Doing family in welfare practices of early preventive services[1]

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1 Introduction

The concept of "doing family" (Jurczyk/Thiessen 2014; Jurczyk/Lange 2020) has mainly focused on the everyday practices of family members and has put the everyday life of families into the centre of attention. For instance, Morgan (2011), a central proponent of the "doing family approach", defines his concept of "family practices" as "what people 'do' and in doing create and recreate the idea of family" (Morgan 2011: 177). Only recently, the role of welfare professionals and normative templates of family (for instance specific ideas of the family as it is reflected in specific, more or less familiarised welfare regimes, see Leitner 2003) is acknowledged for in the "doing family" literature. For instance, Jurczyk and Lange (2020) confirm that welfare professionals "are co-constructors of the family and not only participate in the UnDoing of Family, but also directly influence it in part"[2] (ibid.: 43). Nevertheless, the respective volumes (Jurczyk/Thiessen 2014; Jurczyk/Lange 2020) run short of contributions that analyse welfare practices. In our perspective, a "doing family" approach that strictly focuses on intra-familial everyday practices and the situated co-constructive activity of family members is at risk of an "interactional reductionism" (Levinson 2005; Diehm et al. 2012). While we agree that a focus on everyday practices and the situated co-constructive activity is pivotal for understanding the contemporary family, we also assume that a strict orientation to the local interaction order is at risk of neglecting both the trans-situational character of doing "family" as well as its embeddedness in specific categorisations inherent in the definitions of need and merit in the welfare state context.

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1   Internationally, the social services context we address in this contribution is known as Early Prevention and Intervention. We use the term Early Preventive Services to stress the preventive logic of the German system of "Frühe Hilfen" (literally: early support) in distinction to Child Protection.

2   All translations of German quotations are the author's own.

In this paper, we approach the concept of "doing family" slightly differently. Instead of focusing on the practices of family members and their everyday life, we argue that practices relevant to the fashioning of contemporary families may happen in situations in which family members are not physically present, for instance in case-meetings of social workers or in any other instance of welfare practices that deal with families or their members. Building up on research that analyses the production of "clienthood" (Gubrium/Holstein 2001; Hall et al. 2003[3]), we focus on "ways the participants jointly categorise clienthoods and produce case descriptions" (ibid.: 18) and consider clients' identities as positions "which are constantly being negotiated, justified and argued" (ibid.), while often explicitly referring to the construction of "parental identity" and "motherhood". We argue that a significant site of "doing family", that is "what people 'do' and in doing create and recreate the idea of family" (Morgan 2011: 177), happens in the diverse sites of human service production. Accordingly, our contribution examines the way professionals talk about the family as a specific way of "doing family". We aim at a conceptual refinement of the "doing family" concept: we highlight its entanglement with legal administrative categorisations of the welfare state, thus the discursive and trans-situational character of "doing family" practices when human services are involved.

Our research is based on ethnographic material collected in professional case-conferences. Early preventive services have been gradually implemented in Germany at the municipal level as a consequence of a new federal law on child protection in 2012 (BKiSchG). It comes with a legal obligation to install an "early, coordinated and multiprofessional offer" (§§ 1, 4) and to provide "binding network structures in child protection" (Art. 3), which include all institutional actors in the health, social and education systems and led to the establishment of so called "early support networks"[4]. The term "early" support highlights that these networks are supposed to provide services "from pregnancy and early childhood with a focus on the 0–3 age-group" (NZFH 2016: 13). They are addressing all (expectant) parents and their children in terms of health promotion (universal/primary prevention) but also focus on "families in difficult situations" (ibid.) in order to ensure that risks to the well-being and development of the child are recognised and reduced at an early stage. Within the early support networks, the case conferences constitute an important site for coordination and delivery of services: Firstly, they serve as a "hub" in which new incoming cases are discussed and distributed to specific family midwives.

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3   The 2003 collected volume of Hall and Juhila contains four contributions explicitly referring to the construction of "parental identity".

4   We use the term "Early Support Networks" as a literal translation of the German expression "Netzwerke Frühe Hilfen" (cf. footnote 1). These networks form a constitutive element of the Early Preventive Services.

Secondly, they serve as a site in which eligibility and the appropriateness of "early support" is scrutinised and decided on.

2 Policy context: early support networks and child protection policies in the German welfare state

Since the 2000's, German child welfare policies are undergoing a shift towards "prevention whilst strengthening protection" (Parton 2006: 976). This double orientation finds expression in a number of reforms. On the one side, it is reflected in the large-scale implementation of early support networks (Wolff et al. 2011; Ostner/Stolberg 2015; Ostner/Mierendorff 2014). On the other side, excessive media coverage of fatal cases of child abuse has led to an increased level of activity in the legal-administrative domain and to a stronger interventionist and protectionist orientation. For instance, new legal regulations (c.f. the German Federal Child Protection Act, BKiSchG 2012) introduced mandatory reporting protocols for dealing with child protection cases on the level of youth welfare offices. The same law reduced the hurdles for different professions for the disclosure of information on potential child protection cases. On the other side, the last decade has witnessed an expansion of preventive measures. For instance, since the early 2000's different policy initiatives have taken up the development of so-called preventive "early warning systems". Initially developed in the federal state of North Rhine-Westphalia, they were taken as a blueprint for the creation of "early support networks" on the level of the federal state. A National Center for Early Services (Nationales Zentrum Frühe Hilfen–NZFH) was established, and new legal regulations led to the mandatory implementation of early services for parents in the first three years of their children's lives. "Early Services", according to the definition of the NZFH, form local and regional support systems that provide practical support in everyday life and promote the relationship and parenting skills of (expectant) mothers and fathers (NZFH 2016).

Echoing international developments, these policies are characterised by a "turn to parenting" (Ostner et al. 2017), an explicit focus on "early" (the age-group 0–3) identification of "risks for the development of children" (BKiSchG §1 (3). These developments bear similarities to early intervention policies in the UK, which "had its origins within a social investment rationale and has morphed across domains with particular implications for child protection" (Featherstone et al. 2014: 1736). Similarly, the double orientation of the German child protection (both prevention and protection) is characterised by an ambivalent strengthening of a statutory control approach on the one side, and a marked commitment to prevention and cooperation in child welfare on the other side (Wolff et al. 2011).

In Germany, the federal law prescribes that the local child protection service (Jugendamt) is responsible for the establishment and governance of the networks. The

multi-level federalist governance structure of the German welfare state leaves a high degree of autonomy at the level of the municipalities and cities, no additional prescriptions are made. Therefore Ostner et al. (2015: 623) speak of experimentation in implementing and practicing newer forms of parenting support. As a consequence a high heterogeneity of "early support networks" can be observed in Germany (Bode/ Turba 2014). While in some municipalities early support is part and parcel of the child protection system with a clear mandate of intervention, in other municipalities the networks mostly focus on the development of low-threshold support services for families. Some municipalities also try to combine both strategies (Schäfer/Sann 2014: 78). Usually involving a wide range of professions and organisations these networks constitute a multi-agent, multiprofessional, transorganisational field "under construction" with a considerable margin of maneuver in its operational governance.

3   State of research

In recent years, researchers have become increasingly interested in the effects and the implementation of early preventive services. As described above, child and family related welfare practices take a much wider stance than protection from harm or abuse in the sense usually understood in child protection; early support networks aim to take action earlier rather than detect, investigate and respond to crises. "Earlier" in this context thus has a double meaning: on the one hand, it refers to age (i.e. 0–3 year olds) and, on the other hand, it refers to the primary preventive approach. Until now, little is known on how practitioners on the frontline deal with the entanglement of "early prevention" and "protection". Ostner and Stolberg interpret the entanglement of support and control that comes with the "early intervention"-paradigm as a problematic rejuvenation of the "the long historical root of parenting support as a control on parents" (Ostner/Stolberg 2015: 630), while Merchel (2008) suggests that "early support" interventions are at risk of mixing up the precarious balance between protection mandate of the state and a family service orientation that builds on a right to support (see also Schone 2010; Dahmen 2018). Featherstone et al. (2014) speak of an "unholy alliance of early intervention and child protection" (Featherstone et al. 2014: 1738), and Frost and Parton (2009: 165) argue that this may ultimately lead towards a more "muscular interventionist stance targeted at those deemed 'hard to reach'".

German early prevention and intervention policies seem to have taken a similar development: Commenting on the target group-definition of the NZFH, Schäfer and Sann (2014) point to a significant extension of controlling interventions into preventive measures. Focusing on family midwives, they report potential conflicts between the newly assigned task of "control" and their traditional professional task of provid-

ing (health) support (ibid.: 77). Similarly, studies comparing different professions involved in child protection report significant differences regarding to the mandate, the relations to clients, the definitions of responsibility and the type of every-day knowledge used (Alberth et al. 2014).

These findings also involve different implicit conceptions of family and of generational order: while workers from Child Protection Services operate with a legally codified concept of parental care and responsibility and an implicit normative orientation to a normal middle class family, family midwives with a professional socialisation as health professionals focus on clear health and care related needs of children and operate with an unquestioned idea of care responsibilities of the mother (Bühler-Niederberger et al. 2013). On the basis of social workers' narrations of child protection cases, Alberth and Bühler-Niederberger (2017: 153) show that "approaches to parents are strongly gendered and organized around mother-focused routines" – the image of the "overburdened mother" was an overwhelmingly recurrent topic in case narrations.

Harnessing the concept of "doing family" (Jurzcyk et al. 2014), Rettig, Schröder and Zeller (2017) reconstruct how "family" is produced by family midwives. They suggest that family midwives construct family mainly as a "female care relationship" (ibid: 365) referring to a potentially deficient "mother in the making" (ibid: 372). That is why they consider the term "mother midwife" as a more appropriate characterisation of the central profession in the German early preventive services. Analysing case-meetings of early support professionals, Cloos, Gerstenberg and Krähnert (2019) show that case-processing was strongly oriented towards respect to the relevance and documentation requirements of the child protection agency. However, interview based-research shows that family midwives quite reflexively deal with the tensions and conflicts that result from the task of "supporting" families and the often implicit assignment of "control" when involved in high risk cases (Zeller et al. 2020).

However, most studies focused either on interactions with clients or on meetings with homogeneous professional groups (see Cloos et al. 2019). Research conducted on the "doing family" within the framework of case-conferences, and the boundary work regarding prevention and intervention are scarce and are mainly based on interviews (Bühler-Niederberger et al. 2014; Franzheld 2017). There is only limited research investigating meetings between different professions (however see Saario 2015; Nikander 2003; Retkowski 2012) and the collective construction of cases in the context of the double orientation of the German child protection system.

4 Analytical perspective: doing family in welfare practices

In contrast to the focus on everyday practices in families prevalent in the doing family literature, we argue that practices relevant to the fashioning of contemporary families also happen in situations in which family members are not physically present, for instance in case-meetings of social workers (e.g. Nikander 2003), or in any other instance of welfare practices that deal with families or their members.

For the reconstruction of "doing family" on the level of welfare practices, our project draws on practice theory (Schatzki 2002) and applies a combination of ethnographic methods, including participant observation of case-meetings in early preventive services and early support networks as well as an analysis of official regulatory documents and forms that are used for the processing of cases. We follow Nicolinis (2017: 101) methodological position of a "connected situationalism". We argue that the unit of analysis should not be restricted to a single scene of action or performance of "doing family", rather the situated performance "is inextricably linked to what is happening in another 'here and now' or what has happened in another 'here and now' in the past" (ibid: 102). Such an approach reflects our insight into the methodological necessity of exceeding the boundaries of what can be observed in situ (see e.g. Kelle 2015; Dahmen 2022). For instance, when social workers consider a family applying for an early support programme, specific institutionalised routines are activated to determine their needs, preexisting, explicit (often legal) and implicit categories are made relevant, and specific data regarding the case is recorded and documented – all of which prefigure the situation, yet only come into existence in people's activities. The combination of a reconstruction of practices and document analysis in our research project is based on Smith's (2001) approach of institutional ethnography, which focuses on documents that help mediate between official forms of knowledge and practices on site: "[…] texts (or documents) are essential to the objectification of organisations and institutions and to how they exist as such. […] exploring how texts mediate, regulate, and authorise people's activities expands the scope of ethnographic method beyond the limits of observation" (ibid.: 160)

In such a perspective, legal rules and prescriptions written down in policy documents and organisational forms structure, mediate, and translate institutional and organisational practices. They act as "higher order regulatory frames" (Smith 2005: 200) that prefigure but do not determine the course of local activities. Already on the level of policy design, early preventive services come with specific ideas and categories of the family, for instance, regarding their needs and the appropriateness of specific (preventive or protective) interventions. Nevertheless, Smith starts from the standpoint of particular actors in everyday situations and constellations in order to reconstruct institutional and organisational prefiguration. As the literature review has shown, we may expect diverse instances of "doing family" embedded in the

process of institutional categorization. We identify professional meetings as a central site in which case construction is materialising in situated "doings and sayings" (Schatzki 2002). Furthermore, particularly organisational scholars point to the fact that meetings constitute highly relevant sites for the reproduction of organisations (see e.g. Belliger/Krieger 2016). They constitute a "key process that actually produces and reproduces organizations and individual attitudes and perceptions about them in an ongoing fashion" (McPhee/Zaug 2000, cited in Scott, et al. 2015: 21). We follow a particular strand of organisational research which conceives meetings as a central site of "sensemaking" (Weick 1995; Weick et al. 2005; Scott et al. 2015) in which groups work together through ongoing symbolic interaction to understand events that occur in their environment, interpret them, and develop collective, coordinated responses. In the following analysis, center stage is given to the way cases are collectively categorised and classified. A special focus will be put on the way cases are made "institutionally actionable" (Smith 2005), that is, "talked into being" in "the generalized forms in which they become recognizable and accountable across the local settings of institutional work" (ibid.: 186). We conceive doing family as an ongoing accomplishment of professionals that draw on, mobilise and activate specific institutionalised resources (amongst others, specific juridico-legal definitions of eligibility for services and professional knowledge). We conceive "doing family" through and in Social Work as a collective (epistemic) categorisation practice (Bergmann 2014) in which acceptable organisational descriptions and case-categories are produced.

5 Empirical Analysis

The data presented here stems from a larger corpus of material collected in the context of the DFG project "Risk-assessment and case processing in early prevention and child protection". In two large cities in North Rhine-Westphalia, professionals working in the municipal early support networks were observed and interviewed, and documents were collected that guide and structure their work practice. The following material is an excerpt from an observation protocol of a meeting of professionals that takes place in the local youth welfare office. In addition to coordinating the municipal early support network, the staff of this office is also responsible to decide on incoming requests for early intervention measures. Their task is to see whether the request for a family midwife or a family health and paediatric nurse (FGKiKP) should be granted.

The process of deciding on a request for an early support follows a specific, organisationally prespecified process: For instance, an official guideline urges professionals to consider specific eligibility criteria. Family midwives are defined as a "*pre-*

ventive offer": "the offer of a family midwife is located in advance of a help in education[5]" and conceptualised as having "**_no control mandate_** in the framework of child protection" (emphasis in original, our translation). The document then describes that the goal of a support through family midwives is the "life practical support of (becoming) mothers/fathers"; the "promotion of health of mother and infant" and the support of parents in "building relationships and becoming more self-reliant with their infant". The document also describes exclusion criteria for the eligibility of a family midwife (parents have to "voluntarily accept" the support and that there are no indications that the child's well-being is "endangered").

However, these institutional guidelines do tell us little about the local implementation of these rules and their interpretation on the ground. In practice, referring to Weick's sense-making perspective, the organised, patterned character of early intervention is "developed and maintained through continuous communication activity, during which participants evolve equivalent understandings around issues of common interest" (Weick 1995: 75). Thus, on the local level, applying rules to cases requires an interpretative stance by the parties involved.

In the following extracts, we analyse how participants in case meetings achieve local coordination through collectively establishing categorisations of cases. By mapping the everyday-level emergence of organisational practice, we attempt to describe the "category-generative and category-reinforcing work" (Nikander 2003: 125) in the interprofessional meetings in question and show how cases are constructed not least through referring to specific constructions of the family's needs and characteristics. In the course of a case conference, the staff members discuss requests at least in pairs. First, the staff member who received a request (in this case, Ms. Preuss) presents it in short sentences to her colleagues.

> Ms Preuss says "the mother" had made a request for a family midwife. She has another older child and is now pregnant. The delivery date is just within a week. She had the older child when she was 16 and had Ms Kramm as her family midwife at that time. The father of the current baby is not the father of the older child. The first child was born by emergency caesarean section and then had to be transferred so that she could not breastfeed the baby directly. As a result, breastfeeding was no longer possible, even though the

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5   "Help in education" [Hilfen zur Erziehung], refers to a specific legal code (§27, SGB VIII) in German youth welfare legislation. It states that parents have a right to receive support "if an upbringing in accordance with the best interests of the child or adolescent is not guaranteed and the assistance is suitable and necessary for his or her development" (§27 SGB VIII, own translation). Albeit conceived as a formal right of parents for support, it usually involves a more profound assessment of the capacity of the parents to care for the children and requires a formal demand by the parents. As such it implies a specific construction of deficient parenthood (see Schrödter et al. 2020).

mother had wanted it. The mother said she wanted to resume her training as a part-time geriatric nurse after maternity leave. That would also mean shift work. According to the mother, the father would then stay at home with the child. However, he is a first-time father and as Ms Preuss understood, the mother thinks that the father is a bit too careless and clueless about the matter. He would always say that he would manage it. The mother is worried whether she would notice if something did not go so well. That is why the mother asked the father if it is okay for him to have another person coming to advise him. He said he was fine with that. Ms Preuss says the pregnancy is going without any problems. However, the woman has not taken a birth preparation course and does not have a follow-up midwife. Ms Deuter says in a mixture of amusement and irony that everything is "tutti" again. *(Excerpt from observation protocol 9, Amanda Edler)*

Within the extract we can see that specific characteristics are attributed to the mother: It is noticeable, for example, that the mother's age is discussed retrospectively with reference to her being a minor when she had her first child. This characterises the woman as a 'teenage mother', although she is now in her mid-20s. The reference to breastfeeding and the highlighting of the mother's desire to breastfeed does not appear in the official guidelines, nevertheless, it connects to the image of a responsible mother, equipped with knowledge of developmental benefits of breastfeeding. The image of 'responsible motherhood' also becomes relevant in the mention of the mother's planned return to education after maternity leave as well as in her concern about whether the child's father will be able to adequately care for the baby despite his lack of experience. Contrastively, the mention of the lack of antenatal classes and the aftercare midwife invokes the impression of irresponsibility, which is directly understood and evaluated by the colleague with the ironical expression everything was "tutti" again, thus labeling the request as a somewhat 'clear case'. In this form of processing the request a case is paradoxically constructed before the team decides whether it is a case for early support or not.

The staff member responsible for the enquiry reports the case in a decidedly condensed manner. A range of categorisations and events are turned into and presented as a meaningful whole, a process Czarniawka (2004) has termed "emplotment". The presentation of a complex case in narrative form enables people "to talk about absent things and to connect them with present things in the interest of meaning" (Weick 1995: 129). At the same time, within the narrative, the case is already preformatted in specific institutional categories and meanings: specific characteristics of the case are highlighted – for instance, the mention of the first cesarean birth or the father's voluntary acceptance of help ("he is fine with it") as well. The plot creates a picture of a family where early prevention has been provided in the past, with a mother asking for support who is both responsible (wanting to breastfeed, continuing her ed-

ucation) and irresponsible (missing prenatal classes, potentially absent due to shift work) and a frivolous, inexperienced father. Different aspects of the situation become arranged into a narrative plot that produces a specific outcome – in this case – a potential eligibility for a family midwife.

The purpose of passing on all this information is to provide the colleagues with a picture of the family or the situation through certain categorisations, which form the basis for assessing whether the request is a potential case for a family midwife – and thus a case for early support or not. For this purpose, the responsible staff member gathers information about the family that is suitable in the context of the practice of "case assessment" in order to design a "case of x" (Bergmann 2014: 20). The categorisations and typifications link to a "tacit knowledge" (ibid., our translation) that the professionals acquire and share by gathering experience and through "learning on the job" (ibid.). By categorising and typifying the family situation, staff produces and translates a complex reality into (organisationally and situationally) acceptable categories, thus making the request "institutionally actionable" (Smith 2005).

This practice becomes particularly relevant against the background of the need for constant boundary work in early prevention services. Negotiating, defining, and updating boundaries is one of the central aspects of the case work of professionals. This includes the negotiation of responsibilities of the professionals involved in a case beyond professional and organisational boundaries as well as the constant demarcation of the offer of the family midwife from more intervening measures granted by the youth welfare office (see above). This also becomes clear in the further course of the case review:

> Ms Preuss then asked the mother if she had ever received help from the Youth Welfare Office, since she had had her first child very early. The mother denied this. However, Ms Preuss had found a file on the son and also a "JGH file" [juvenile court[6]]. In the course of the case meeting, now the question is whether she would look into the file again first. Ms Deuter: "Just when she says she had nothing…" [meaning no help from the Youth Welfare]. She continues that sometimes it would only have been a consultation or something, which was then forgotten, but this "everything is fine, I don't care about anything for now … and then the files … strange". Ms Preuss says that they should have a look at the "JGH" and the "ASD" [meaning a file of the general social services at the Youth Welfare Office], might be the older son, "maybe custody or contact". She would like to take a look first. Ms Deuter agrees and says that if there is more, it would be good to talk to the woman again first. Ms Deuter and Ms Preuss discuss that Ms Deuter should request the files. Ms Deuter says that Ms Preuss should call Ms Kramm (the potential family

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6   In Germany, the Youth Welfare Office provides support to minors in case the latter are indicted by a penal juvenile court, in accordance with § 52 SGB VIII.

midwife) today and tell her that she has an enquiry that they are still looking into, and "does that ring a bell". Ms Preuss says that she could then give the mother feedback next week. Ms Deuter asks whether the father is "known". Ms Preuss denies that and says she would check it directly. "He also has a JGH." Ms Deuter laughs: "Very nice! Before that we have somebody that is prone to violent behavior to take care of the child. Wonderful." *(Excerpt from Observation Protocol 9, Amanda Edler)*

In this sequence, we see that the construction of the case is a collective issue. For instance, Ms Preuss questions the veracity of the mother's statement that she has not been in contact with the youth welfare office in the past and mentions an existing case-record. The discrepancy between the mother's statement and the existence of files raises suspicion ("strange"). This leads the group to check the record of the father, who also has a juvenile court case-file. The image of the case in-the-making is put into question, and participants agree upon to take a look into the case files before proceeding to a decision. The (ironic) comment by Ms Deuter ("very nice...") articulates what is known about the case with what is conjectural, not known. As the father has a juvenile court case file, there is a possibility that he has a disposition to resort to violence. The collective sensemaking through narrative accounts of cases (see Weick 2012) allows to discern unwanted consequences and raise collective awareness in order to make a case 'decidable'.

In a more general sense, we see that a variety of material and discursive supports for the construction of the case are employed. Specific institutional vocabularies, implicit, tacit knowledge about the appropriate age of parental responsibility, but also case files and the technical infrastructure (personal computer and database) that make this information accessible within the meeting. In addition, a form of boundary work becomes evident (Klatetzki 2013). The whole process of examination is not only scrutinised against the question of eligibility and fit of an early support, but also regarding the question of whether "there is more". This wording – "if there is more" – is a recurring ethno-category in the data collected. It refers to a permanent mode in the case assessment practice of early support, which arises from the necessity to distinguish the preventive offer of early support from the more interventive field of help in education (HzE) or even potential child protection cases. The formal rule that family midwives should only be granted in cases in which no endangerment of the child welfare exists (see official guideline above) leads, paradoxically, to the constant (practical) need to prove "if there is more". What we encounter here is an instance of boundary drawing in which the limits between prevention and intervention are negotiated and interactionally accomplished. While the official definition of "family midwives" is fixed in relevant textual devices, it needs to be continually re-actualised, negotiated and adapted to specific cases. This explains the vigilance and the suspicion displayed by Ms. Preuss when it comes to the mother's ambiguous

statement regarding previous support. The collective work of categorisation thus, on the one hand, serves to establish the case as lying below a certain threshold (that of a potential child protection case). At the same time, in the course of the constant review of the boundary, the organisational requirement to comply with responsibilities and to ensure procedural formality is dealt with. Nevertheless, a clear demarcation between early prevention, the more interventive measures of help in education or a child protection case is often blurry. Although the formal rules of the youth welfare office contain criteria that exclude early intervention services, everyday practice with the cases reveals a continuum in the simultaneity of preventive and interventive measures. This means that the professionals have to deal with a flexible, case-specific delimitation and the negotiation of responsibilities on a permanent basis.

As a conclusion, we see that the "higher-order regulatory framework" (Smith 2005: 200) of a clear distinction between early support measures and more interventive measures that is at the core of recent reforms of the German child protection system leads to an increased need for coordination on the local level, in order to define if a family is "at risk" or not. The ethno-category "is there more" functions as a proxy that can be called upon by professionals to evaluate the demarcation between preventive and interventional measures for each individual case.

6 Conclusion: doing family as categorisation work in welfare practices

In this contribution we argued that institutional realities are not simply "there", much more, they are structured through specific frames, concepts and categories that are partly embedded in texts that "are central in subordinating individual subjectivities to institutionally generated realities" (Smith 2005: 187–88). We have described that already on the policy level, early support operates with contradictory, ambiguous goals. On the one side, they are conceived as low-threshold, voluntary and supporting measures for all (expectant) parents regarding the care of children (prevention) – on the other side, they are supposed to be strongly inscribed in a network that increasingly focuses on an early identification of potential child protection cases and families in "problematic situations" (NZFH 2016). As we have shown, contradictions arising from this twofold orientation do also condense in the everyday practices of welfare professionals, more particularly, in case-meetings when they have to decide upon the eligibility for a family midwife. The local definition of early prevention establishes a clear, binary separation between "controlling" (potentially involuntary, more invasive child-protection) and "preventive" measures. In doing so, it depicts a clear image of the ideal-typical client of early support and maintains specific, clearly distinguishable juridico-legal case categories. Based on our data, we have shown that in everyday practice, the 'official' definition of early support needs to be re-enacted locally. While textual devices identify, stabilise and institutionalise

specific case-categories, they ultimately have to be talked into being through a communicative process. Our contribution has shown that this involves different forms of boundary drawing. Firstly, boundary work as a categorisation practice between preventive support and controlling interventions. Secondly a form of boundary drawing regarding the question if a family is considered as an appropriate case for family midwives. With reference to Burkhardt Müllers (2017) distinction between a "case of" (for instance, an overburdened mother) and a "case for" (for instance a case for a family midwive), our data shows that both dimensions of case-construction are inextricably intermingled.

We argue that the categorisation work described in our case-study constitutes a specific instance of "doing family". In order to make a case decidable, case workers need to take the information they have gathered about the family, and about the mother in particular, and put it into a plot that can be translated into organisationally and situationally acceptable categories. Case workers narrate the 'story' of the family and the mother in a way that already draws inferences regarding the appropriate intervention and specific legal-jurisdictional categories of support. For instance, the focus on previous pregnancies, health status and age of the mother make sense when considering that family midwives primarily are health professionals and early support measures often focus on the parent's competencies to deliver appropriate care (Patschke 2016). This claim is supported by previous research that shows that the way "family" is "done" within welfare practices strongly differs according to different welfare support measures or professional context (see e.g., Bühler-Niederberger et. al 2013; Zeller et al. 2020; see also Jurczyk et al. in this volume). Adding to this research, our example shows that the doing and making of family seems to be entangled with legal administrative categorisations of the welfare state as well as with tacit and implicit knowledge on appropriate motherhood. Only through translating and applying this knowledge in a collective process, the case becomes an institutionally actionable reality.

For future research, we firstly suggest to broaden the research focus on the various sites and practices which participate in the doing and making of families. Secondly, we highlight the need for a stronger contextualisation of these practices: How the way families are "done" strongly depends on the context of particular practices, and specific local constructions of family are done with reference to different contexts. Against the background of a practice-based perspective (Schatzki 2002; Nicolini 2017), the doing and making of families, and the situated positioning of actors unfolds within a specific practice. In this view, it is the practices themselves that determine what the participants have to do in order to fulfill the respective practical goals and requirements (Dahmen 2022). Research that foregrounds the inherent logic of practices accentuates the embeddedness of doing family in particular practices that, in our empirical examples, are designed to provide services and functions of preventive family support.

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