Chapter 77
Sharing Early Care: Learning from Practitioners

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Abstract *Shared care* and *chain of care* are core concepts for analysing empirical variation of care arrangements for small children, involving more than one caregiver. The Norwegian context exemplifies an increased tendency among mothers to share the care of their young child with a co-parent at home, and with professional care providers at day care centres. Instead of drawing on prevailing psychological models and standards to assess the quality of arrangements of care during early childhood, we have tried to learn from how caregivers go about in their practice. In this respect we count parents as well as care providers in childcare centres as practitioners. Based upon parents' detailed descriptions of their children's everyday life, the paper analyses how parents involve others in the chain of care that they organise. Three cases of sharing are presented and discussed: same-gendered parents who demonstrate intensive parental sharing, parents who share with professional caregivers at day care and parents of children with special needs who do the same. Setting up care arrangements with more than one continuously engaged participant appeared as a process of gradual adaptation, not a sudden abdication from parental responsibility. Thus, the child is neither constructed as a baton in a relay race, delivered from one caregiver to the next, nor as a task that is easily split into pieces, one for each caregiver. Different caregivers did not necessarily treat the child in exactly the same way, but they coordinated their efforts in order to contribute to the subjectification and development of this particular little person.

Keywords Chain of care • Caregivers • Parenthood • Routines of everyday life • Early development • Child care centre

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77.1 Introducing Shared Care

Theoretical models about early child development draw heavily on assumptions about attachment in the mother-child dyad, stressing the child's dependency on one particular person with the ability to read signs and satisfy needs (see, e.g. Bowlby 1988). Therefore, it should not come as a surprise that everyday practices of sharing care for a child will raise many concerns, particularly if beginning from an early age. It is as if the notion of more than one person in a baby's life could easily turn into 'too many': that the babies might encounter shifting caregivers who do not really care that much about them or that they will not be able to differentiate between persons and will fall short of the standards for being securely attached (Haavind 2011).

In the sociocultural context that we will present to the readers – the Scandinavian countries – there is a growing tendency for children to stay connected to more than one caregiver from an early age. Since both the male and female parents are entitled to take paid leave from work to care for their newborns, mothers and fathers may actually take turns in staying at home and care for their baby for some period during the first year (Ellingsæter 2009). When the babies become toddlers, their parents may take them to low-cost and high-quality childcare centres where professional caregivers will daily enter into the lives of the young children (Ellingsæter and Gulbrandsen 2007). Arrangements for the sharing of care in its many versions are changing the premises for creating the early years of childhood for particular children. This generates conceptual and theoretical challenges to grasping the connection between care and development (Andenæs 2005).

As might be expected, arrangement for sharing care could be interpreted both as being reassuring to small children and also as threatening to their well-being. We will bring the contested issues that the sharing of care evokes to the core of the discussion of the interrelatedness of care and development. Instead of drawing on prevailing psychological models and standards to assess the quality of arrangements of caring during early childhood, we have tried to learn from how caregivers go about in their practice. We will count parents as well as care providers in childcare centres as practitioners in this respect. Instead of drawing on one-parent care as the implicit norm for quality of care, we have learned from the ways caregivers in shared care arrangements actually adapted their practices to the experiences they gathered as they went along with the children and each other during their first years of life (Andenæs 2011). In doing so we will draw on a selection of studies from Norway, where the sharing of childcare between both parents and professional caregivers in childcare centres as well as between parents themselves is at stake.

77.2 Recent Trends in the Sharing of Care in Norway

Increased sharing emerges in many different ways. First, there is an increasing tendency towards more sharing of care *between mothers and fathers*. The continuously engaged father with a capacity for tender care is no longer perceived as violating standards of masculinity (Haavind 2006). This is not to say that all couples who live together will subscribe to a scheme of equal sharing of the caregiving chores, but the tendency towards sharing across gender will leave no one unaffected. Therefore, fathers will more often than not have to account for why they stay less involved than their female co-parents in early care. Box 77.1 gives an overview of the Norwegian scheme for parental leave benefit.

Box 77.1: Arrangements for Care During the Baby's First Year: Parental Leave Benefit

Coverage: Parental benefit is intended to ensure parents an income in connection with the birth of a child and during the first year of the child's life. For most people, the coverage from the state corresponds to the ordinary salary of the parent who is on leave. There is an upper limit for the level of compensation from the state for some people with high annual income. All employees in the public sector will be fully compensated.

Period: The total period for parental benefit in the case of a birth is 49 weeks if parents prefer to receive 100% coverage, or the period can be extended to 59 weeks if parents prefer 80% coverage.

Entitlement: Any parent claiming the right to parental leave benefits must have been in work or an activity deemed equivalent to work for 6 of the last 10 months prior to the start of the leave. More than 80% of the mothers and approximately 70% of the fathers have the right to parental leave benefit. Mothers who do not have the right to parental leave benefit are entitled to a lump-sum grant. This lump sum will for most mothers correspond to a salary of 1-2 months.

Shared period and maternal and paternal quota: The shared period is that part of the parental benefit that can be split between the parents as they wish. If the father is going to draw parental benefit for part or all of this period, the mother must be in paid work or an equivalent activity. The maternal quota is 10 weeks, and the first 6 weeks must be taken immediately following the birth, while the remaining 4 weeks can be taken at any time during the parental benefit period. The paternal quota is that part of the parental benefit period that is reserved for fathers. A father can assume care of a child for 10 weeks on a 'use it or lose it' principle.

Public policies support sharing between the two parents in the sense that when paid parental leave in 1993 was expanded up to almost a year, there was space opened up for designing a father's quota (Brandth and Kvande 2011). This quota for fathers is perceived by some as offering all three parties extended possibilities for realising new ideals of early parenting and by others as a state intervention into the private zone of family life in a way that reduces the parental couple's freedom of choice and ignores their own understanding of the specific needs of their baby (Ellingsæter 2012).

The new, engaged father figure does not just appear in circumstances in which mothers and fathers live together. In the wake of increasing numbers of mothers and fathers who have split up and live separately, there are increased efforts by both mothers and fathers to allow fathers more than mere visitation rights. A significant minority of ex-couples practise equal sharing between two separate homes ('joint physical custody'), and some of their children will from an early age be included in an arrangement that involves them moving back and forth on a regular basis every other week. Among the population at large, there is both strong support and prevailing scepticism about employing this as a cultural standard for best practices (Skjørten et al. 2007). What emerges as a contested issue is that for some, the shared care arrangement is considered to be proof of a willingness to protect and maintain a close relationship to both parents, while for others, it raises concerns that the child's need for day-to-day stability and continuity may be violated, especially if small children are involved.

Second, sharing *between parents and professional caregivers of children attending day care* has increased for children under the age of 3, and such arrangements now take place as a standard procedure, which marks a significant transition for the majority of small children in their second year of life. Quite recently, the long-term goal of offering high-quality and low-price day care to all children on the verging of entering into their second year of life was reached (Statistics Norway 2012). All types of parents take part, including parents with Norwegian and immigrant backgrounds and parents from different social classes (Sæther 2010). See Box 77.2 for a brief presentation of the Norwegian day care centres.

Box 77.2: Arrangements for Child Care in Day Care Centres During the Preschool Age

Provision: The state and the municipalities are entitled to offer affordable and high-quality day care for children aged 0–5 years (they attend school from the year they turn 6). Most municipalities are drawing on a combination of public day care centres and centres operated by private providers. In any case most of the expenses will be covered by the state, and the municipality must provide guidance and ensure that centres are operated in accordance with standards and rules for management.

(continued)

Staffing: Head teachers and pedagogical leaders must be trained preschool teachers (3 years university college education or equivalent education). There must be minimum one pedagogical leader per 7–9 children under the age of 3 and per 14–18 children over the age of 3. Additional childcare personnel without professional qualifications can be employed in order to reach the common standard (although not regulated by law) of one adult per three children under the age of 3 and one adult per six children in the age between 3 and 6.

Content: Childcare centres shall lay a sound foundation for the children's development, lifelong learning and active participation in a democratic society. According to the Nordic educare model, education and care should be entangled. Children and parents have a legal right to participation.

Payment: The parents' part of funding the total running costs varies between approximately 22% and 30%. At present there is a maximum fee of NOK 2730 (about €300) per month. The rest is paid by the state and the municipalities.

Take-up: At present 90% of all children 1–5 years, 97% 3–5 years and 80% 1–2 years. There has been a rapid growth in attendance for the children in the youngest age group.

At present, childcare is celebrated as being beneficial to all children from the age of 3. The idea is that it allows children to be with other children so that they can play and enjoy outdoor life year round, and it is appropriate preparation for schooling. When it comes to the youngest children beyond the age of 3, this remains a contested issue. On the one hand, public childcare is viewed as being a universal measure of the welfare of both children and parents. On the other hand, there is concern that children around the age of one tend to be sensitive to separation and also too young to really enjoy the company of other children their age (Ellingsæter 2006). There is also a questioning about the motives – especially of mothers – for sending small children to day care. Because the decision to either 'stay at home' or to leave the child in the care of professionals designates her as the accountable parent, some will launch the suspicion that the availability of low-cost childcare and her wish to pursue her work and receive a full salary may cause her to ignore the needs of her child.

Third, arrangements for sharing care are called for and introduced in order to improve the life conditions for *children with special needs*. The improved quality of life for the majority of children in Norway has also led to an increased sensitivity towards children who, for a variety of reasons, suffer from disabilities or chronic illnesses or who grow up in families where extraordinary stress or a shortage of resources may reduce the parents' capacity to provide viable standards of caring. In such cases, there is a growing tendency to consider professional caregivers as having a central role in supporting parents. Whether this pertains to parents with extraordinary responsibilities or parents with limited capacities, the childcare centre

is supposed to relieve the parents – usually the mother – of some of the extraordinary burden and thereby also strengthen her capacity to remain engaged. Here, the direction of public concern is turned around, and the claim may be that some children will need professional care in addition to parental care, because the care that is needed appears to be too burdensome or too complex to be solely the parents' responsibility. The underlying assumption is that no one can beat the parents in how they tend to their vulnerable child, but doing so is particularly demanding for them. Shared care is about to become the standard arrangement for small children with special needs that follow from disabilities or developmental delays. Further, because attending childcare is increasingly in accordance with what most small children actually do, the need to account for childcare as a compensatory arrangement has just vaporised. Instead, non-parental childcare is seen as an arrangement for the early social integration of all kinds of small kids (Ellingsæter 2014).

77.3 Following the Contested Issues Raised by Sharing

Shared care is increasing due to a set of different reasons and across different contexts, and we have pointed out how such arrangements may be highly valued as well as contested. What psychology offers in order to settle these issues is limited, in spite of, for instance, Bronfenbrenner's efforts to direct attention to investigations of relationships between settings, like the childcare centre and family home (Bronfenbrenner 1979). Following Singer (1993), shared care will at best be ignored in psychological theories of early development because the pedagogic concept of family upbringing is based on the assumption that the mother will stay at home and represent continuity within the family. Ahnert et al. (2000) have tried to find alternative expressions of the phenomena of sharing between parents and professionals, claiming that when a child attends out-of-home care, he or she is not cared for by non-maternal care providers *instead of* being cared for by a mother. What the child experiences should not be viewed as a replacement but rather as regular turn-taking routines in which the children carry experiences across various places and therefore are received and supported by care providers in those places. Attachment to just one person does not tell the entire story, and there is a need to conceptualise the entire 'care ecology' (Ahnert et al. 2000). Similar viewpoints are expressed by Højholt (2001) and Kousholt (2008) when they talk about parenting. According to these authors, there is a need to develop ways of talking about and investigating parenting as a set of practices that are not exclusively conducted in the family home. Tending to a child may be based on direct face-to-face contact with the actual child, but pretty soon it will include some kind of awareness directed at him or her as a continuous being, even when the child is somewhere else with someone else (Højholt 2001; Kousholt 2008). 'Chain of care' (Gullestad 1979; Andenæs 2011) is a conceptual contribution to this understanding. The concept opens up for the inclusion of care providers, seen as 'links', in the chain, while it is still the personal obligation of the parents to ensure that each link as well as the total chain is good enough for their child.

The premises for emerging as accountable caregivers – mothers, fathers and professionals alike – are under transformation. As researchers, we can take advantage of this situation, by turning to the ways in which actual practitioners proceed. Surpassing the normative stance is not an easy and straightforward task for the caregivers, and increased awareness and more reflection will be the result. How do they arrange their everyday lives together with their small children, and how do they involve and draw on others in the sharing of care? Our strategy for developing concepts and models that to a larger degree resonate with the sharing that is actually taking place is to explore the practices as well as reflections of the practitioners, of caregivers who actually do the sharing.

77.4 Studies of Care Through the Routines of Everyday Life

In order to investigate shared care, as it is carried out by care practitioners, we have turned to several studies that address how small children are taken care of and live their everyday lives in Norway today. The main study followed 58 families from when the children were about 6 months of age until close to their third birthdays. During the period of the study, close to all of the children were enrolled in a childcare centre, making it possible to investigate how childcare became an element of their everyday lives. In addition to the initial variation according to social class and ethnicity and urban/rural positioning, different strategic samples were added as we became aware of other constellations relevant to the three trends in the sharing of care just described.

Our general theoretical approach is inspired by authors combining cultural psychology and developmental psychology (e.g. Bruner 1990; Rogoff 2003; Valsiner 2006). According to these perspectives and the arguments presented thus far, the empirical data required to address our research questions are practices of daily life both as contextualised interaction and as they are experienced by the participants themselves. In order to obtain the broad spectrum of social events that take place during a day, interviews with the parents consisted of detailed reports of how the care for each child was organised in time and space. To capture the entire day for those children who had begun attending childcare, we even interviewed the children's preschool teachers to get their descriptions and reflections.

To ensure that we acquired the necessary standard information about current care arrangement and plans for the future, the interviews started with a series of questions about these issues. Still, the main element of the interview setting was the 'life mode interview' (Haavind 1987), in which the interviewees are encouraged to describe their day episode by episode with regard to the social interactions in which each caregiver and child participated. The interviewer organises the conversation around the preceding day in order to ensure a close association between the interviewee's detailed descriptions of episodes involving the child and their subsequent interpretations and reflections. 'Yesterday' is used as the point of departure, and the description of each episode is used as a basis for further inquiry with question to

capture routines as well as exceptions, and how the current practices have developed. As we verbally move through the day, the parents are repeatedly encouraged to provide accounts of their own practices, aims and efforts in their interactions with their child and of their interpretations of the aims and efforts of others. Instead of asking general questions about parental experiences, worries and expectations, each of the accounts is thus contextualised in relation to specific episodes, and each episode is accorded a distinct place in the day's stream of events.

When parents are invited to describe their experiences from living with their children, their emotional regulations and reflective stances and belief systems will also follow. The description of each episode could therefore be used for further inquiry into what each parent was up against and what he/she was trying to accomplish.

The interviews were recorded and then transcribed. Our overarching question in the analysis of the empirical material has been what characterises the everyday life that parents of small children organise and in what ways do practices of shared care unfold around their toddlers and involve them as social participants? More detailed questions include the following: In what ways do arrangements of shared care create both developmental challenges and support for children who encounter a set of caregivers across different times and places? What notions about their small child as dependent on involvement and support from caregivers do the parents draw on in concurrent episodes with their child? How are relationships between parents and other care providers negotiated, and how is responsibility for the cyclical regulation shared?

The presentation that follows is based mainly on three children and their care arrangements, representing the three main tendencies of increased sharing, in this sequence: (1) between parents and professional caregivers in 'ordinary' families, (2) between professional caregivers and parents in families with vulnerable children in need of increased care and (3) between mothers and fathers.

77.4.1 I: New Places and New People: The Sharing of Care Between Parents and Professional Caregivers

Adam was 14 months old when he was enrolled in a childcare centre, and his family is among the 58 families who have participated in the main study. His parents moved from a country in the Middle East to Norway a few years before Adam was born, and they have experienced what it is like being immigrants without the cultural knowledge that most ethnic Norwegians take for granted. It has been suggested that studies of immigrant families are generally well suited for advancing knowledge about how dynamic societal and cultural processes are intertwined with familial processes (Chuang and Gielden 2009) and thus useful for our purpose here, exploring sharing of care between parents and professional caregivers.

77.5 Based on Trust

The first task for parents is to decide the right time for enrollment and then to pre-check the quality of the potential care arrangement. Adam's parents were eager to find a place at a childcare centre for Adam when he gotten passed 9 months, but did not succeed until 5 months later. They were firm in their choice, that is, to send Adam to a childcare centre and not a private child minder, and were in this respect in line with the general trend in Norway, as a childcare centre is at the top of most parents' preference hierarchy regarding non-parental care (Ellingsæter and Gulbrandsen 2007). 'We would never dream of hanging up a piece of paper at the local store to search for a child minder and then just leave him with this stranger', they said, and thereby underlining that confidence is what counts. 'You can trust a day care centre in a totally different way than a private child minder'.

Both parents have high expectations of the day care centre. There he will get 'the language and all the rest', as the father says in the interview. And they look forward to him socialising with other children his age. This is actually what most parents in Norway seem to emphasise when they consider non-parental care. What counts is that one's child is taken care of by friendly people who possess knowledge about children and the opportunities given to enjoy social life with other children (Østrem et al. 2009).

77.6 Gradual Adaptation

The transition from staying home with one's parents the entire day to spending 6–9 h each day at a childcare centre with unfamiliar care providers is gradual. Most employees in Norway are entitled 2 to 3 days off when their child starts attending day care, and childcare centres expect parents to spend time in assisting their child in becoming familiar with the new place and settling down. Adam's childcare centre had a rather detailed adaptation programme with explicit rules for the introductory days. It started with a short visit on the first day, included a light meal, and one or both parents were expected to be there the entire time. Then the stay at the childcare centre was gradually prolonged, and the parents were asked to stay away for an increasingly longer period. See Box 77.3 for a presentation of an adaptation programme.

Box 77.3: An Example of an Adaptation Programme

Day 1 A short visit accompanied by the parents. A light meal.
Day 2 Parents are encouraged to leave and stay away for a short while (10–60 min).
Day 3 Similar to day 2, and include a short nap for the child. Parents should be present when the child wakes up.
Day 4 Similar to regular days, but much shorter.
Day 5 Similar to regular days, but shorter.

Adam's preschool teacher recalls Adam's start-up as quite unproblematic, though she adds that this should not be taken for granted. Quite often she has to convince parents who find it hard to follow the plan that this procedure is actually what makes for the smoothest start-up. Even Adam's mother initially found it hard to leave her child with other people. Yet she felt so welcome, and, in addition to Adam's easy adaptation process, this is what really mattered to her.

77.7 Direct and Indirect Monitoring and Support

Even after the introductory phase, it was continuous work for Adam's parents to ensure that their child is taken good care of at the childcare centre. Key elements in their *caring from a distance* was to keep themselves informed about his life when he is out of their sight and to do what they could to secure his well-being. They take active part in what goes on at the childcare centre, and according to the preschool teacher, his mother in particular is the kind of person who never rushes, but takes her time and reads all kinds of information. 'And they both ask a lot of questions', she adds. Another source of information about Adam's life when he is out of his parents' sight is a continuous interpretation of what has been referred to as *signs of care* (Thorne 2000). When the sandwiches that were packed for Adam in the morning have not been eaten or his diaper is very heavy at pick-up time, it is interpreted as a sign indicating that everything is not exactly as it ought to be. When such things occur, they present their concerns in the gentlest possible way, without accusing any particular person. What is also at stake is the maintenance of a relationship of cooperation, which is not driven by the customer-salesperson relationship as underlying logic. They want to appear as reasonable persons in the mind of the other caregiver, and there were no indications in the interview with the preschool teacher that they had not succeeded so far.

The close contact and effort to keep themselves informed about daily life at the childcare centre serves another purpose as well, namely, to assist Adam in making connections between the two settings, that is, the childcare centre itself and the family home, by talking about the centre at home and by facilitating the caretakers' conversations with Adam about home life during childcare hours. Actually, this kind of talk seems to be more frequent at Norwegian dinner tables than, for instance, in the USA (Aukrust 2002). Adam is even encouraged to be the one who transfers information and habits between home and childcare, like when his parents satisfy his expressed wishes for 'canned mackerel in tomato sauce'. This typical Norwegian sandwich spread is strange to Adam's parents, but nevertheless it has been included in their groceries at home. Through practices like these, they acknowledge the childcare centre as a place for respect and belonging and part of the life that family members share.

77.8 Installing the Child in the Mind of the Other - to a Certain Degree

A crucial way of performing care from a distance goes through the personnel at the day care centre. As Adam's verbal capacity is limited, his parents keep close contact with them. The parents try to inform them about Adam and the rest of his everyday life, thus increasing the caregivers' sensitivity towards him and making it easier for them to understand him. At the same time, the parents are well aware that Adam is not the only child at the childcare centre. Expectations must be realistic, and they do not want to be interpreted as being too demanding.

The efforts of Adam's parents underlines the notion that the task of taking care of the child cannot be conceptualised as being shared among *equal* partners, which could be a possible interpretation of the previously introduced term 'shared care' (Singer 1993). The parents regard it as their responsibility to see that he lives a good life and that he receives good care even when they are not together. They are receptive to feedback and ideas related to their child and appreciate suggestions pertaining to age-adjusted demands, as well as feedback about how Adam's language skills are developing. They do not interpret such feedback and suggestions as criticism but more as a way of supporting them in their task of taking care of Adam.

There are only a few things that they are not entirely happy about. They would have preferred some stricter rules, for instance, an absolute prohibition against eating sand. They have witnessed children eating sand outdoors, and it worries them that it has not been stopped more effectively. Yet they are not really worried or upset. To them, the childcare centre is a place for Adam to be one of the kids, and their relational expectations seem to pertain to establishing a relationship between their child and the caregiver, that is gradually transformed from positing the caregiver as a stranger to a friendly acquaintance. Adam is doing fine, and his parents do not expect these persons to have the same emotional relationship to Adam as they have themselves.

77.8.1 II: Support and Relief: Sharing of Care Between Professional Caregivers and Parents of Children with Special Needs

The next case of sharing is between professional caregivers at childcare centres and parents of children with special needs, and our strategic choice has been parents living with children suffering from asthma. Parents in this group are considered to be fully competent, but they need some relief from their care work, and childcare is meant to support and strengthen their parenting. Asthma is a disease that accentuates the *cyclical* and *individualised* character of care work. It has a fluctuating course and is worst during the night, which implies a chronic lack of sleep for the children as well as for the parents. What happens at one point of the day travels to

other parts of the day, and good sleeping routines are extremely important in order to keep the asthma symptoms in check. The individual mechanisms and appearance of asthma makes it crucial to know how the disease affects the particular child and calls for continuous observation and follow-up.

The sample of the asthma study (Reve 2008), which is a substudy of the main project, consists of six families with a child between 11 months and 3 years with a diagnosis of moderate to serious asthma. All of the children attended day care, except the youngest one who had not started yet, but her parents had childcare experience from an older child who also suffered from asthma. According to the parents, the medical specialists had encouraged them to use childcare and from an early age. The medical doctors know very well that being parents of children with asthma is hard work, 24 h a day, and they need support and relief. Therefore, they recommend childcare, in spite of possible risks from the physical environment and infectious diseases. The parents in all the six families had experienced how difficult it was to engage participants in their network to mind the child. Relatives and friends hesitated to offer their assistance because they were afraid of possible asthma attacks while they were in charge. With this as the background, day care appeared to serve as an important relief. This is especially true for the mothers, who had the main responsibility in most of the families. This was the case in Nora's family, and Nora's mother had reduced her working hours outside the family because of the extended task of taking care of their child. What needs to happen for parents like Nora's to experience sharing as a means of support and relief, and how do these parents proceed in making the arrangement of shared care meet their quality standards of care for their vulnerable child?

77.9 Matching the Needs of the Child with the Capacity of the Caretakers

Parents of all types of children are concerned about the quality of care when they leave their child with another caregiver, but there is even more at stake with vulnerable children, like children with asthma, who may be seriously ill if they do not receive follow-up according to their condition. Like all of the children in the asthma sample, Nora needs the correct type and exact quantity of medication, for use as a preventive measure as well as treatment during asthma attacks. When she was enrolled in day care, her mother could not take for granted that the caregivers had the relevant competence to care for her properly and therefore took on the responsibility to furnish them with a minimum of necessary knowledge, based on the kind of knowledge that she herself had acquired during the period that she had spent close to her child.

At the point of the interview, Nora's parents are happy about the quality of the childcare. However, they had had some bad experiences from the first childcare

centre Nora attended because the care providers did not realise how serious Nora's asthma really was. Her mother illustrates with an example:

> *One day they had taken all the children to a farm, without bringing the inhaler. It was too clumsy to carry, they told me afterwards. I was really shocked.*

She was even more shocked by their further explanation. They had been up to the same farm earlier, with another child suffering from asthma, and on that occasion it had not been necessary to bring the inhaler. So why bother this time?

> *That is exactly what I have tried to emphasise; that children with asthma are different, and what worked for the former child with asthma would not necessarily work for Nora.*

In the eyes of Nora's mother, this lack of individual adaptation revealed their ignorance about asthma. After another similar episode, Nora's parents hardly made use of the centre, and as soon as they were offered a place at another child care centre, they moved Nora there. In contrast to families like Adam's, it was impossible for them to just wait and give it another chance.

At the next child care center, they were met by nice and open minded people who had a totally different attitude. What really made the difference for the parents was the caregivers' willingness to join Nora's parents at a one day workshop at the regional centre for children with asthma. The knowledge gained from the workshop was communicated to the rest of the staff, and soon everybody knew how to administer the medicine, which was an effort that Nora's parents really appreciated. The preschool teacher on her end speaks about how they struggled in the beginning to recognise and interpret Nora's signs. They had no experience with asthma, and were anxious about the possibility that they would not recognise it when an asthma attack was in progress. Getting to know Nora took some time, according to the preschool teacher, and she reflected upon the new demands on them as day care workers. More observation and more discussion among those working at the day care centre and a much closer cooperation with the parents was absolutely essential. They had to phone Nora's mother, to call upon her expertise in interpreting Nora's signs with questions like 'Does this mean that Nora is tired? Perhaps she didn't sleep well last night? Does she need more medicine?' By paying close attention, and broadening the scope by including Nora's family hours, they gradually increased their skills in interpreting what might possibly be signs of an attack in progress and finding more effective ways of preventing such attacks.

77.10 Negotiating Relationships and the Focus of Attention

Even though day care represents an important means of relief for families with children suffering from asthma, there is no doubt that the parents remain the primary responsible caregivers. Still, to a greater degree than the parents of Adam and other non-sufferers, these parents try to gently push the relationship in a direction where

they assist each other in interpreting the signs of specific situations. To a greater extent than what was the case with Adam, it is crucially important not to lose sight of the big picture, all 24 h of the day, as the shared focus. Sleep may serve as an example. At Nora's childcare centre, they were flexible with the sleeping regime and adjusted the routines to Nora's fluctuating needs, as related by her parents in the morning. According to the other families that had children with asthma, this was not always the case. Sleep was a potential field of tension between the parents and care providers, because of the different areas of focus. Parents were generally concerned about their child's health conditions and wanted any health-related information pertaining to their child's stay at the childcare centre. They feel responsible for keeping the asthma as mild as possible, in order to both prevent the child's suffering and to facilitate sleep for everybody in the coming night. The childcare personnel directed their attention towards the educational programme, with elements like language development and self-confidence building, based on their views on what the child needs and what the child may get from them. The less insight they had into sleepless nights in the family, the more tension sprung up between parents and childcare personnel. In Nora's case, however, the parents and the day care workers gradually assisted each other in interpreting signs of care and reached a level where both parts understood particular episodes within the framework of daily routines and Nora's individuality. A continuous exchange of specific and contextualised information was crucial, and Nora's parents have gradually experienced the childcare centre as a supportive and cooperating partner.

77.10.1 III: Towards Joint Responsibility: Sharing of Care Between Parents

Our strategic choice when it comes to shedding light on the tendency towards increased sharing between mothers and fathers has been same-gendered couples (both females) living with small children. Even though the partners belong to the same gender category, there are biological differences related to reproduction; only one of them has given birth to the child and is capable of breastfeeding the child. What makes them useful for our purpose here is that, according to a number of studies, same-gendered parents share more than other couples (Patterson et al. 2004; Doucet and Dunne 2000) and elucidate what intensive parental sharing may look like. The sample of the study (Finsæther 2009) consists of six same-gendered couples, all female, with a child below 3 years of age. Our question is how do the parents in these same-gendered families proceed when they develop their parenthood and share the care for a young child, and how do they handle the differences as they proceed? These parents, like all the other parents interviewed, share care with a childcare centre, but this aspect is not a main issue in analysing their sharing.

77.11 Constructing Two Equal Caregivers and a Balanced Relationship

When conducting the individual interviews with the biological mother and her co-mother, the immediate impression was that both parents gave rich and detailed descriptions of their everyday life, and descriptions, reflections and evaluative statements that were very similar. This impression was supported and deepened when analysing the interviews in a systematic way: the task of taking care of the child was central in their everyday life, and it was presented as a shared project to create an equal, balanced parenthood. This was achieved by reducing the meaning of biological differences and at the same time establishing co-mother as a mother who is equal to the birth-mother.

An aspect of biology that has to be handled in both same-gendered and opposite-gendered couples is breastfeeding. Breastfeeding is highly valued in Norway (Ellingsæter 2010), and in opposite-gendered families, the mothers' capacity to breastfeed is often used as an explanation for why the mother's share of the parental leave is so much greater than the father's – and even greater than the couple's expressed ideal of gender equality (Ellingsæter 2010). When breastfeeding was practised in the same-gendered families, there was a mutual awareness to not interpret it as a capacity that reduces the co-mother to a second-best parent. Furthermore, breastfeeding during the night should not automatically be connected to other child-related nightly tasks, which was often the practice of opposite-gendered couples in the main study (Meling 2007). And on the symbolic level, they insisted on a mother name for both, as a signal to the world that this child really has two mothers. A typical solution was 'mum' for the biological mother and 'mother' for the co-mother.

In Gro's family, like in most of the same-gendered families, only the biological mother was entitled to paid parental leave. None of the benefit could be taken by the co-mother, and accordingly, the couple did not receive the same economic incentive to share as other parents at that time.[1] Nevertheless, the co-mother decided to reduce her working hours in order to stay at home with her partner and infant 1 day a week, with no economic compensation. In order to actively take part from the very beginning of Gro's life, she paid the parental leave out of her own pocket. She was also very active on the weekends and before and after work and very supportive towards her partner during this initial period. She took care of the infant, and she cooked, and thereby made it possible for her partner to get some sleep during the daytime. The biological mother described how happy she was about the arrangement and emphasised her pleasure when observing the close relationship that was developing between Gro and her co-mother, thanks to these practices.

Gradually, both mothers returned to their work outside the home, and Gro was enrolled in childcare. In the interview Gro's childcare teacher describes the two mothers as the most perfect parents: 'There is never a shortage of diapers or clean

[1] The children in this sample were born before same-gendered and opposite-gendered couples were equalised by Norwegian law (Ministry of Children and Equality 2009).

clothes for changing, they are never rushing during drop-off and at pick-up-time, always paying attention to what is going on at the childcare centre'. It strengthens the impression that they were both accountable for Gro's well-being on a continuous basis, by knowing the details and keeping an overview of Gro's everyday life, including her activities outside the home.

When the two mothers speak about the life they have set up for themselves and Gro, they underline the importance of conducting a predictable everyday life with routines that bring about a sense of security for their child. When they evaluate their way of sharing, they look first and foremost at their child: they observe that she is doing fine. Both mothers are confident with all of the different tasks related to Gro, and they especially point towards the emotional engagement, that is, the fact that the child is emotionally attached to both parents.

Even practical tasks in the home are shared, and both have all the necessary skills to run a household. What is more, they talk about sharing with joy. When the biological mother is asked whether she feels that she has succeeded in anything, her answer is about sharing:

> *I think that me and my co-mother, we make it work, together. I am so happy that we – I experience that we both take part in this project, and that we do it together. I can see that Gro learns a lot from co-mother and experiences a lot with her, and she talks a lot about things they have done together. We have a good time when we tell each other about things Gro has said or done – when we share the experience.*

According to their logic, the parental task does not 'steal time' from the romantic love between them. Caring for the child is highly valued, and they describe it as a way of expressing their love not only for the child but also for each other as partners. They both have the total care arrangement, including each other, in their minds.

77.12 Discussion and Conclusion

The presented analyses of caregivers who shared the care of a particular child have demonstrated how each one of them was able to develop mutual familiarity to the participants in the set of events that they participated in. Such events were repeated over and over again and thereby constituted a set of routines within the framework of an everyday life. And everyday routines do more than to create stability and reciprocal expectations for what is about to happen; they even enable the caregiver to tend to and interpret the child's state of mind.

Most of the caregivers carried a cultural awareness of what might be the contested issues in particular arrangements for shared care for the youngest children. They had however moved the question from *whether* a particular arrangement for sharing was appropriate to *how* they could adjust to the circumstances and create viable arrangements with the child's well-being and development in mind. Our assumption proved to be correct: an analytical strategy based on sensitivity for contested cultural issues in the repeated analysis of actual events, as such events were

represented in the minds of the caregivers, could direct us to the ways these caregivers personalise 'their' child. Each caregiver was able to connect to the child in the here and now and at the same time to build up and adjust their representation of him or her as a continuous being with a past and a future. We learned from the practitioners how they proceeded to accomplish this, and also how they assessed their own experiences.

In each family, at least one of the parents assumed an overarching responsibility for the organisation of care for their child, but in each case, they valued and assessed the engagement from the other parent who was involved on a regular basis. We conceptualised the ideation of sharing the care to appear in *chains of care*, with all the links carefully sequenced and with parents having and taking overall responsibility for the entire chain. Conceptualising shared care as links in a chain will also point to the cyclical character of care work. When parents talked about the needs of their small children, such needs emerged and became evident in the specific sense as reoccurring in a cyclical pattern. Any caregiver needs a number of ways to get acquainted with the cyclical regulation of their child in order to interpret their expressions at any particular moment in time. That is why *creating and following routines of everyday life* is so important for caregivers in the family as well as for those at the childcare centre. The caregivers got to know 'their' child, and in turn the child got to know his/her caregivers through the psychological qualities of these routines and the affects they evoked in each of them. The parents did not claim that exactly the same routines had to be followed, but rather they would make a request for certain routines that would be recognisable to the child and thereby ensure that the child could be included as an active participant. And the little child was actually taken as a partner in bringing personal experiences from one setting to another, all according to the individual child's capability and motivation.

The records from the caregivers were stacked with notions about how the child was doing and about 'growing older'. They targeted some events for interacting with 'their' child that could assure them that the child was doing all right but also events that pointed to ongoing changes and possible sources of discomfort. Comparison of such targeted events across different caregivers of the same child demonstrated that the caregivers did not necessarily have exactly the same sensitivities or the same responsibilities. They did not necessarily treat the child in exactly the same way, but they coordinated their efforts in order to make the child feel safe in both settings. Therefore, the exchanges between childcare providers and parents were not just a way to bring factual information about what had happened from one caregiver to another but also a kind of chat that could ensure that both parties had an individualised person on their mind.

The interviews with parents and professionals as practitioners demonstrated to us how the interactional patterns that were firmly established between child and caregiver also allowed for the mutual awareness of changes and further joint elaboration. Simply because caregiver and child would know each other so well from sharing a set of routines, they might at any moment notice whatever small divergences and digressions from such routines. By doing so, the child's engagements in routines of everyday lives allow caregivers to adapt to them as well as directing and

supporting them, enabling the caregivers to set up scaffolds in some correspondence with the personal and cultural meaning of 'growing older' (Aukrust 1992; Andenæs 2012).

All of the caregivers that we have presented here carried in their minds images of the total care arrangement that was designed for their particular child. They got to know each other in this particular capacity to relate to and take care of the child and also in learning to identify *the capacities of the other* caregivers. Thus, for each caregiver, shared care is about being recognised and valued, not only by the child but by the other caregivers as well.

It may be argued that the contested issues related to shared care are indications that the norms and standards for care in children's early years are increasing rather than being lowered and ignored and that the scope of how to care has been widened. The norm that caring for the smallest one should preferably be organised as one-one-person care has been challenged. Setting up care arrangements with more than one continuously engaged participant is a process of adaptation, not a sudden abdication from parental responsibility. Further, the cases have demonstrated the ways in which the caregivers coordinate their efforts and distribute responsibilities among them. The child is neither constructed as a baton in a relay race, delivered from one caregiver to the next, nor as a task that is easily split into pieces, one for each caregiver. What the caregivers do, according to these empirical studies, is to establish a number of ways to keep the child's state of mind in their own mind. This again enables them to direct their awareness towards how their own involvement and that of others fits in contributing to the subjectification and development of this particular little person. Thus, taking practitioners' experiences seriously may bring norms for tender care to a wider set of people and social arenas and accordingly transform such norms into procedures for recognising viable practices.

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