Doing 'shared care' in between family and early childhood education and care

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1 Introduction: The hierarchical order of education and care in present discourse on family-ECEC-relationships

When asking about the mutual influences organisations have on what we as a society understand as family and how their members organise their everyday family life in relation to those, then kindergartens, nurseries and preschools inevitably come into view in addition to schools. Since its early beginnings in the 19th century, extra-familial early education and care has nowadays established itself as an infrastructure available to all families from children's birth until they go to school (see Gullov in this volume), and due to that, has also significantly contributed to the normalisation of the pedagogicalised family (Losecke/Cahill 1994) and the related intensification of parenthood (Faircloth/Hoffmann/Layne 2013). A closer look into the history of early childhood education and care (ECEC) services, however, reveals that their links to the family have always been diverse. Rooted in a dual mission of children's education on the one hand and poverty reduction on the other (Vandenbroeck 2006), the links to family historically ranged from supporting families in reconciling work and family life, to supervising, supplementing or even countervailing families' educational, health and care tasks in line with national or local politics and the providers' own facility-specific pedagogical concepts and values frameworks.

In the last 20 years, however, the relationship of ECEC to the family – as the private counterpart to public education, upbringing and care – and the associated demarcations between public and private care responsibilities have changed considerably. Although increasing investment in public ECEC is seen as a solution both to the care crisis of late-modern societies and to the education crisis that Germany in particular has been plunged into in the context of persistently poor PISA results, the professional debate has come to a head in recent years primarily with a view to a comprehensive "education dispositive" (Thon 2022). Even though the dependence of the family on the care services of ECEC became wildly apparent in the course of the recent COVID-19 pandemic, the past years initially showed a clear hierarchisa-

tion and prioritisation of education over care (von Laere/van Houtte/Vandenbroeck 2018). Education, understood in a broas sense of supporting early learning, is determined to be the primary goal of pedagogical action, while care is merely conceptualised as a natural phenomenon or a prerequisite of education rather than a professional practice itself (Aslanian 2017: 324) – a devaluation that can be traced back to the close connection of care to basic physical needs.

On the other hand, the Social Code for Child and Youth Services (SGB VIII) in Germany anchors a threefold and unranked mission of ECEC, consisting of *Bildung* (teaching and learning), *Erziehung* (child-rearing and values education) and *Betreuung* (care and supervision). However, only two of these three tasks have explicitly been included in the designation of the currently prevailing model of cooperation between family and ECEC services – the "*Bildungs- und Erziehungspartnerschaft*" (educational and child-rearing partnership). Similar to its international establishment as the quality standard for the relationship between parents and ECEC professionals, this concept of an "educational partnership" has also been enshrined in the ECEC guidelines of all 16 federal states in Germany. Under the premise of the 'equal contributions' that the family and ECEC make to the upbringing of the children, this concept calls for a close and cooperative partnership between professionals and parents, which is, however, primarily justified by the improvement of children's educational opportunities (Alasuutari 2020, Betz et al. 2020). However, the fact that *Betreuung* (care) is not explicitly mentioned in these partnerships should not only be understood as an indication of how strongly family-ECEC relationships are oriented towards investing in the next generation of human capital as early as possible (Lange 2012). It is also related to the rather hollow understanding of *Betreuung* in the German discourse (Hünersdorf 2021), in which the term does not include the more comprehensive relationships with children that are meant by the English term 'care'. Rather, *Betreuung* is mostly understood as a client-oriented and reliable provision of extra-familial child supervision and high-quality care and nutrition. This also implies that care is here understood as a commodified service based on contractual relationships, which is probably the reason why it does not play such an important role in the ideal of a partnership-based close cooperation (von Laere/van Houtte/Vandenbroeck 2018).

Against this background, the shift in responsibilities in the field of early childhood described above has not only produced new and more intensive relationships between public and private early education, but has above all fostered a fragmented and ambivalent understanding of the relationship between ECEC and the family. This can take at least on two polarised configurations, neither without tension: on the one hand, there is an educational partnership ideal that blurs the boundaries between the family and ECEC in the sense of what Lange (2012) calls the 'educational colonisation of the family'. And on the other hand, there is a care-related service relationship that goes hand in hand with market-oriented service concepts, such as

the legal obligation to conduct customer satisfaction surveys (Frindte/Mierendorff 2017). Both configurations of family-ECEC relations tend to overlook the complex and highly interdependent care relationships among children, parents and professionals, which are currently not yet fully conceptualised in research and practice.

2 Shared care – conceptual perspectives

Recently, however, there is a growing international academic interest in recognising care as an integral part of ECEC (e.g., van Laere/von Houtte/Vandenbroeck 2018, Aslanian 2017, for Germany: Bilgi et al. 2021), which is driven by an understanding of care as a relational process of "being with and for the other" (Maio 2018). To highlight the characteristics of such a substantial understanding of care, most authors rely on the literature on feminist ethics of care, prominently worked out by Tronto (1993). In her view, care encompasses several processes: caring about (recognition of a need), caring for (the willingness to respond to a need), care giving (direct action) and care receiving (reaction to care giving), which ultimately create social spaces of 'caring with' within personal relationships, institutions and at the interfaces of public and private care spaces (Tronto 2010). This also includes plural kinds of caring activities that are additionally conceptualised not only as close bodily interaction (like nursing), but as manifold materialised, situational and organisational practices (Aslanian 2017), which furthermore shine a different light on the relationships among parents, children and ECEC institutions. For example, Andenæs (2011) describes everyday childcare as highly interconnected "chains of care" between day care centres and families, involving a variety of parental and institutional care practices, such as informing, preparing, and discussing and so on. These interrelated practices thus shed light on the cooperative nature of caring for children as a joint task between parents and professionals. And similar to transnational families whose multilocal daily lives span national borders (e.g., Merla/Kilkey/Baldassar 2020), these interlinked practices also traverse time and space in the sense that care is built not only on conditions of presence but also on (rhythmic) physical absences of caregivers. In a similar vein, Singer (1993) introduced the term "shared care" to refer to the fact that both family-based and professional care are highly intertwined with practices in the respective other context. In this sense, it is a shared practice that is accompanied by various challenges, such as a certain loss of control due to the need to hand over some authority to the other party.

This article takes up this understanding of *shared care* as multiple practices that unfold between day care centres and families. It is linked to the ethnographic PART-

NER study (Betz/Bollig 2023)[1],which, starting from the diagnosis of a too narrow and ambivalent version of the relationship between day care centres and families in the concept of "educational partnerships", has directed the focus to the multitude of interactive-situational, material and organisational forms of shaping the relationship between day care centres and families.

To this end, however, we will not only shed light on the complexity of multifaceted practices of shared care between family and ECEC spanning from customised services to a multifaceted array of holistic care giving practices. We also apply a different understanding of 'sharing'. Pedagogical approaches to shared care usual use the term 'shared' to point to the desired balance between practices in the home and ECEC in order to make it easier for children to adapt their lives to both contexts (Ahnert/Lamb 2003: 1044). Similar to the understanding of educational partnerships (e.g., Epstein 1990), they are thus underpinned by an understanding of sharing in the sense of commonalities that are related and coordinated in such a way that they are as similar as possible. However, such a normatively narrow view of sharing is not suitable for elaborating the diversity of care practices mentioned above. Rather, we also refer to an open understanding of sharing that can be divided into activities as diverse as the common use of something, the breaking down of something into individual and heterogeneous parts, or the making a part of a larger set to which a number of people contribute. Accordingly, 'shared care' unfolds through a variety of not only commonly shared but also separated, divided or sequential and consecutive care practices, mandates and responsibilities. This explorative approach to shared care also implies that although we are inspired by care ethics and its broad concept of care, we do not analytically follow its normative dimensions. Rather, we ask about actual practices of shared care in order to analyse the fragmented, ambivalent, discursive structuring of the relationship between day care and family as part of practicing the family in ECEC contexts. To this end, it is helpful to explicitly consider the institutional framework conditions under which shared care between family and ECEC takes place in Germany.

1 From 01/2019 to 06/2022, the alliance project "Good partnerships in early childhood education and care. The interaction of organisations, practices and actors as a basis for inequality-sensitive quality development" (PARTNER) was carried out together between Gutenberg University Mainz (Head: Tanja Betz) and Trier University (Head: Sabine Bollig). The research team at Trier University consists of Sabrina Göbel, Angelika Sichma, Anna-Lena Bindges and Nadja Schu. The project was funded by the Federal Ministry of Education and Research by code 01NV1812B.

3 Shared Care as a practice of relating family and ECEC

3.1 Institutional contexts of shared care between private and public upbringing of children

With regard to its legal institutionalisation, the practices of shared care between family and day care centres take place in a field of tension, which results from the fact that although ECEC services (nurseries, kindergarten, family day care) are conceived as an elementary area of the education system in Germany, they do not legally belong to it. Rather, they are part of child and youth welfare, codified in Social Code Book VIII. The educational and care mandate of the various ECEC services (§§ 21–24 SGB 8) thus differs fundamentally from school, which has its own educational mandate independent of the family and grounded in Article 7 of the German Basic Law. In contrast, in child and youth welfare, the right to educate and rear the children is only 'transferred' from the parents when they make use of this extra-familial support (Roth 2010: 44 ff.). § 9 SGB VIII explicitly obliges the providers and professionals to respect the basic direction of education determined by the parents, i.e., to accept the parents' chosen lifestyles, attitudes, religious and ideological values, etc.. Conversely, the independent mandates, rights and duties of day care facilities vis-à-vis the family are derived primarily from the child protection laws, i.e., from their legal obligation to recognise child welfare risks emanating from the family and to work together with the family to find a solution (§ 8a SGB VIII). Already at the level of legal institutionalisation, the relationship between family and ECEC thus spans service, substitute family upbringing and an independent mandate to safeguard the child's well-being (protection mandate). However, as a result of the discoursive upgrading of the educational mission described above, the original family-supporting function of child day care facilities has shifted more and more in the direction of family-supplementing educational work, which is now seen as a core component of a 'normal' good childhood.

The complex positioning of parents as customers, partners or addressees of ECEC is also reflected in the tripartite contractual 'socio-legal triangle' on which services of early education and care are based in relation to children's entitlement to the provision and financing of a spot in a day care centre. This triadic constellation also includes private law contracts between day care facilities and parents, in which the latter are addressed both as customers and as co-producers of ECEC as a 'public good' (Baader/Bollig 2019). Accordingly, obligations to cooperate are also formulated within these contracts, ranging from compliance with the house rules of the facilities to actively entering into an educational partnership with the professionals. In addition, expectations of parental involvement are also formulated informally via various leaflets, information brochures and other forms of direct and indirect address.

With a view to this complex figuration of the relationships between day care and family, PARTNER research shows how the mentioned intensification of family-ECEC relationships is not only driven by the educational dispositive, but also by increasingly complex care relationships. How these are negotiated on a day-to-day basis among professionals, parents and children will be examined in more detail below using four examples from field research on shared care in German ECEC centres.

3.2 Methods

The analyses presented here have been elaborated in the PARTNER project through several weeks of participant observations of everyday practice in four ECEC centres for children aged two to six years. These observations were complemented with interviews with management, professionals and parents as well as recordings of parent-professional discussions (see also Betz/Bollig 2023). The facilities were selected according to their location and socio-spatial environment (country/town, social structure, sponsorship) as well as the size of the facility with a view to obtaining a diverse range of facilities. The resulting data set was analysed from the outset according to the analytical methods of grounded theory (Clarke 2005), combining mapping, coding and detailed analysis of individual practices with the writing of analytical and theoretical memos (Breidenstein et al. 2020).

In the following we will present detailed accounts of practices observed in the field research which we subsumed into diverse categories and dimensions of 'shared care'. We will first draw attention to fundamental practical challenges in the mundane everyday negotiation of shared care between day care centres and families. Then, processes and forms of transfer or retransfer of care tasks and responsibilities will be analysed, allowing us to identify a central practice of shared care: the creation of bureaucratised and temporalised care mandates.

3.3 Shared Care as *differentating between care tasks and care responsibilities:* Everyday challenges of sharing care

The necessity, but also the challenges, of not simply contractually regulating the concrete sharing of care between parents and professionals, but of renegotiating it every day, becomes clear in the everyday and causal character of the following scene. Here, through a process of cautiously exploring the scope of the parents' primary care obligations, shared care is realised by a situational separation of care practices and care responsibilities:

> A mother comes with her daughter to the group in the morning. The child is wearing new plush slippers in the form of unicorns. The mother is carrying the worn-out old pair with firm soles in her hand. The child proudly presents

> her slippers to the professional and to the other children. Beate [professional] mentions to the mother that she finds these plush slippers quite dangerous, particularly on the stairs. The mother responds affirmatively that she would also prefer the other shoes. After the mother has said goodbye to her daughter (but is still in the room), Beate instructs the child to be careful with those shoes and to be particularly careful on the stairs and hold on tight to the railing. (ECEC Centre G, Participant Observer SG[2])

The dynamics of this brief situation show how, in the diffuse space between respect for parental rights and the fulfilment of the institutional mandate, the main responsibility for the child's care is located here with the parents – and this also true during the time the child spends in the institution. The mother initially only affirmatively agrees with the professional's direct statement on the dangerousness of the slippers, without, however, deriving any further tasks for herself from this. The professional seems to accept this, but not without addressing the girl directly and, thus, making sure that she at least deals with these slippers. By doing this in the presence of the mother, however, it is also signalled that the centre cannot fully guarantee the child's safety under these circumstances. Rather, the child must ensure her own safety – which ties in with the fact that the mother had previously relinquished her responsibility for safe footwear in view of the child's own will. Thus, a shift of responsibility from the mother to the child is made appropriately visible by the professional, who in the event of a later accident (slip or fall of the child) also can refer to this as a kind of implicit agreement with the mother ("Well, as I told you …"). This scene thus shows how shared care is realised in everyday and inconspicuous negotiation of handing over the "care object", and in which a distinction is drawn between caring practice and caring responsibility, and divided situationally among parents, professionals and children.

Such subtle negotiations of shared care also draw attention to the tension between the transfer of care tasks to the centre and the primary right of parents to make care-related decisions – even when it comes to the nature of the child's care in the day care centre itself. The less offensive way of negotiation seems to make sense here because it ensures that joint care is made possible even in the case of slight dissent. Pronounced expectations or even criticism of the parents in such cases that are not yet explicitly legitimised by child protection could be interpreted as a violation of boundaries or an attack on the parents' right to raise their children. At the same time, this method of implicit negotiation ensures that the professionals do not have to take responsibility for care decisions that they themselves cannot influence. However, this rather casual, fluid and situational division of responsibilities and ac-

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tual care activities reaches its limits when conflicts have to be addressed, like in the controversial issue of how to deal with (potentially) sick children.

Even if the respective responsibilities of the ECEC centre and the parents if the child is ill seem to be explicitly and unambiguously regulated in the care contract between the parties, disputes about the modes of sharing care of supposedly sick child appear consistently in practice. In this context, some parents try to explicitly initiate a division of care responsibility and practice ("I take responsibility for ensuring that my child can stay in ECEC"), which in turn is rejected and invalidated by the professionals by pointing on their unique responsibilities which cannot be shared. Although the professionals here also argue that it is not conducive to the well-being and healing process of the individual child if they have to stay in the facility when signs of disease occur, their most weighted argument here arises from the independent mandate for caring for a group of children. Hygienic considerations (in order not to infect other children) as well as the effort that would be necessary to adequately care for sick children, are pointed out here. Accordingly, shared care here reaches its limits, as professionals claim responsibilities for the group and the maintenance of the whole service, while the parents are only ever responsible for their child. As a result, the negotiations on shared care here also take place in explicit conflictual disputes about what "being ill" means in detail – whereby these negotiations often drag on for a long time and also include negotiations determining what kind of care is actually at stake – the commodified individual care service that the parents insist on as contractual partners or the rather diffuse question of the 'right care' in the context of different understandings of child welfare and/or organisational necessities.

> One entry in the group book (in which the professionals record the relevant situations and information of the day for their colleagues) arouses my interest. I remember well the situation last week when Niko had to be picked up by his grandfather because of diarrhoea. The entry refers to the mother's reaction. She subsequently contacted the facility by phone, asked if the procedure was really necessary and complained about the quarantine imposed. She claimed that her son had no complaints at home. A similar call had already happened a month before, where there had been no issue at home either. (ECEC Centre H, Participant Observer SG)

The two examples thus give an impression of the mutual dependencies that parents and day care professionals experience in their situational and ongoing negotiations of shared care. However, not all practical forms of shared care take place in this interactive way. Another essential aspect of sharing care is thus its temporality – or the temporal division of care practices, which compensates for the absence of parents as legal guardians and primary carers during the day time. The following examples

show practices of a priori and posteriori authorising care activities, which, as diverse forms of producing asynchronous shared care, differ above all in their degree of bureaucratisation.

3.4 Shared care as *authorised care*: (re-)distributing care responsibilities

First, we examine the organisation and legitimation of redistribution processes between private family care and institutional care in childcare facilities, which can be described as 'authorising care'. In particular, situations involving quasi-medical physical contact with the child turn out to be care practices that seem to require explicit parental authorisation, as they are not sufficiently covered by the general wording of the care contract that is concluded between the childcare centre and the family at the start of care.

One childcare practice in the ECEC centres that seems to require such explicit consent is the application of sunscreen to the children's skin, which becomes a problem every year when the children are increasingly exposed to the sun in the outdoor areas of the centres at the beginning of the summer. The question of whether daycare centre staff are allowed or even required to apply sunscreen to the children is not clearly regulated by law and creates a tension between the risk of causing skin intolerance by applying sunscreen or even just interfering with a sensitive area of parental care practices, and the breach of professional duty of care towards the children if they suffer a skin-damaging sunburn during their stay at the daycare centre. As a result, centres tend to protect themselves as best they can, resulting in rather bureaucratic solutions to this tension, as in the following example:

> Next to the door, a conspicuous red sign is hanging, with the following message in bold font: "**Please remember to return the sunscreen form"**. There are similar signs hanging on the info board next to group doors and throughout the upper floor. (In the "sunscreen form" the parents can mark with a check whether their child is allowed to use sunscreen from a well-known drugstore, as no allergies are present, or whether another sunscreen brought from home should be used). I also observe Ingrid (professional) placing dabs of sunscreen on the children's hands and shows them how they should rub it in. On a narrow shelf, are several tubes of sunscreen, some have a child's name written on them. The professional seems to know precisely which child is allowed to receive which sunscreen. (ECEC Centre G, Participant Observer SG)

The practice described in this sequence shows well that applying sunscreen is not something that can be done 'just like that' in the centres and in a similarly informal way as in the previous example. The use of the sun protection data form follows the idea of obtaining the parents' consent individually and in advance in order to only

then be able to access the child's body as a particularly protected asset. With regard to this shared care in the sense of explicitly authorised care, the form fulfils two functions: Firstly, it documents that the daycare centre is acting within the framework of a mandate explicitly assigned at the beginning of each summer, and secondly, specific materials to be used can be agreed between the centre and the family.

The publicly visible notices and the urgency with which parents are asked to complete the form not only underline the high value that the facility places on these procedures for obtaining written consent and authorisation from parents and guardians. They also emphasise the ambivalence of this procedure. After all, this practice of obtaining an explicit written care order in advance of creaming restricts the facility's ability to make its own decisions and take responsibility. If the parents have not given their consent, no sun cream can be applied and the child cannot actually be left outside, which not only significantly restricts practical work at the ECEC, but also the child's well-being.

This hierarchical arrangement of shared care, in which the professionals can only carry out specific acts of care on the basis of updated and detailed care mandates by each parent, is also expressed somewhat more implicitly in the fact that the professionals appear to avoid touching the child's body as much as possible when applying the sun cream – even with the explicit consent of the parents. The educator here, for instance, only applies the sun cream without touching the children's skin and instructs them to rub it in themselves. This is certainly also done to protect the professionals themselves and to promote the children's independence. However, the child's body has also become a 'risk zone' in recent years, not only because of the increased awareness of potentially allergenic substances, which has sensitised parents and led to polarising debates with regard to 'correct care behaviour'. Professionals also report that the discourse surrounding borderline offences in daycare centres, including child abuse, has led to an increasing reluctance to touch children's bodies directly (Cekaite/Bergnehr 2018). Against this backdrop, the way in which sun protection is approached here could also support the interpretation that specific practices of sharing care are evidently becoming established in the field of body-related care tasks, in which the child's body is once again marked as a special 'family territory'.

However, the approach taken here of explicitly obtaining parental permission for certain body-related care activities in addition to the already contractually regulated responsibilities also leads to tensions within day-to-day care practice, which are related to the nature of its bureaucratisation. If the parents' permission is missing because they have forgotten the note or have not presented it in time, the professionals are forced to either carry out unauthorised care activities in order to avoid sunburn or to impose new restrictions on the child, which in turn puts extreme strain on the relationship between child and carer. Accordingly, the time difference between the care agreements with the parents and the care needs of the children also be-

comes a problem in these time-shifted practices of shared care, which are established through documented prior authorisation from the parents.

3.5 Shared care as *compensated care*: becoming together apart and involving parents retrospectively

This temporal complexity in the negotiation and division of shared care between children's primary guardians and ECEC facilities also becomes apparent in practices where this authorisation is produced retrospectively – through subsequent or compensatory care acts, as becomes apparent in this scene which occured at a pick-up situation in an ECEC centre:

> Gregor's mother enters the day care centre. Bella (teacher) passes her an accident report and says that Gregor hurt himself today. They talk about this briefly and I hear the mother say that it's only a minor injury. The mother signs the report and goes to find her son. As the two of them are walking towards the exit a little while later, Margit (professional) comes into the hall and asks the mother if she has already received the accident report. The mother says yes. Margit goes to Gregor, who is already at the doorstep. She pulls up his bangs and lays her hand on his forehead to feel it. Margit says to Gregor's mother: "Oh ok, it's not bad. You can still see it a little here." The mother says: "No worries, no worries. This happens all the time." Then they say goodbye and leave the day care centre. (ECEC Centre G, Participant Observer AS[3])

Minor injuries or accidents of children are an occasion for the ECEC centre to retroactively involve the parents as primary caregivers in the care process, whereby this practice is also increasingly structured and secured by a bureaucratic process in the facilities we researched. Accordingly, an important role in this process of shared care is played by the accident report form, which is handed out to the parents and informs them retrospectively not only about the incident, but also about the measures taken by the professionals. With their signature, the parents confirm both. At the same time, handing out the report form not only opens up the possibility of a conversation between the professional and the parents, but seems to virtually demand it, as was apparent in this scene. The professional's renewed control of the child thus takes the simple handing over of the form and supplements this with additional acts of care that performatively make visible that the child's injury was not simply dealt with technocratically, as the handing over of the document might suggest. Rather, in this situation, Margit conveys not only that all professionals (not only the one directly involved) knew about the incident, but also that attention

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was paid to the child's injury in a comprehensive and temporally stretched sense, which the accident form cannot depict in this way and perhaps even threatens to obscure in its bureaucratic manner. The repeated inspection of the child is thus to be understood as a kind of performative act of the care that has taken place in the day care centre.

In general, the handover times at the daily end of the institutional care time are strongly characterised by such time-delayed care practices, be it that the children tell what happened to them, be it that the professionals tell of events that trigger "downstream" parental care acts such as compassion for what was suffered, or comforting or blowing on a wound that has long since ceased to hurt . In contrast to the form, in these performances, parental acts of care are marked as primary and actual care, which can be taken over for a certain time by substitutes, but ultimately never replaced. In this respect, a difference between private and institutional care is also reproduced here in a performative way that is visible to all participants (Thelen 2014). Accordingly, the daily transition situations are also to be understood as the core events in which the diffusion of care relationships produced by the absence of the parents is reunified in the sense of a catch-up arrangement. Shared care accordingly unfolds not only in a rhythm of separation/reunification, but temporally interrelated prior and subsequent care authorisations.

4 Discussion

The bureaucratised, temporalised and rhythmised forms of shared care outlined above not only demonstrate the diverse and everyday ways in which the interconnected care relationships among parents, professionals and children are realised in a way that reproduces the ambiguous figuration of public and private early childhood care described above. They also allow us to shed a more differentiated light on the described hierarchisation and prioritisation of education over care in political-programmatic documents and, in part, also in research.

With respect to the educational function of day care facilities, processes of attributing and rejecting responsibility have already pointed out the powerful position of professionals vis-à-vis parents within their collaboration (Alasuutari 2020, Betz; 2020). However, the cited studies focus primarily on the educational function of day care facilities and thus contribute to its prioritisation. In contrast, the present article examines the shaping and structuring of the relationship between day care and family by focusing attention on the care function of day care facilities and taking a practice-analytical perspective on shared care that goes beyond a mere commodified understanding. In particular, these multiple negotiations of shared care and associated situationally constellations of care tasks, responsibilities and authority as well as care relationships destabilise the binary distinction between parents and

professionals, and between private/family care and public/institutional care. In addition, examining various care practices from a practice-analytical perspective exposes other forms and ways of constituting the relationships among parents, professionals and children as well. The reification through practice of the distinction between primary and derived care authority reveals parents to be highly powerful actors within shared care – both when they are present and during the time when they are absent.

Both the example of the plush unicorn slippers and the sunscreen example highlight the caution with which professionals proceed and the legitimising efforts institutions undertake with respect to processes of negotiating and transferring care responsibilities. In addition, the care function – understood as an institutional service provision and form of support that complements the family – can come into conflict with the day care centre's other functions, such as its child protection mandate. The production of shared care comes under particular tension in situations in which – as in the example with the sick child – there is active wrangling over the question of care authority and the respective responsibilities of day care and the family. More or less bureaucratic procedures have proven to be one of various possible ways of producing shared care that attempt to neutralise these tension-filled ambiguities between public institutional and family-based care – but also produce new ones.

Ultimately, this perspective demonstrates that shared care does not only take place between professionals and parents. Spatial-material aspects, such as the care contract between the parties, injury documentation and posted notices at certain locations, also become visible as relevant actants structuring situational, day-to-day negotiations of shared care. Rather than speaking of divisions, transfers and performances of care activities and responsibility between persons, we believe that, following Latour (2005), it seems more appropriate to speak here of translation processes among actors, actants and activities as elements of a care network or arrangement. In doing so, shared care is distributed among numerous human and non-human actors and actants, and it is the interactions among them that give rise to concrete possibilities for the individual persons involved to develop and thus also pass on concrete care-related skills and care actions.

In the end, the analysis of the empirical examples draws attention to the fact that not only does shared care unfold through multiple practices, but also that ECEC institutions and families cannot be regarded as accurate separated entities or spheres with precisely definable boundaries. Rather, our research points to Thelens (2022) argument that care is to be understood as a boundary object between the private and the public, an object which also regulates the particular entanglements between the state and the family. Thus, particularly in the negotiations of shared care, ECEC institutions appear as places of doing/practicing family, where family members not only become aware of care responsibilities, tasks and priorities of care relations and obtain an understanding of how ECEC institutions understand them

as family. These negotiation processes – regardless of whether they are bureaucratised, temporalised or situational – go far beyond a commodified understanding of Betreuung and are always to be un-derstood as relational practices of determining the relationship between ECEC and family.

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