Arguments for non-parental care for children

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“It takes a village to raise a child” (African proverb)

“Only those who do not work do not make mistakes” (Romanian proverb)

Thesis and preliminary remarks

Here I advance several pro tanto reasons of justice why some of the work of caring for children should be done by non-parents, ideally in public institutions and as much by men as by women. Although much of my argument will rest on the importance of fair opportunities, on the endemic nature of mistakes of care and on children’s vulnerability to failed care, I shall not consider the more radical possibilities of addressing these issues either by abolishing the family and raising children in well-run orphanages or by instituting a parenting licence scheme. Instead, I start from the assumption that parenting as we know it is a value worth preserving and I claim that the best care regime will combine care for children at home, by family (and, when possible, by more than the nuclear family), with care outside the family in well run public institutions. This will mean that children spend a few hours every


2 That is, a practice that involves one or several adults being the main care-givers of their children, whom they have come to parent sometimes intentionally and sometimes by accident.
day in caregiving institutions, although I will not attempt to specify the best ratio between parental and non-parental care. Nor am I going to engage with the question whether this arrangement should be mandatory or merely available to all children, since this would involve discussing possible conflicts with parental prerogatives and a much more precise specification of which institutional care is good enough and thus advances children’s wellbeing than I can offer here. I will thus limit myself to showing why significant exposure to non-parental care would be just and beneficial for both children and parents³.

I hope to show why there is moral value in diversifying carers for children and to bring additional arguments for a social organisation of care for children that includes significant non-parental care.

In the case of pre-school aged children, this will amount to a division of labour only in the sense that different individuals, who stand in different relationships to the children, will take turns to care for them in different locations. In the case of older children, I will argue for a proper division of labour, with some tasks (such as teaching of specialised subjects) properly assigned to non-parents.

My fundamental normative assumption is that a just society will ensure that people’s essential needs are being met. Moreover, when the satisfaction of needs impacts on people (often comparative) opportunities to lead good lives, there is all the more reason to ensure the needs are properly addressed.

I define care as the disposition and activity to meet needs⁴ within relationships⁵. Children are dependent on adults’ care, and since proper care for children shapes their bodies, personalities and various abilities, the care they receive is crucial in determining their opportunities both as children and as future adults. Parents, in turn, have their own needs (some of which qua parents), which means they should also be given care; but, as adults, they are less dependent than children are on particular individuals. One

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³ In many societies such arrangements are already in place but this is not the case everywhere in the world, nor is it equally the case across different groups of each society. This paper can therefore be read as a criticism to the still widespread conviction that there is nothing wrong (and, perhaps, that it is even desirable) to confine the care of children to their immediate family.
⁵ Some of the most important needs are affective, one of which is the need to be loved in a personalised, partial and spontaneous way by some people. In this paper however I do not address this need but mostly have in mind needs related to security, nourishment, hygiene, socialization, basic education.
particularly salient need of parents, which is seriously frustrated when childcare cannot be shared, is for
time. Parents need some time free from the responsibility of caring for children if they are to get proper
rest and to have the opportunity to pursue any other projects of their own. And more than merely
physical time, I argue, parents (and children!) need to have the responsibility for child care divided
among several persons to better manage the ambivalent feelings that permeate ordinary parent-child
relationships.

In this paper I focus on why it is important that the work of care for children be shared between
parents (or, in some cases, extended family) and persons who come into children’s life as strangers but
who are prepared and willing to develop caring relationships with them. I will also advance a few
reasons why care by non-parents would be better done in public institutions, rather than by nannies or in
private institutions.

Let me start with a number of preliminary clarifications. First, I presuppose that the distribution
of care is a matter of justice for both the cared-for and the care-givers. Because care is essential to any
society, and the work it involves is a burden of social cooperation, it is important that its distribution be
fair to those who are doing it. And because the benefits of care are enormous and they impact on the
present and future quality of life of children as well as on their chances, as adults, to achieve economic
and social success, its distribution should be fair to children as well. I therefore start from the premise
that the needs of both children and carers should be given consideration when we decide on the social
organisation of care (i.e. who does it, where is it done, etc.) In cases of conflict between the needs of
children and carers it is important to seek solutions that are as fair as possible to both parties, even if this

6 This point has been made, and philosophically exploited, by Anne Alstott in No Exit: What Parents Owe Their Children
7 For more elaborate arguments supporting this see Eva Feder Kittay Love's Labour: Essays on Women, Equality and
Theory to Action, Basingstoke: Palgrave Macmillan, 2004; Martha Nussbaum, Frontiers of Justice. Disability,
Nationality, Species Membership. Harvard University Press and Anca Gheaus, “How much of what matters should we
means no party’s needs will be optimally addressed8.

Second, it is important to keep in mind that, in the world as it is, the division of labour in caring for children is an issue central to gender justice. Most of the work of care is still done by women and throughout this paper I will rely on the vast feminist literature that explains why this is unfair to women and possibly bad for all involved (that is, for all members of society). I hope to add some insight as to why it is important to ensure that care for children is being done both by women and by men, as well as both by parents and by non-parents. The proposals defended here, that some of the care for children be done by non-parents, and that public institutions are better settings than private ones, or than hiring nannies, are backed by reasons of gender justice. The goals embedded in both proposals are better served if a significant amount of care work is redistributed from women to men. One way to achieve this is, of course, through a redistribution of care work between mothers and fathers, proposal to which I am fully sympathetic. However, where attempts to encourage fathers (through regulated paternal leaves, for instance) to do more hands-on care for their children are relatively unsuccessful, institutional care is an alternative context in which some of the childcare can be done by men9. Moreover, if care for children is done in adequate institutions, acknowledged as a matter of common responsibility and is given a higher status than it currently has, chances are that it will attract more men who are as such inclined to care for children (but who do not have the proper incentives to do so under the current social organisation of care).

Because the social organisation of care is deeply gendered, the conflicts of need between children and carers most often take the form of conflicts of needs between children and mothers. Since the wellbeing of mothers and children are so deeply intertwined, one10 is easily tempted to swipe these

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8 This contrasts to a position which says that children’s needs should have absolute priority over the needs of their parents/caregivers.
9 As such this would of course not resolve the issues of gender justice within individual heterosexual couples. But if it is true that some sources of widespread sexist attitudes reside in children’s lack of experience of caring men (see, for instance, Benjamin 1988) then institutional care done by presumably qualified, and willing to care men will go some way towards a more gender just society.
10 That is, cultural representations, theoretical approaches to motherhood and policies.
conflicts under the carpet, conflate children’s and mothers’ needs, and perhaps retreat in an idealised – and ideological – representation of selfless motherhood. This representation, often encountered even in mainstream psychological therapy\(^1\), obliterates those needs and interests of mothers which do not serve children’s own interests. I shall try to avoid this idealisation without falling for the complementary one – namely the presupposition that whatever advances mothers’ needs should necessarily serve well children’s interests. Instead, I assume that a just society will seek institutional arrangements that minimise rather than antagonise mothers’/parents’ and children’s needs, even if this is expensive to achieve. For example, suppose that a society without good-enough institutional care would sharpen the conflicts between mothers’/parents’ need to pursue their professional life and children’s needs for care. Also suppose that organizing institutional childcare at adequate standards was a socially more expensive option than leaving it entirely up to individual families. I assume that, all other things being equal, justice gives us a reason to chose the institutional arrangement that is more expensive but which makes it more likely that neither mothers’ (or, in a gender just society, parents’) nor children’s needs will be extensively sacrificed\(^12\).

Next, a clarification concerning the use of the terms “parent” and “non-parent”. Throughout this paper, by “parents” I mean children’s primary figures, the people who take the moral and legal responsibility to continuously care for a child until she or he has reached maturity. The parents I refer to may be biological or not, single or partnered, married (to each other) or not, gay or heterosexual; I shall not delve into discussions on how different types of family may impact on childrearing. The only assumption I make is that children need to have at least one adult committed to provide continuous


\(^{12}\) I can see two different reasons for this. A general reason is that in a just society everyone’s basic needs will be taken into consideration (and needs for work and pursuing individual projects, as well as needs for care are indeed basic.) A second, special reason, is that mothers’/parents’ needs are not as independent of those of their children as the needs of unrelated adults’ are. Thus, there seems to be a special kind of moral harm in social arrangements that anatgonise the needs of mothers/parents and children if alternative arrangements are available.
care and thus serve as a primary figure, and that just societies should ensure that this need is met. By “non-parent”, I refer to carers who are not the parents of the children they care for (but who of course may be other children’s parents.)

Throughout this paper I advance arguments which are conditional on empirical claims. My main reasons in favour of some institutional care will assume, as we shall see, that parental care almost always involves failings or mistakes, and that people in general resent the mistakes they and others have been repeatedly exposed to as children (not least because these have shaped, sometimes irreversibly, individual’s characters and lives.) I will also work with the widely accepted and based on clinical experience thesis in object-relations theory, that both children and parents experience ambivalent feelings towards each other. The beliefs about developmental needs can more easily be substantiated by references to literature. The belief that significant mistakes of care are the rule rather than the exception is more difficult to prove, not least because it is difficult to trace them without invading people’s privacy and because both as children and as parents we have strong psychological interests in denying, or quickly forgetting, such mistakes, although, at times, we become intensely aware of them. For that part of the readership who thinks I misrepresent the reality of parent-children relationship at least some of the arguments advanced here will remain conditional and thus inconclusive. To address this worry, I shall reformulate the argument from mistakes of care in the form of a less empirically-bound argument, by arguing that the structural vulnerability of children to their care-givers should be mitigated by ensuring that children have several care-givers. Finally, an important kind of empirical realities that will bear on the overall desirability of non-parental care for children, and especially for institutional care, have to do with how child development is affected by such care. I shall not attempt to engage with such evidence, not only because the available data is contradictory (and often research on childcare is ideologically-driven), but also because much of the existing institutional care for children is deficient and thus

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13 See Alstott, especially pp 15-20.
14 How this is possible could be the very interesting topic of a different paper.
adequate empirical evidence is very difficult (or impossible) to gather. My present argument is about the desirability of some non-parental care in *good-enough* institutions, and it is, as already mentioned, a *pro tanto* argument – meaning that its application depends on particular circumstances and on the presence and weight of other reasons concerning non-parental care.

**Care-giving institutions and distributive justice**

In the literature on justice and the family one can already find a number of reasons to believe that part of the care for children should be done outside the family (and, implicitly, by non-parents). Some of these arguments, which are not always fully explicit, have to do with equal opportunities, while others appeal specifically to gender justice, including (but not restricted to) women’s opportunities. A common element to all these reasons is a relatively unproblematising take on quality of care issues. They assume parental care is essential if children are to develop into autonomous, properly socialised adults who can form and pursue life plans of their own; care is thus (akin to) a primary good. These approaches however do not make much of the fact that care can, and often does, go wrong – and they do not draw any conclusions from this fact about the best way to distribute care. In the present section I sketch these arguments, then in the next section I go on to offer five additional ways of reasoning about the importance of having some care done by non-parents, in which I integrate the claim that care will occasionally, but inevitably, fail.

The fact that children grow up in families poses a serious challenge to distributive justice: families are sites of very unequal distributions of important goods such as education and socialisation. Not only do children share their parents’ material condition, but they also spontaneously inherit much of their parents’ way of speaking the language, interests in various pursuits, habits and social relationships. Class, power, social status and education are being passed on from one generation to the next within
families\textsuperscript{15}. Even in the absence of crass social inequalities, parents’ freedom to raise their children according to their own values – a freedom widely recognised and protected by liberal democracies – means that parents’ impact on their children’s wellbeing and future opportunities is very significant\textsuperscript{16}.

Since there are good reasons to protect this freedom (albeit in a qualified form) there is a strong case for socialising some of the care given to children as a way to level the playing field and mitigate, if not eliminate, some of the inequalities generated by families. Barbara Bergman, for instance, argued that, if part of the care takes place outside the family, in daycare centers, kindergardens, and schools, children are given the chance to catch up on whatever they might miss at home in terms of education, social relations, and exposure to various values and lifestyles\textsuperscript{17}. The more egalitarian these institutions will be, the better they will achieve the aim of counterbalancing home-inherited inequalities; and, for a variety of empirical reasons\textsuperscript{18}, one can assume that public institutions are more likely to be egalitarian than market-run caring and educational arrangements can be. (There always is, to be sure, a risk that public institutions will perpetuate various social divisions including class and economic ones.)

A second, somewhat symmetrical argument from distributive justice takes parents’ wellbeing and opportunities as grounds for doing some caregiving outside the home. Parents’ commitment to continuous care for their children inevitably involves serious costs in terms of time, economic opportunities and personal autonomy. As Anne Alstott put it, when they decide to parent, people make a “no exit” commitment (i.e. a commitment which one cannot and should not exit lightly) to give

\textsuperscript{15} For an early illustration of this point, which is now widely acknowledged, see James Fishkin \textit{Justice, Equal Opportunity and the Family}. New Haven and London: Yale University Press, 1983.

\textsuperscript{16} Discrete, and overall legitimate, actions, which are part of the everyday lives of parents and children’s relationships, such as reading bedtime stories can accumulate into competitive advantage. See Harry Brighouse and Adam Swift “Parents’ Rights and the Value of the Family” in \textit{Ethics} 117 (1), 2006 80-108 and Harry Brighouse and Adam Swift “Legitimate Parental Partiality” in \textit{Philosophy and Public Affairs} 37 (1), 2009, 43-80.

\textsuperscript{17} Barbara Bergman, \textit{Saving our children from poverty. What the U.S. Can learn from France}. New York: Russel Sage Foundation, 1996.

\textsuperscript{18} If care for children is organised in private, rather than public, institutions, it is more likely that parents will be able to use economic advantage to buy better care for their children, thus defeating the purpose of institutionalised care as a means of advancing a more egalitarian society. Also, care in private institutions will be more likely to unintentionally segregate children according to class/economic background that care in public institutions: rich and poor people tend to live in separate neighbourhoods.
significant weight to their children’s interests, often putting them before their own interests, and indeed
to shape their own lives such that their children’s lives go well. Due to children’s need for continuity in
care, this commitment does and should extend over a very significant period of years, and thus it
represents a very significant opportunity cost to parents. While it is fair that parents shoulder much of
the costs of rearing their children, it is also fair that, in modern societies (where having children is no
more an insurance for the parents’ own dependency needs when old or ill) be socially shared. Alstott
advocates the introduction of a caretaker resource account for parents in the form of money to be used
for childcare, education or retirement as a matter of justice between parents and non-parents19. Although
Alstott herself does not propose it20, ensuring that all parents have access to care for children in well run
publicly funded institutions would make the burden of the “no exit” commitment lighter, by
redistributing to parents one of the resources they are often most short of: time.

A third reason, or perhaps group of reasons, for socially organising some caregiving for children
by non-parents, and which partially overlaps with the previous reason, comes from gender justice. In all
societies mothers bear the costs of childrearing disproportionately, forsaking career opportunities,
education and personal development to a much larger extent than men21. Often women miss
opportunities because, due to a combination of lack of choice and an ideology of the ever-present
mother, they are constantly in charge with most of the hands-on care for their children. If all childcare is
to be done within the family, then at least one of the parents must must forsake the opportunity to work
full time. But given the current structure of the labour market working part-time comes with significant
penalties not only in terms of income but also in terms of benefits, intrinsic quality of work22, and, very

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19 Caretaker resource accounts would be funded through taxation of both parents and non-parents, thus redistributing some of the economic costs of child-rearing between the two groups. Thus people who decide to parent will continue to support much of the costs of parenting themselves.

20 She does not exclude it either; indeed, her book ends with the remark that there is likely a lot more that social policy could and should do to advance justice for parents by redistributing resources.


22 Thus, working part-time often makes it less likely that one will be assigned interesting, challenging, and intrinsically rewarding tasks, or that one will have the same degree of autonomy and control over one’s work as full-time workers.
significantly, in terms of future perspectives for good jobs. As a matter of fact, it is largely mothers who opt to work part-time in order to raise children. If provisions are made for mothers to regularly leave their children in the (good-enough) care of other people, they will have a better chance to continue parenting without sacrificing that much of their professional perspectives.

An additional argument is that shifting some care work away from mothers, especially if this takes the form of professionalised care that involves men as well as women, will give care more social recognition, which in turn will improve women’s social standing\textsuperscript{23}. If moreover, non-parental care is done in publicly funded institutions and assumed as a matter of social responsibility, the recognition gains will arguably be even more significant.

I will not elaborate, any further these arguments which, as mentioned, are more or less explicitly present in recent literature on social equality, family and gender justice. Before I move on to my own arguments in favour of having some institutional care for children let me note that the first and the third of the above arguments for institutional care, are compelling because they presuppose a far from ideally just world. If we lived in a perfectly egalitarian society (whatever the proper definition of such a society) we would not need institutional care to offset the inequality-advancing effects of the family\textsuperscript{24}. In a world characterised by fairness between parents and non-parents we would have one reason less for institutional childcare (unless such a world could only be achieved by having institutional childcare). And if society was already gender just, such that care would receive due social recognition and mothers and fathers would equally share the costs of child-raising, the gender-justice reason for institutional care outlined above would disappear.

\textsuperscript{23} See Fraser and Bergman.
\textsuperscript{24} That is, with a few exceptions. As Adam Swift \textit{How Not to Be a Hypocrite. School Choice for the Morally Perplexed Parent} Routledge, 2003 and Brighouse and Swift (2006; 2009) argued, much of the parental care that results in social and economic opportunities for children consists in discrete, everyday actions such as reading bedtime stories to one’s child. Even in an egalitarian society people will presumably have different ways of parenting leading to unequal opportunities for their children. Because choosing particular lifestyles that parents share with their children has intrinsic, and significant, value (Brighouse and Swift, 2006) we would not want to eliminate all such differences. Thus, we would have some reason to organise some institutional care to offset the inequality inducing effects of the family even in an egalitarian society.
Care-giving institutions as a response to inevitable failings of care

I will now put forward five new arguments in favour of doing some of the work of care for children outside the family. I discuss the importance of mitigating bad care, of teaching children how to enter caring relationships with initial strangers, of addressing children’s structural vulnerability to their care-givers, of helping children and parents contain the ambivalent feelings of the child-parent relationship and finally of distributing the responsibility of care and the ensuing blame for bad care more widely.

Let me start with a brief discussion of good enough care, of how easily it can fail and of the consequences of bad care. The otherwise rich literature on a feminist ethics of care, has so far provided little exploration of the issue of bad care. Some theorising of bad care is negative – one can deduce it from what different authors had to say about good care. Thus, Sara Ruddick identified three aims parents should pursue: the physical preservation of children, fostering their psychological development and socialisation. This means that when parents do not manage to keep their children safe, to help their personal development and ensure proper socialisation, they are not giving good enough care. (In most cases, good enough care is of course a matter of degree.) In order to achieve all the goals of good enough care, one needs a favourable constellation of external circumstances and individual abilities. External circumstances include the material resources of the parents, their social status, the institutional set-up of the carer’s society as well as cultural norms and expectations, which can put pressure on carers to prevent children’s development, when socially unacceptable. But even under ideal conditions,


27 An extreme example is foot-binding in China but less dramatic examples can be found in contemporary Western societies. For instance, most societies have gender expectations which make it unacceptable for boys to be as emotional as
conflicts may develop between the different aims of care. Since in all real world societies many (perhaps most) parents struggle with precarious conditions, parenting is often likely to fall short of the standards of good enough care.

An obvious and, if correct, powerful critique of this reasoning is to wonder whether most people do not enter adulthood as reasonably adjusted, educated, developed human beings. There is an inherent problem with this critique. What we take to be “reasonable” in this case necessarily depends on what we believe parents and others can achieve with respect to child-raising, given the inherent mistakes carers make and given the many social limitations in which people raise children. Thus, we judge ourselves and others to be reasonably adjusted, developed or educated given the class/race/gender/education etc. constraints and the personal limitations that shaped the quality of childcare. The belief that most adults are reasonably adjusted, educated, developed human beings is always a relative, not an absolute judgment and therefore cannot as such be a reason to resist improvements in childcare arrangements.

Turning to the individual abilities needed to ensure good care, according to Tronto, a good carer has to be attentive to the cared-for, responsible for her or his wellbeing, competent in addressing needs and responsive to the other person’s needs. It follows that inattentiveness, inability to take responsibility for the child’s wellbeing or to properly address the child’s needs as well as not being responsive enough to a child will all count as failings of care. When extreme, such failings take the form of negligence and abuse and constitute grounds for removing children from their parents’ custody and, when possible, placing them in other people’s continuous care. But most such failings are not extreme – they are very human, indeed everyday, failings to which we are all susceptible, rather than easily girls and for girls to be as assertive as boys. Parents who believe, as many parents do, that it is important for their children to become socially acceptable cannot help but impose, or at least encourage, children to conform to gender, class, race etc. expectations even when this has costs in terms of children’s development.

One example is the conflict between encouraging the child’s development (for example encouraging her to explore the world and her own limits by climbing trees) and the aim of physical preservation of the child. There is no reason to believe that one can always strike a perfect balance between too much and too little protection. For illustrations of all the points in this paragraph, see Anca Gheaus “How do Theories of Care Challenge Ideal Theories of Distributive Justice?”, in Lisa Tessman (ed.) Feminist Ethics and Social and Political Philosophy: Theorizing the Non-Ideal. Springer Academic Publishing, 2009, 105-119.

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29 Tronto, 1993.
avoidable mistakes. Their everyday character does not, however, mean their repercussions are minor. An inability to attend to one’s child well-being and development which are too minor to constitute grounds for removing the child from parents’ custody can make for distressed children. Some of these children grow into adults lacking self-confidence, curiosity, social skills, purposefulness and many other traits that are obviously connected to how well one’s life goes and to one’s ability to make use of opportunities.

Tronto’s account of good care also mentions risks of care which are specifically moral. Carers can be paternalistic, impeding children’s development and autonomy, they can display parochialism, paying disproportionate attention to those near and dear and not enough to particularly needy strangers, and can neglect their own needs to the extent that they become resentful and eventually unable to care. Care shapes us morally, and care that is not good enough lays the ground for moral as well as other kinds of shortcomings. And particular forms of good, as well as bad, caring tend to reproduce themselves throughout generations.

Turning from the ethics of care to the field of developmental psychology, the requirements of good enough care appear even more difficult to meet. According to British child psychologist Donald Winnicott, the first psychologist to have looked closely at the standards of good enough parenting (in fact, he addresses only good enough mothering), the mother figure should be able to meet the child’s needs and at the same time allow the necessary amount of frustration which enables the child to develop a sense of being separate from the mother. The mother has to be present and protective, yet without inhibiting the child’s development. She has to fail in fully meeting the needs of the child, but only to the extent necessary to enable the child’s separation from the mother, which is a necessary step in achieving maturity. It seems all too easy to fall short of this ideal: too much attention given to the child can be just as bad as too little; the same can be said about control, or thinking about the child’s needs. The good

30 For an account of how moral subjects are being created in the context of caring, see also Virginia Held Feminist Morality: Transforming Culture, Society and Politics, Chicago: University of Chicago Press, 1993 and Hollway 2006.
31 Here I rely on Parker’s rendering of Winnicott.
enough mother is forever benevolent, able and willing to ignore her own needs in order to ensure the child’s needs are being optimally met (which, as seen, can involve occasional frustration of the needs). This representation of the good enough mother is indeed highly idealised and unrealistic, as it has been argued by feminist psychologists\(^\text{32}\). As a response to Winnicott’s and his followers’ ideal of a mother who can be always loving and either present or absent depending on the child’s needs, new theories of good mothering/parenting are being developed which accept ambivalence as an unavoidable feature of the intimate relationships between parents and children. Love for one’s children motivates parents to make the very taxing commitment of raising their children well, and ensures both continuity of care and the striving to uphold high standards of care. But parents in charge with hands-on care can also at times hate their children even while loving them\(^\text{33}\). Parker argues that ambivalence (experienced by both children and parents) in parenting is unavoidable: even the best parent will be unable to avoid frustrating her or his child, and even the easiest child will put frustrating and boundless demands on its parent. As such, ambivalence need not ruin caring relationships or render bad care unavoidable, as long as it is individually and socially accepted as part of what it means to parent. Ambivalence, however, makes parenting, and especially good parenting, particularly difficult, intense and emotionally costly. I shall return to this point later since it constitutes a ground to avoid social isolation in childrearing.

Bearing in mind the various ways in which parental care can fail, I shall now advance a few additional reasons why some of it should be done by non-parents. The first three arguments look at the wellbeing of children, while the fourth and fifth ones are about the wellbeing of parents and the value of maintaining good inter-generational relationships.

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\(^{32}\) For example Parker and Hollway 2006.

\(^{33}\) The experience of strong ambivalent feelings in the context of parenting is a main theme in object-relations theory. See the work of Donald Winnicott and Melanie Klein (see also the extensive analyses of Winnicott and Klein on ambivalence by Parker), Parker, Hollway 2006. See also the work of some authors on care such as Ruddick and of (auto)biographies and essays about mothering such as Jeane Lazarre, *The Mother Knot*. London: Virago, 1976 and Adrienne Rich *Of Woman Born. Motherhood as Experience and Institution*, London: Virago, 1977.
a. Mitigating the effects of failed care

Abuse and neglect, the most frequently failings of care, range over a very wide spectrum, from murder, rape, maiming and failing to feed children and protect their physical integrity to name-calling, the kind of bullying one’s children that one can notice in the streets everyday and inability to speak with them for days.

In the worst cases, when children suffer either neglect or abuse in their homes, regular attendance of institutions such as daycares, kindergartens or schools makes the discovery of bad home care more likely and more speedy. There are unfortunately rather many such cases. But children who experience much less significant failings of care would also benefit from receiving some care from people other than their parents. Care will fail sometimes, independently of who does it. Examples of mistakes of care are not being able to give enough attention to the children’s needs, insufficient patience, under-protecting or overprotecting the child, projection of one’s own fears, needs in one’s child, overburdening children with caregivers’ expectations and so on. Caregivers’ flawed relational patterns in general are likely to be passed on to children. And it is extremely unlikely that a caregiver can always resist even minor abuses of the enormous power adults have over children – particularly when the caregiver is under the strain of meeting competing needs and interests. Arguably, bad care from parents can cause damage that is deeper and longer-lasting than damage done by non-parents, because of the very intimate, intense and long-term nature of the child-parent relationship.

There is of course no reason to believe that other child carers will not make mistakes. Diversifying carers for children – without depriving them of parents – can hopefully mitigate both the moral and the non-moral consequences of bad care, because different carers are likely to make different mistakes. For example, a child who is constantly made to feel stupid at home might discover, in the context of institutional care, that she can be smart. In the same context, however, she might be made to

34 Adams, for example, reports that in 2002 “On a national level, more than 3 million victims of alleged abuse were reported to Child Protective Services in the whole United States.” (p.118)
feel too slow, by, say, a caregiver who is unable to cope with the pace of this particular child. Experiencing mistakes in care that are different from the ones experienced at home may enable children to get a much welcome critical distance (either immediately or, at least, when they develop enough skills to reflect on their own upbringing). Exposure to a diversity of caring styles and inherent mistakes makes one better situated to reach an understanding of what is going on (i.e., flawed relational patterns), what is going wrong (i.e., that it is not one’s own fault) and perhaps to summon the necessary resources to minimise the damage (starting with the understanding that things can be different.) If it is true that the various excesses that make for less than good enough care run in families and get spontaneously reproduced, then people are likely to find it difficult to even notice them and, instead, to perceive those harmful patterns of interaction as normal. The most efficient way to understand that things can be different is to actually experience them differently – even when the experience of care from non-parents is, in itself, not perfect either. A child who is subjected to too much control at home, for example, might only come to understand this while being in the care of a non-controlling adult (who in turn might be slightly too easy-going). I suggest both that we accept the failings of parenting as expectable and natural and that we acknowledge a duty to mitigate them. An obvious way to do this is by organising society such that children have several carers, who, if inevitably imperfect, can at least be expected to have different shortcomings. Since it is likely that professionally trained individuals will be less likely to make serious mistakes of care, and will be more likely to notice and correct the mistakes made by parents than non-professionals, there is a case that non-parental care be institutionally organised. And if, as I assume throughout this paper, the burdens of child-rearing should be to some extent socialised, the caregiving institutions should be public.

35 Here is a tentative argument to this conclusion from state neutrality. Perhaps state neutrality requires that children be exposed to various styles of caring and various carers, just as it may require exposure to a variety of conceptions of the good. Otherwise the state is not neutral vis-a-vis each child. A grown up may say, with justified resent: “The state, that was supposed to protect me when I was a child, actually confined me to the obtuse and harmful (I now realise) ways of my family” Or, perhaps less bitterly: “The state, that was supposed to enable me to choose autonomously between different conceptions of the good confined me to the kind and often wise but really very biased and sometimes obtuse ways of my family” and conclude “What kind of neutrality is that?”
This argument can be reformulated as a prioritarian argument. Suppose that some children have almost-perfect parents, or parents who are so unlikely that they will do any significant mistake of care that the children will be better off receiving care exclusively from their parents. By contrast, other children will benefit (greatly, perhaps) from getting some professional care in institutions, to correct the more or less serious failings of care from their parents. Also, suppose that reasons of privacy and the stigma attached to being (perceived as) a not-good-enough parent prevent us from learning who are the almost-perfect, and who are the not-good-enough, parents. In this case there is a prioritarian reason to create vastly available public institutional care and put all children for a few hours a day in it, because this would target, and improve the lives of, the worst-off children with respect to care.

The arguments for institutional care developed above, as well as those from point (e) rely on the belief that, while it is possible and desirable to educate people to be better parents, the social organisation of childcare should be designed on the premise that people cannot be “educated” into being almost perfect parents. I assume that being a good enough parent, like being able to relate well in general, is not only a matter of acquiring the right knowledge about the other person’s needs but also a matter of having and displaying the right emotions and character traits. Most flaws of character, most psychological misfits individuals have can translate into bad care just as well as mere mistakes in how one thinks children should be raised. There is no reason to believe that parents have either better or worse personalities and characters than people who are not parents. If the previous two claims are true, they put the same limitations on improving people’s parenting as on improving people in general.

Since there are serious limitations to how perfectible people (as parents) are, arguments (a) and (e) will hold even under the circumstances of an ideally just society – unless one believes these circumstances would include ideally good individuals. By contrast, the following three arguments hold

36 As Johnatan Wolff put it, “Who will train the trainers?”
37 I am grateful to John Baker for drawing my attention to this point. This is important, because to the extent to which institutional care is proposed only as a way to correct various imperfections of the world the obvious question is whether we should not rather correct these imperfections in different, more direct ways.
even if everybody made a perfect parent.

b. Teaching children how to create caring relationships with initial strangers

Suppose there are many, perhaps a majority, of children who experience neither extreme nor other too serious forms of bad care. Even for children who are ideally cared for at home, spending some time in non-parental care can be beneficial. In the right setting, non-parental care gives children a chance to form intimate and trustful bonds with people who are initially strangers to them, but who are able and willing to care for them. This might be the first and critical step in developing a sense that they are part of a potentially good and trustworthy world (rather than part of a world sharply divided between benevolent family members and indifferent, or even frightening, strangers). Children benefit from having several people who care for them not least because, throughout their lives, the ability to build and maintain caring relationships with people who are initially strangers to them is essential. After all, most of the relationships over the course of one’s lives are of this kind\(^{38}\).

There is some evidence for this speculative argument: according to a study on the effects of daycare on children aged 3.5 to 29 months, the significant difference between children raised at home and those who attended daycare was the latter’s ability to relate less fearfully with peers\(^{39}\).

c. Addressing children’s inherent vulnerability

Before moving on to the next arguments, let me restate my child-centered case in favour of non-parental care in a form that is independent from actual failings of care, from their gravity and frequency, and from the difficulties of preventing these failings, and which rests on the vulnerability of children to their parents. I hope to show that, given the structurally asymmetrical and unequal relationship between

\(^{38}\) An additional argument, similar in structure, is that children need other children in order to develop well. That is, not even the perfect parent would be able to meet all the socialisation needs of her parent. I am grateful to Eli Feiring for this point.

parents and children, we had reasons to ensure children had several, independent carers, even if failings of care were merely *possible*, rather than *actual*.

Robert Goodin\(^{40}\) argued that vulnerability singles out individuals as recipients of special obligations: people to whom individuals are vulnerable, either individually or collectively, have the obligation to attend to the wellbeing of the vulnerable. Children are vulnerable to adults collectively for care, and thus the organisation of care – i.e. deciding who has the responsibility to perform which kind of care towards children – is a matter of social responsibility. If childcare is confined to any particular individual, or even family of individuals, the relationship between children and their carers is particularly precarious in several ways. According to Goodin, vulnerability relationships are morally objectionable if they involve the following characteristics: they embody an asymmetrical balance of power; the less powerful party vitally needs whatever the other party is supplying and the more powerful party is the only supplier of what the other party needs\(^{41}\). Relationships between children and parents fit perfectly the first two features of the model: they are asymmetrical relationships in which parents give vitally needed care to their children. If parents are the only source of regular and reliable care for their children, then the relationship acquires the third feature, thus making it, according to Goodin’s theory, morally unacceptable.

Western societies have legislations and child protection institutions in place that allow intervention in parent-child relationship where parental power is abused. These precautions are often insufficient since abuses of parental power are difficult to detect, especially when they are are psychological and moral rather than straightforward physical. Moreover, note that Goodin’s theory of monopolist dependency relationships means they are wrong even if no abuse takes place. As long as the less powerful party (here, children) cannot withdraw from the relationship without severe costs (as, clearly, children cannot), the risk carried by the relationship is deemed morally unacceptable\(^{42}\). Having


\(^{41}\) Goodin, p.195.

\(^{42}\) See, in particular, Goodin, pp 196-202.
non-parental care as a regular supplement to parental care is the least we can do to break the parental monopoly on care for each child, and thus contain the high risk such monopoly entails. For this solution to work, the non-parental care would have to be a robust source of care: reliable, regular, and coming from people or institutions that are independent from parents to ensure that, should parental care fail, the child can safely turn, or be turned, to the non-parental carer for help.

d. Containing the ambivalent emotions of parenting

The fourth argument I propose is grounded in the wellbeing of the parents. As noted above, ambivalence is a constant of the intimate relationship between parents and children\(^{43}\). There is an already vast feminist literature that analyses the harms of over-idealised representations of mothers as having entirely loving feelings for their children\(^ {44}\); arguably the same would apply to over-idealised representations of parenthood. Ambivalent feelings for one’s child feels particularly threatening to parents who raise their children in relative social isolation and who bear alone the responsibility of hands-on caring for them. Parents’ social isolation – in general and \textit{qua} parents – exacerbates maternal/parental ambivalence\(^ {45}\). Socialising some of the caring for children is a very effective way of combating isolation.

Once ambivalence and the danger of social isolation are recognised, we might find it easier to acknowledge the importance of sharing the intense work of care for children between several people\(^ {46}\). Although inevitable, the intensity induced by parents’ and children’s ambivalence can be made more bearable, if the relationship is not socially isolated. For parents, sharing with other carers the burden of

\(^{43}\) In psychological theory informed by clinical practice, this has been first theorised by Winnicott and Klein. For recent work on parental ambivalence see also Parker, and Wendy Hollway and Bríd Featherstone (Eds) \textit{Mothering and Ambivalence}, London and New York: Routledge. 1997


\(^{45}\) Parker’s work abounds of examples of mothers who, being the only continuous carers of their children, struggle not only with the frustration of experiencing ambivalence, but also in fear of acting on their aggressive feelings.

\(^{46}\) Benjamin argues that the sentimental idealisation of motherhood and denial of motherly ambivalence impedes change in the provision of better day care, medical care, maternity leave and flextime in the workplace, which are so necessary for real, imperfect mothers and unnecessary for the ideal, omnipotent ones.\(^ {221}\)
being seen at times as horrible can be beneficial and actually promote better parenting. The (mutual)
aggressive emotions that are part of the relationships between parents and children are more likely to be
kept in check and managed if the bond of care is not exclusive, but, alongside with the parent, there are
other – ideally committed and fairly continuous – carers.

This argument is similar in structure to the argument that, since parents commit themselves to a
“no exit” relationships with their children, it is fair that we socially organise childcare such that parents
have some responsibility-free time to pursue other projects. Similarly, I argue that since parents commit
themselves to a “no exit” relationships with their children it is fair that we socially organise childcare in a
way that mitigates the burdens of the intense aggressive emotions of parenting. In both cases, parents
will be the ones to put most time into raising children and to be the ones most emotionally involved, for
the better and for the worse, with their children. But if other people regularly take on some of the work
and responsibility of caring for children, parenthood does not have to be the disproportionately
resource-requiring activity it is for parents who parent alone.

e. Distributing the blame for bad care

In addition to the harm it inflicts on children, and the guilt it inflicts on parents, failed care entails
long-lasting blame. Because the care one receives early in life shapes one’s personality, character and
long-term prospects, people can bear deep resentments against their carers for their failings and
mistakes.

Mother-blaming is widespread across different societies, present in cultural representations,
folklore and everyday humor to medical and psychological theory and practice to legal practice\textsuperscript{47}.

\textsuperscript{47} For mother blaming in everyday circumstances see Molly Ladd-Taylor and Lauri Umansky (eds.) “\textit{Bad} Mothers. The
systematic way in which psychiatrists, psychologists and counselors blame mothers for a wide variety of their children’s
problems from social and educational inadequacies to different functionings such as autism to mental troubles such as
schizophrenia see Paula Caplan and Ian Hall-McCorquodale “Mother-blaming in major clinical journals”, in \textit{American
Journal of Orthopsychiatry}, 55, 1985, 345-353 and Paula Caplan and Ian Hall-McCorquodale “The scapegoating of
mothers: A call for change” in \textit{American Journal of Orthopsychiatry}, 55, 1985, 610-613. For holding parents accountable
Parent-blaming is present to a much lesser extent – unsurprisingly since, until very recently it was mothers who did the vast majority of hands-on caring for children. It is tempting to speculate that, if parents of both sexes were sharing hands-on care for their children equally, mother blame would be replaced by parent-blame. Much of the existing blame is sexist and undoubtedly, much of it is misguided – for example, we now know that conditions such as autism and schizophrenia, once blamed on inadequate mothering, are most likely having other causes. It is however likely that, even if the sexism and the misguided blame were entirely eliminated, there would remain a legitimate tendency for individuals to hold their parents partially accountable for their own shortcomings. If it is true that primary carers shape to a large extent our personalities and characters it is hard to see how blame for failing of care can be eschewed⁴⁸.

Not only children are angry about the (perceived) failings of care, but also individual third parties. Spouses for example are often angry at what they perceive to be failings in the upbringing of their partners, and so can be grandchildren or close friends if they attribute systematic relational difficulties to past bad care. Such blame outlives not just bad care and its harms but even the caring relationships themselves, who often collapse under its pressure.

This is yet another reason to redistribute some of the work of care from parents to non-parents. If mistakes are endemic to care, and they result in blame which erodes some of the most important relationships, then it does not seem fair that care-giving be socially organised such that all blame is inevitably put on parents. Instead of having to, parents should be given the chance to share with others the risks of making mistakes and the ensuing blame. If non-parents did some of the work of care, not only would they share with parents the responsibility for the inevitable failings, but hopefully this would also help to diminish the overall amount of blame in two ways. If non-parents did some caring for children, then the impact of mistakes and other failings of care would be less damaging (cf. argument at in court for their children’s deeds see Archard [...]⁴⁸ I do not want to engage with the question whether such blame is deserved and fair, since presumably much much of the failings of care are involuntary, and many unconscious.
point (a)) and thus the blame put on parents would be diminished. Moreover, if several people care for us while we are children, and this gives us a better chance to understand their mistakes as human and expectable, and overcome the harm they entail, then the overall amount of harm done in the context of care and hence of blame might diminish (in addition to being more fairly distributed).

This is a sub-case of a more general argument that the burdens of raising children should be, to some extent, socially shared\(^49\). This argument also takes a particularly gendered form. Parents, and especially mothers, should not have to take all the blame ensuing from the inevitable failings of care. Blame, anger and resentment for past bad care is currently overwhelmingly directed at mothers – one’s own, or one’s partners’ and friends’ mothers.

Given the importance of children having at least one parent in one’s life, it is unrealistic to believe that we could, or should try to, fully share care for children, together with its endemic mistakes and the ensuing blame between parents and non-parents. And given the intensity and strength of the bond between mothers and children, who start out as a non-differentiated bodily and psychical entities, it may be unrealistic to believe that we could, or should try to, write gender out of the distribution of very early child-care (and its unavoidable tribulations). The real choice is between confining all caring for children to their parents and sharing some of it between parents and non-parents. I have so far argued that a gradual creation of caring and trustful relationships between children and non-parents will be beneficial to both children and their parents, by mitigating the effects of bad care, by teaching children to build caring relationships with initial strangers, by making the ambivalent feelings between parents and children easier to bear, and by avoiding to put all the blame for bad care on parents or, as it is most often the case, mothers.

\(^49\) There are several reasons why the costs of childrearing should be (at least) to some extent socialised: because children are akin to “public goods” – they are necessary for social survival; because children (i.e. each of us at one stage of our life) are moral persons in their own rights, to whom we as a society we owe duties of justice; and because – an argument I already mentioned – raising children is such an resource-intensive activity in terms of time, economic resources and emotional involvement that it is unfair that parents should shoulder these costs alone. See, for example, the cited work of Alstott and Engster on the justice of socially sharing some of the burdens of childrearing.
Nothing said so far entails a division of labour in childcare beyond the very basic claim that children should be cared for at different times by different people, some of whom are not their own parents. And indeed, in caring for very young children the division of labour will not involve much differentiation, simply because to care well for them requires simultaneously attending to their bodily needs – to be warm, fed, clean, safe – and their emotional and developmental needs – to be held, looked at, talked to, played with.

The older the children, the stronger becomes the case for a proper division of labour between parents and non-parents. I argue, on the same premises as used above, for a differentiation of the tasks of childrearing. Differentiation and separation from one’s parents is one of the biggest developmental achievement for children. For parents, as well, separation is a necessary but difficult process. Throughout this process, parental authority is challenged, rules and individual borders renegotiated. Separation is arguably made easier when children are expected to become increasingly independent from their parents, allowing parental authority to retreat from certain areas while other people take over responsibility. A good example is the teaching of increasingly specialised subjects at school\textsuperscript{50}. The expectation that parents become too involved with supervising their teenage children’s learning progress can backfire on both parents and children. Parents can suffer exhaustion from performing this demanding task, powerlessness when the teaching of specialised subjects goes well beyond their expertise and guilt if their own children do worse than other children. Teenagers, in turn, are affected if they feel parental authority continues to be all-encompassing, because this prevents them to move on from childhood to adulthood\textsuperscript{51}. Both children’s and parents’ need for separation is served by a division of labour in the work of caring for children, with parents being in charge with the “general picture” (providing homes

\textsuperscript{50} For a helpful discussion on this, see Parker, 135-41.
\textsuperscript{51} In Parker’s discussion of this issue, for example, a fourteen years old girl explains that parents’ excessive involvement in her school education leads to confusion and conflict. She says “When the teachers at school criticise and correct my work I can take it, but when my parents interfere, I just feel attacked.” (Parker, 138).
and personal guidance and being responsible with the overall wellbeing of the child) and non-parents being in charge with children’s specialised skills and knowledge.

**What kind of non-parental care?**

How should care for children be, ideally, organised? The arguments I offer so far support the conclusion that sharing the work between two parents is better than having all/most of it done by only one parent, and that having more family members involved in childrearing is better than confining all childcare to the nuclear family.

An ideal care regime will, for the reasons discussed above, include some regular childcare by non-parents and non-family members. In Western societies there are two widespread ways of organising extra-parental care: at home, from “nannies”, or in institutions such as day-care centres, kindergartens and schools with full day programs by professional carers. Care institutions can be public or private. A full analysis of the best social organisation of care recommended by the above arguments is beyond the scope of this paper. In this final section I point to a few reasons why fairness and children’s interests are likely to be best served by quality care in institutions, and that considerations of equal opportunity – of which an important number have to do specifically with gender justice – should tip the balance towards public institutions. My argument is about adequate public caring institutions being the best way to socially organise non-parental care, rather than about the legitimacy if individual choices with respect to non-parental care for their children. In many contemporary societies (public) institutional care is either inadequate or unnameable to the particular needs of certain children and/or parents and thus the choice of nannies (or of other private arrangements) can be legitimate.

Many, if not all of the reasons I discuss below are not immutable, but turning nanny care into an ethically unproblematical practice would require deep transformations in institutional structures and cultural expectations, and possibly in global economical relations. Equally, the world should be
dramatically changed before nanny care or care in private institutions can satisfy the desiderata of non-parental care for all children.

There are many reasons to believe that the current practices of delegating childcare to nannies have morally problematic aspects. Hiring nannies in Western society, involve much workers’ exploitation – child care is a low-paid, low-security and low social prestige job; moreover, this exploitation usually involves immigrant, or low-skilled or otherwise badly-off women whose negotiating power is particularly low. Nannies in our society are particularly vulnerable, because the work takes place in the home of the employers, where it is difficult, if not impossible, to regulate it like work in public spaces. By its nature, caring for children is much more difficult to be scheduled and evaluated than other kinds of work. When the only persons who can closely monitor and evaluate this work are the employer and the employee abuses of power are likely – especially if the work takes place, as it usually, does, in the employee’s own home. Most generally, given that the overwhelming majority of nannies are women, the practice of having nannies cannot help but entrench gender stereotypes and expectations.

Then, there would be obvious benefits to having the non-parental childcare done by people who are professionally trained – i.e. who know more than most of us about child development and have more knowledge, both theoretical and practical, about how to care. Several professionals working in an institutional setting are better placed to spot and try to correct parental failings – and be better positioned in their relationship with parents to give advice. Also, they are more likely to avoid making too many mistakes of their own, than non-professionally trained childminders. Additionally, spending time in an environment of safe socialization, where children can develop relationships with other children as well as their non-parental caregivers, is preferable over spending the same time in non-parental care at

53 See Zarembka’s article in Ehrenreich.
54 See Joan Tronto, “The ‘Nanny’ Question in Feminism”, in Hypatia 17 (2), 34-51, 2002.
home with a nanny.

Finally, another reason for having non-parental care done in institutions rather than by nannies come from the need to protect caring relationships, and the individuals involved, from unnecessary or abrupt break-ups. Under favorable circumstances children and carers develop close relationships. Both parties become emotionally attached and form long-term expectations. Because nannies are often contracted on a hire and fire basis, there is a lot of space for cruelty and injustice since employers – here, parents – can decide unilaterally to end the relationship between children and carers. Indeed, this arguably happens sometimes for reasons that have nothing to do with the quality of the care given by the nanny\textsuperscript{55}. Institutional settings are more amenable to regulation, and thus to protecting caring relationships, limiting the power of parents to make entirely arbitrary decisions to dissolve care relationships. Last, but probably not least, caring relationships between children and nannies are often fragile because the economic nature of the relationship is more visible to the children, who sometimes become suspicious whether they are being cared for against inclination and exclusively for economic reasons\textsuperscript{56}.

All the features that make nannies vulnerable to their employers also make nanny care an unlikely breaker of the monopoly of parental care, which non-parental care should be in the light of argument at point (c).

Of course, the reality of nanny care can be changed: nannies work can be properly remunerated and regulated such that there is considerably less place for exploitation, abuse and undue interruptions of the caring relationships. Nannies can be required to get training as professional care-givers and to have care-giving organised in their own, rather than their employers’, homes, maybe in groups of several children. We can design policies to give men incentives to become nannies. Not only would it be very

\textsuperscript{55} [Find reference]
difficult, politically, to achieve all these reforms, but note that, if all these changes are to be implemented together, nanny care would end up becoming much more like institutional care than like current nanny care\footnote{Childminders – i.e. specially trained persons who are specially trained and who look after a limited number of children, in a regulated manner, in their own homes – are, for the purposes of this article, on a par with institutional care. This is a form of care which exists in the UK.}.

In the world as it is, non-parental care for children that advances children’s and parents’ wellbeing and fair opportunities without involving other injustices should be done in institutions. Well-run public institutions, funded and regulated (but not necessarily managed) publicly are to be preferred over market institutions on reasons of fairness. Care and its quality is essential for children’s current and future wellbeing, then children should benefit from good care irrespective of their parents’ ability and willing to purchase it on the market.

To conclude, childrearing should ideally include, alongside with parental care, some professionalised non-parental care for children in institutions equally available to all children, care ideally done both by men and by women. In this paper I argued that such an arrangement would advance equal opportunities, would be beneficial to children and parents and would be part of fair gender regime.