressure, compliance, exhaustion, delay, surveillance or blame?

The central claim can therefore be stated simply: care is not only what we feel toward another; care is what we make possible around another. Not all condition-making is care. Condition-shaping may also become management, control, exclusion or paternalism. Its ethical character depends not only on benevolent intention, but on whether constraints are necessary and proportionate, how power is exercised, whose interests are served, whether the perspectives of those affected remain ethically relevant, and whether those shaping conditions remain responsive to the consequences produced. Caring conditions can never be made perfect, nor can all harms be prevented. The demand is instead one of attention, humility and differentiated responsibility in relation to condition-shaping power.

For education and early childhood, this means that care cannot be located only in the immediate encounter between adult and child. Children encounter wider systems through the conditions those systems help create around them, while their own lived experience forms part of the evidence through which the consequences of those conditions should be understood. Protecting care at the point of interaction therefore requires attention both to immediate relationships and to the upstream arrangements that make relational presence more or less possible.

The Conditions Lens does not presume in advance that a system is caring or uncaring, nor does it dissolve responsibility into an endless web. It asks that judgement remain open long enough to trace the conditions shaping a visible moment and to locate responsibility in relation to what different actors could reasonably know, influence or change. If care is to become ethically

consequential in lived experience, it must move beyond intention without abandoning intention, beyond sentiment without abandoning feeling, and beyond individual response without erasing individual responsibility.

Care, in this sense, does more than soothe. It shapes the conditions through which life is carried forward.

Ethical approval

This is a conceptual article and did not involve human or animal participants. Institutional ethics approval was therefore not required.

Conflict of Interest

The author declares no conflict of interest.

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