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Constructing at-risk target groups

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Abstract

This article explores the political legitimatization of intervention towards at-risk target groups in Danish preventive policy. Here, the overall intention is to detect social problems before they occur. Part of these preventive policies is the emergence of at-risk target groups identified as potential deviants among ‘the normal population’ of children, families and youth. We explore policy documents and find relations between political categories, social categories, perceptions of normality and risk, policy legitimization, and policy tools which we argue constitutes the discursive setting for why, how, and who should be objects of preventive intervention. Through a comparative analysis of preventive policy in health care, daycare, and primary education, we conclude that social labeling and common sense categories play an important role in the construction of at-risk target groups. These categories function as the designators of at-risk target groups as deterministic interpretations of risk factors. We discuss why we think this might lead to unintended stereotyping and even discrimination of what was recently not part of the state’s worrisome gaze.

Keywords

Preventive policy, at-risk target group, political category, social category, normality, risk, policy legitimacy, policy tools
Introduction: preventing the need to prevent

In recent years, Denmark has implemented a number of preventive policies based on the reasoning that it is better to prevent than to solve problems. Many preventive policies have been directed at health care, but also at other policies target areas such as elderly care, labor market relations, crime, social care and education (Det Nationale Forebyggelsesråd 2010). Preventive policies share a dual focus on prevention aimed at groups with special needs and prevention aimed at the broad group of ‘normal citizens’. One of the central outcomes of this attention toward identifying the boundary between the normal and the deviant is that preventive policies have created new target groups – or what we call political categories - among ‘the normal population’ and especially among children who are considered to require ‘extra effort’ in healthcare, daycare and primary education in order to prevent special needs from developing (Harrits and Møller 2012).

This general theme of what counts as normal is essential in the policy design of preventive policy. However the term ‘normal’ is also a contested concept, because it refers to a relatively open and complex set of practices and evidences which gives it an appraisive and political character (Conolly 1993:10). In order to develop a theoretical understanding of relations between normality perceptions and at-risk target groups we therefore draw both on the literature on policy design and sociological literature on normality and social categories (Schneider and Ingram 1997, Canguilhem 1989). We explore how the policy documents present the discursive setting for understanding why, how and when to prevent whom from what. We understand this as a process of policy legitimization of why certain policy tools
should be used towards the social constructed political categories - in this case at-risk youth and children. However, because every political category represents only one out of many potential categories, we want to distinguish analytically between social and political categories underlining that a social category represents a commonsensical knowledge and even sometimes a stereotype whereas a political category represents only what has become salient on the political agenda (Harrits & Møller 2011). Starting from this distinction between social and political categories we intent to get a better understanding of how social categories, perceptions of normality and perceptions of risk are used to inform the political categories and legitimize which policy tools should be used to fulfill the intention of the policy. Finally, we complete a comparative analysis of the three areas of health care, daycare and primary education, which lead us to conclude that social categories are dominant in these preventive policies as the designators of primary boundaries of normality, but also of potential risks of loosing normality among at-risk target groups in ways we expect will lead to unintended stereotyping and even discrimination in the encounter between professionals (health nurses, pedagogues and teachers) and citizens (children and families).

Policy-context: fighting ‘negative social heritage’ through prevention of weak parenting

In 1999, the Danish government appointed a committee for the prevention of social marginalization and reproduction, referred to as ‘negative social heritage’ in the Danish context. Ever since, a number of initiatives have been implemented, including the latest ‘The Child’s Reform’ [Barnets Reform] in parliament in 2010. These political initiatives focus both on the marginalized and particularly vulnerable groups of children as well as the broader group of ‘normal’ children, such as the general area of health services to families with small children. The general intention driving these preventive policies is to detect social problems
before they occur; that is, when children and families are still regulated as ‘normal’ at the same time as some of them might be at risk of developing special needs. New political goals have developed in the wake of these preventive policies, creating new political categories (at-risk target groups) eligible for extra healthcare, daycare and educational support among ‘the normal population’ of children and youth.

In 2007, under the heading ‘Equal opportunities: strengthening personal resources and social cohesion’, the Danish Government elaborated on the overall policy goals for the preventive policies:

*Most children in Denmark grow up in good and secure environments. They have parents who support them throughout their childhood. They receive emotional support and care. Everyday life is in control. The children learn how to become independent individuals and responsible citizens. They enjoy a good childhood. However, some children are not so lucky and do not receive the necessary support from home. There is not enough care. Everyday life is not in control. There are no boundaries – possibly because parents are struggling with their own problems, overshadowing their children’s problems. The parents might not have the necessary resources to raise and support their children. Many such children grow up under difficult circumstances but nevertheless manage to cope. The outcome is not given beforehand. But these children have an enhanced risk of developing problems, reducing their chances of a good life (The Government 2007 [Regeringen 2007]).*

However sympathetic one might be toward the goal of promoting equal opportunities and a good life for all children – and indeed all citizens – it is striking how the policy discourse on ‘negative social heritage’ contains numerous discursive constructions regarding which
members of Danish society are at risk of social marginalization, also in terms of health-related marginalization.

In the analysis of the policy documents behind the preventive policy programs in the areas of health, daycare and primary education we identify these political categories. More specifically, we analyze whether and to what extent social labeling and commonsensical categories are used to inform such political categories within the preventive policies aimed at at-risk youths in Denmark.

The critical potential of the analysis is to describe the problem definition in preventive policy, when policy tools and political categories are legitimized through social categories and perceptions of normality. This is important since the political categories are presented in policy as reasons to legitimize state intervention, both in the form of help and supportive services as well as sanctions toward families who do not comply with national standards of e.g. daycare commitments for small children (Daycare Act of 2007 [Dagtilbudsloven]). These political categories are however - as we will show in our analysis - both contingent and underdetermined.

The political presentation of such political categories may therefore also end up re-enforcing biased perceptions of particular social groups by mirroring rather than solving a social problem, further resulting in stigmatization instead of empowering the already-stigmatized. However, this potential, unintended consequence is not the object of our paper, but rather the frame of a problem from which we base the relevance of our analysis. Hence, the problem studied in the following is only concerned with the relationship between social and political categories as well as the political legitimacy associated with interventions toward at-risk children and families.
The construction of at-risk target groups: a theoretical framework

The discourse analysis of policymaking is surely not new, and there are numerous examples of studies of the discursive constitution and interpretive dimensions of policies (e.g. Andersen & Born 2001, Fairclough 2003, Fischer 2003, Torfing 2004, Wagenaar 2011, Yanow 2000, 2003). This article attempts to contribute to this broad area of critical discourse studies of policy by exploring the specific ways in which policy tools such as interventions to prevent risky behavior is being legitimized. Because we are interested in the relation between political categories and policy tools and not in the categories themselves our point of departure is theory on the social construction of political categories.

Schneider and Ingram (1993) show how stereotypes, and what we refer to as social categories (Harrits and Møller 2011), become decisive when concrete political categories (target populations) are designated in policy texts. More precisely, the social categories silently (i.e., by referring to common sense knowledge) inform as to whom the welfare state should worry about. Social categories thereby legitimize the interventions suggested to support the salient political categories. Schneider and Ingram (1993, 2005) present a theory of ‘the social construction of target populations’, where they emphasize how every policy relies on its ability to activate a commonsensical identification with the targeted population. We primarily build on Schneider and Ingram’s argument that ‘social constructions become embedded in policy as messages that are absorbed by citizens and affect their orientations and participation patterns’ (Schneider and Ingram 1993, p. 334). They represent a policy approach that seeks to study policy as something that transforms collective meaning, such as negative and positive social stereotypes into objective and apparently clear-cut political categories (what they call ‘target populations’). To be clear these categories are never clear-cut (Stone 1988, Møller 2009, Yanow 2003), they work as underdetermined positions, which need interpretations not only in the phase of policy design as, but also in the phase of
implementation where these constructs face real citizens’ agency and resistance towards what they interpret as stereotyped descriptions (Moody-Maynard & Musheno 2003). In the current analysis we don’t have any ‘real people’ and hence no agency, only categories on paper – or in policy documents to be precise. Our argument here is that even though no agency is present we can learn an important lesson about the policy process by exploring the interpretations, and meaning ascriptions presented in these policy documents by taking seriously not only the type of discourse, but also the content of it.

From our initial readings of the policy we know that normality is a significant theme and in order to grasp how this plays out we add Georges Canguilhem’s concept of normality to the policy theory about the social construction of political categories. In line with Connolly’s notion of essential contested concepts Canguilhem sees normality as first and foremost an order-making mechanism (1989). As he explains it, normality is both an abstract and a concrete tool to exercise power and to create order. Abstract, as ideas about how things should be and concrete, as measures of physical or social deviances (Canguilhem 1989, p. 237). According to Canguilhem, normality is indeed a biological concept describing physical life forms, but the concept of normality is also suited to the study of social ordering, because it addresses the normative potential of what is considered a form of normal life as a matter of (social) tolerance toward diversity and deviance (Canguilhem 1989, part II).

We use this rather broad understanding of normality as an ordering-mechanism to strengthen our explorative work with a precise and sensitive theoretical tool for identifying which aspects of social life are being dashed as risky and which aspects are seen as indicators of normal behavior. We do this because it exactly concerns the question on the construction of political categories and the legitimization of policy tools addressed to complete the intention with the policy.
Inspired by Foucault’s take on ‘the Dangerous Individual’ (Foucault 2000, p. 176-200), we also want to draw attention to the legal frame in preventive policy as a frame that is constituted by political goals of protection and prevention and not (as usual) on sanctions and benefits. In this case, ‘help’ – as opposed to ‘entitlement’ – becomes an essential political category that includes exactly those ‘we’ should be worried about. This notion speaks to Schneider and Ingram’s argument that the social construction of target populations as powerless yet deserving tends to follow (or precede) policies of help, whereas social constructions of target populations as powerless, non-deserving and possibly even dangerous tend to follow (or precede) policies of sanction and punishments (Schneider and Ingram 1993, p. 336). What we gain from Foucault is the notion that even though we are dealing with a policy of ‘help’ – as preventive policy is at least in contrast to punitive policies - to help someone is also to intervene in someone’s life, and the discourse on help thus implies a construction of risks and problems as a legitimization of state interventions in the lives of certain social groups.

Further, when it comes to preventive policies, it remains unclear whom should be protected from what, since not even symptoms of a certain health or social problem have appeared when efforts are made toward a child or family. Again, this is because the act of prevention precedes a possible problem that has not yet materialized. It thus seems as though the indicators of risk and potential problems must be based on suspicions and hunches as well as on discourses of normal behavior and pre-judgments of what ‘we’ already know about the ‘abnormal’ and ‘dangerous’ individual. Thus, in order to delve deeper into this theoretical claim regarding the dependencies between popular prejudices and policy constructions as to whom is seen as being at risk, we also draw on other theoretical tools developed by interpretive policy analysts (especially Stone 2002 and Yanow 2000).
We use Stone’s way of deconstructing the text to look for discursive patterns as when she underlines that one must understand the category as ‘the molecule of governance’ (Stone 2005: ix). Her approach is similar to the identification of chains of meanings or equivalences as coined by Laclau and Mouffe and the point is to pinpoint which essential theme structures the meaning in the text in our case to illustrate how arguments are framed around normality perceptions in the policy texts as legitimizing reasoning about intervention (Laclau & Mouffe 2002: 62). However, where Stone can be seen as presenting a top-down perspective on policy, Yanow has sought to find the basic mechanism in the symbolic boundary-drawing mechanism; or what she refers to as category-making (Yanow 2000, 2002). We use her style of policy analysis as a category analysis when we carve out points in the texts in which social categories are transformed into political categories, sometimes even into administrative boxes suitable for classifying and counting individuals based on e.g. ethnicity or spoken languages. Similar to Canguilhem and Foucault’s theory on normality and abnormality, the category, according to both Stone and Yanow, has no ontological status before it connotes concrete social groups or individual lifestyles. In other words, the normal is an epistemological construction using social indignation to depict alien or even inferior life forms and social values. Well in line with these studies is the concept of the empty signifier (Laclau 1996, p. 36, Torfing 1999) as a vague, almost tautological node, structuring the construction of meaning of e.g. ‘risky behavior’ and ‘normality’ within a discourse.

In relation to understanding the meaning of social categories in a concrete policy design, it therefore becomes relevant to study how political categories draw implicitly or silently on social categories. The difference between them being that a political category describes the subject in a target population and is identifiable in the texts, whereas a social category consists of references to culturally shared knowledge about social categories or even as references to stereotypical behavior without necessarily mentioning who the subject is (see
Harrits and Møller 2011 for the theoretical discussion of the difference between social and political categories). Because we distinguish between social and political categories, we are also able to distinguish between manifest and latent social knowledge. As already hinted at we use the distinction to be precise about when a latent social category turns into a manifest political category.

We expect social categories to make the (discursive) difference when political categories are shaped in policy programs and policy tools are being legitimized. On a concrete level of analysis, we ask how these social categories, perceptions of normality, and perceptions of risks, legitimize political categories (at-risk target groups) and intervention (policy tools)?

**Data and strategy of analysis**

We study the discursive construction of political and social categories and their influence on risk definitions and the legitimization of intervention in an explorative, descriptive policy analysis of acts, guidance acts and publications regulating the preventive policy of children and youth on the normal area. Methodologically speaking, we complete a qualitative content analysis in which data (the policy documents) are coded in preparation for comparison and interpretation. To be sure this is no field study of real people, but a study of preventive policy as it appears in strategic texts about the policy.

Our data consist of political documents, and because we are interested in how perceptions of normality, risks and legitimacy play out as meaning about social and political categories in the policy design, we include not only acts but also guidance acts and White Papers as well as political agreements, program declarations and relevant departmental publications. Data has been identified and selected partly through a systematic search on
www.retsinfo.dk (website of acts and guidance acts), partly through a search on departmental homepages (see Table 1 in appendix).

This relatively comprehensive data is a special genre, because of its communicative intention to address policy-implementers’ way of understanding the meaning of the policy, but also because of intertextuality (Fairclough 2003, pp. 39–61). Many texts refer to each other and repeat certain wordings and mantra of the policy. This applies to the relationship between acts and guidance acts, but also to political strategies and agreements in which we often find text segments and expressions that are being re-used directly or only slightly reformulated. Even though the presence of intertextuality is not important for our selection of material we notice that it underlines that we are dealing with a coherent political discourse\(^1\).

We have used two analytical strategies. First, we have coded all texts openly (inductively) in preparation for the identification of relevant text pieces. In all texts, we find sections without relevance for the topic under study, such as the regulation of other areas (e.g. part of the Health Act that regulates hospitals and GP practice), or descriptions of financial structures. Such sections are left out of the analysis. The open coding has been completed by one coder and controlled by a second coder leading to smaller re-coding of sections either initially left out or included. Second, we have completed a focused coding of the text segments identified in the open coding (see Table 2). In order to increase reliability and coding stability, we intercoded the daycare area. This led to discussion regarding the most precise and accurate coding of the disagreeing parts, and we corrected our codes in accordance with these discussions. After this process, one coder completed the focused coding of the rest of the data. Finally, and with the use of NVivo 10, we have reduced all coded texts into a display of our core categories (Larsen 2002, 2010, Miles and Huberman, \(^1\) Please note that all references to data (policy documents) made in our analysis are gathered in table 1 and do not appear in the reference list.)
1994) (see Table 3). We have chosen to develop displays of condensed meaning from the texts instead of excerpted quotes in order to better indicate representative meaning, but also because we want to compare the three areas and not remain at three single in-depth studies.

[Table 2 about here]

The main architecture of the analysis is based on the initial open coding where we explored six main themes: ‘political category’, ‘social category’, ‘normality’, ‘risk’, ‘policy legitimacy’, and ‘policy tool’. At some point our inductively coding strategy was saturated in the sense that we learned about how generally present these six themes were in the material. We then decided to complete an inclusive coding of all our material from these six themes. This time we used a deductive coding strategy and our starting point was a coding list with specified dimensions of what we were looking for in the texts. The theme ‘political category’ became a descriptive code including all of the categories described in the texts as giving access to an intervention. The theme ‘social category’ became a code containing the kind of value-laden social information, such as representations of general stereotyped behavior such as lifestyle, ethnicity and family history (civic status) and ‘normality’ became a code indicating dimensions of the policy design’s descriptions of normality, for example common ideals, goals and the status of the child. ‘Risk’ was used as a code to indicate dimensions of which type of behavior is presented as problematic in the policy design. The fifth code ‘policy legitimacy’ was made to capture descriptions of reasons and arguments for the current policy and finally was the sixth code ‘policy tools’ used to capture descriptions of which tools are available to health nurses, pedagogues and teachers.

**Comparative policy analysis of the construction of at-risk target groups**
The following analysis identifies political and social categories as well as perceptions of risks and normality. We identify how the policy is legitimized, which policy tools are suggested to realize the policy, and we do this in order to demonstrate how the policy’s political categories draw on social categories to inform implicitly about whom policy implementers should be worried about and not least to legitimize toward whom they are expected to implement preventive efforts.

**Political categories: who are the at-risk target groups?**

Inspired by Ingram and Schneider’s approach to identifying target groups, we looked for subjects in the texts. The general political category was *the child in need of a special effort*\(^2\), which was exemplified in a range of concrete labeling of behaviors and identities. Most of the references in all three areas were made to vulnerable children or to children at risk of being vulnerable. In the health area, such children include *children and youth exposed to the absence of norms and boundaries, overweight children, bullying and bullied children, bilingual children and ethnic minority youth* (Table 3, column 2, row 3).

Clearly, the political category of *child requiring special attention* contains many types of needs, and even though it sounds very sympathetic to give such children extra help it is very unclear how such a child is identified in practice as well as it is very unclear how the interpretation of the child will be. One could imagine seeing a child in need as a deserving subject to receive help, but it is also possible that ‘the same child’ is seen as a deviant dangerous individual posing a threat to the social cohesion of the concrete institutional arrangement. In the daycare area, the political category of those requiring special attention is designated as:

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\(^2\) Italiced text represent the exact wording from policy documents.
Vulnerable children and children at risk of becoming vulnerable, children with impaired mental and physical functioning, late-developed children, at-risk families with children, children with social and emotional problems and bilingual children.

(VEJ 31, Stk. 18.7.1)

Here we see how underdetermined the categories are, because who will be able to distinguish at-risk behavior from normal behavior among these social groups? In the school area, we find similar categories such as children and youth with impaired mental and physical functioning; children and youth with special needs; pupils with reading problems; pupils with a negative social heritage; pupils with disabilities; including genetic defects; psychosocial difficulties; lack of language; general learning difficulties; autism and dyslexia; bilingual children and pupils with an ethnic minority background. (Table 3, column 4, row 1). Again what is interesting about these political categories is that they mirror categories of what one could call classic deviance, however pupils enrolled in primary education have not (yet) developed signs of deviance and hence the objective is to identify whom might risk doing so. When we compare these two areas to the health area we find similar political categories such as children suffering from ordinary illnesses and youth with identity crises as well as marginalized youth, children and youth exposed to neglect, weak families with mentally ill parents, a poor social network and socioeconomic settings, children and youth exposed to an absence of norms and boundaries, overweight children, bullying and bulled children, bilingual children, as well as youth with an ethnic minority background. Besides the similarity in how underdetermined these political categories are across the three areas, a second point could be made about the potential determinism of identification of worries. Basically the categories could potentially refer to every child and pupil because of the

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3 The following list represent exact wordings from different documents and is not one long quote.
multifaceted practices connoted in the categories. What is a poor network or an overweight child and when does one infer from identifying this to actually articulating a risk profile of the child?

From these descriptions we learn something about the political categories across the three areas, but we don’t understand more about how they are constructed as concrete subjects to be worried about. We therefore proceed to analyze more carefully how these categories are being informed by underlying social categories and stereotypes about how to interpret such subjects.

Social categories: Which social categories inform the construction of politically categories?

The dominant social category in all three areas is weak parenting. In the health area, weak parenting is associated with ‘gender’, ‘ethnicity’, ‘genetics’, ‘addictive behaviors’ and ‘mental imbalance’, whereas ‘ethnicity’ and ‘class’ dominates in both the daycare and school areas (Table 3, row 6). The passing social category of weak parenting in the three areas is designated in accordance with the political categories carved out above. In the health area, references are made to individuals who have recently become or are about to become parents, as for example with designation of depressed mothers, smokers, alcoholics, violent persons and bullies, who are expected to become weak parents because they belong to one of the categories above. In the daycare area, we find the social category of weak parents passing as a designation of parents who don’t talk to their child about what school is, thereby implying what is expected to become of children raised by weak parents. On the area of primary education, the reference to weak parenting is made in terms of pupils (and not children’s

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4 In Danish, the euphemism used translates directly as ’resource-weak parents’, i.e. parents lacking resources.
parents) from a weak-parenting background (ressourcesvag baggrund). The designation of pupils is substantiated through an association with disturbing behavior lacking an appropriate code of conduct as well as to children with low social skills, expressed in terms of self-centered pupils without knowledge of school life (Undervisningsministeriet 2006, p. 8).

The health area is clearly more loaded with social categories marking signs of potentially risky behavior than what we find in both the daycare and primary education areas. ‘Drug addiction’, ‘diseases’ and ‘psychiatric normality’ pave the way for designations of individuals at risk as also described above in the section about political categories (see Table 3, column 2, row 5). We see this as a point about how difficult it is to separate the normal from the deviant in preventive policy documents, because at the end of the day potential risks obtain their substance as reflections of what is known and treated as deviant beyond the normal area that is in specialized institutions targeted at treating vulnerable children and youth. Below is an example on how deviant social behavior among the categories ‘boys’ and ‘girls’ is informed by perceptions of the interplay between ‘psychiatric and biological normality’. The quote is from a guidance act supporting preventive health policy in which two social categories of ‘gender’ and ‘genetics’ are portrayed together with ‘mental imbalance’ as the dominant signifier towards deviance:

The interplay between gender-linked biological preconditions and the different gender-linked external influences are significant in the development of girls and boys. The biological differences and prevailing feminine influences that children are exposed to in daycare and school cause more low self-esteem and insecure gender-identification among boys than girls ... Girls are generally over-controlling and afraid of confrontations for fear of losing control, while boys have a tendency to be out of control and cause conflicts for fear of losing prestige and self-esteem. (Sundhedsstyrelsen 2005, p.64)
The quote illustrates an intersection between social categories carving out two behavioral stereotypes as the ‘over-controlling girls’ and the ‘out-of-control-boys’. The text is characterized by a statistical discourse jumping from what we expect is epidemiological data on probability correlations to an almost deterministic reference to the entire population (boys and girls). As already suggested in the theoretical framework, identifying the social categories in the texts helps us learn about the type of information ascribed to the political categories. Here is an example of how a guidance act refers to weak parenting, thereby associating the political categories of risky behaviors to stereotyped information about who these parents are.

*In some families, it can be difficult to find the resources required to help the child get a good start in school. For example, this could involve preparing the child to start school by talking at home about what school is about or possibly teaching the child to write their own name. Here, the daycare institutions can provide some of the support to the child, which some parents lack the resources to be able to do.* (VEJ 31)

Here, we see an example of how social categories such as weak parenting inform the political category children requiring special effort. ‘Parents who don’t know what school is’ is likely a euphemism for lower class people with no or only limited resources to fulfill their parental role. The social group pointed out above might also draw on an intersectional meaning between ‘class’ and ‘ethnicity’, because ‘those’ who lack resources to talk about what school is, could also refer to parents who have never themselves been in a Danish Public School. Here it is not written explicitly, but in other sections of the policy documents we find rather specific reference to immigrants expressed in wordings such as persons with covered faces, bilingual children and ethnic minority background when examples on concrete traits are given. However strong such expressions might seem to the reader it is important to underline - and as will become clearer in the following analysis – that we do find ‘class’ and not ‘ethnicity’ to be the dominating category (both in terms of quantitative and qualitative
significance) pointing out the general intention behind the policy, mainly because of the use of different kind of ‘resources’ both here but also generally in the documents. This points at ‘class’ as the dominant designator, which then sometimes equalizes immigrants and sometimes other categories for example persons or addictive persons and not least their children.

Summing up on how the political categories identified in the documents draw on social categories we find that ‘class’ as something that affect weak parenting is the overall social category informing the political categories of at-risk target groups. Table 3 shows that we find similar social and political categories on all three areas. Sometimes, weak parenting is associated with broad social categories, such as problems with addiction or substance abuse, and sometimes it designates a concrete social group such as immigrants and their children. However, political categories are not only “filled out” by referring to social categories, but also by referring to a distinction between normal and risky life practices. In order to get a better grasp of these discursive constructions, we therefore move on to analyze normality and risk perceptions in the documents.

Normality perceptions: what should be enforced as a normal standard for everybody?

The well-developed child dominates as the overall picture of normality that is as a goal and standard in the policy documents regulating all three areas under study. Within health care, the basis of enforcing physical and psychological healthy children and youth is described as depending on a healthy upbringing (LBK 913). Within daycare and primary education, well-developed children are associated with a concept of political integration as a matter of understanding democracy and how to participate in Danish society (LBK 314) and as responsible, democratic and well-behaved children and youth (LBL 998). Within all three
areas, parents are referred to as holding the key to the development of normal children and youth, which is referred to in the daycare context as cooperation between daycare and parents:

*Daycare institutions should, in cooperation with parents, give children care and be supportive of the single child’s comprehensive development and self-worth and contribute to children having a good and safe childhood.* (LBK 314 stk. 2)

More specifically, the role of daycare is described as to:

*[E]ncourage children’s learning and development of competences through experiences, play and pedagogical organized activities that give children a possibility for absorption, exploration and experience.* (LBK 314 stk. 3)

These ideals and general objectives for the child and daycare are ultimately put into relation to an ideal of creating the democratic citizen:

*Daycare institutions should let children participate in decision-making, give them co-responsibility and an understanding of democracy. Daycare institutions should, as part of this, contribute to developing children’s independence, their skills to be part of committing communities and solidarity with and integration in Danish society.* (LBK 314 stk. 4)

In the school area, we also find references to normality described in terms of the democratic child. Here, however we see more focus on comprehensive development as the overall goal:

*Danish pupils should develop all sides of their personality; at least they should develop themselves emotionally, intellectually, physically, socially, ethically and aesthetically. This should first and foremost happen through professional teaching that is planned in ways so that democratic education, job satisfaction, absorption, creativity, engagement and a good teacher-pupil relationship is taken into account. In addition, the school*
should contribute to being supportive of each pupil’s comprehensive development, including interpersonal skills, responsibility, enterprise, creativity, initiative, engagement, special talents and respect of difference. (Undervisningsministeriet 2010, p. 4)

The content of normality in the school area relies more on didactics compared to daycare, where the general virtue expressed is more tightly bound to social norms about Danish integration. We do not find many didactic norms in the area of health care, although the significance of a strong medical background dominates how normality is presented. Healthiness as a norm appears as a general reference (as an expression of normality) in the health documents: physical and psychological healthy children and youth should have a healthy upbringing and a healthy basis for adult life (LBK 913, BEK 1344, RTL 15082). As mentioned previously, we find intertextuality in the policy documents, and this applies in particular to the health policy, where the same long and detailed descriptions of the normal child’s development re-appear in guidance acts and White Papers to explain the policy intention. Here, we see how normality is bound to medical norms about deviance in a similar way as the case within the primary education policy’s use of didactics. When comparing the level of references to professional knowledge present in the health and school areas to daycare, we find far fewer references to pedagogical norms.

In terms of the extent to which social categories draw on different perceptions on normality we identified a difference in the use of the concept that reflects very well Canguilhem’s distinction between what he calls ‘social normality’ and ‘scholastic normality’. Both are order-making mechanisms, but they draw on very different kind of knowledge. Social normality reflects what he himself coins ‘popular judgment’ which again can be explained as a moral judgment about acceptable behavior and appearance. In contrast scholastic normality reflects disciplinary knowledge often in terms of explicit professional
standards and measures of deviance. In this material this distinction is interesting because sometimes the references to what counts as normal reflects knowledge about skills and competences and other places what counts as normal rests on social acceptable norms. For example we find relatively more social normality in the daycare area than both the health and school areas, where medical measures and didactic standards are commonly used to designate deviance and hence those we should be worried about. When we identify the passing category of weak parenting it is related to expressions regarding social normality about how parents should talk to their children, but also about what they should be talking about. Conversely, we find more scholastic references to medical knowledge and didactics about well-developed children in both the health and school areas. However, drawing more on social than scholastic normality says nothing about the nature of the specific references to e.g. stereotypes. Even though the use of social categories in the daycare area is more informed by social normality than in the other two areas, the policy texts regulating the schooling and health also contain specific references to stereotypes.

Normality, then, is not merely expressing measures of average values and numbers, but works as normative messages about which values should prevail and be aimed at as general objectives.

The general norms, standards and ideals in the daycare area are more or less clearly associated with creating a democratic citizen with particular competences in political participation. The child has a relatively high status, as reflected in ideals about co-decision-making and joint responsibilities. This high child status is framed as dependent by a particular socialization characterized by values related to learning and ‘eloquent’ understanding of democracy. This normative frame more or less explicitly differentiates between low and high political socialization reinforcing the difference between well-resourced and poor-resourced parents and sometimes even a difference between natives and immigrants. What we can see
here is that normality perceptions are used together with social categories to address not only the subjects but also the normative interpretation of them. Put differently we find that the way political categories draw on commonsensical knowledge and perceptions of normality relies very much on implicit assumptions about a normative difference between those who know how to participate in society and those who do not and this applies to both class-based categories and more explicit references to for example newcomers.

Furthermore, and as will be substantiated in the analysis of risk perceptions, immigrants are referred to as examples of parents lacking the resources to be supportive parents for their children in daycare. This designation justifies the early intervention aimed at preventing negative social heritage – here in the form compensating for the risk of non-democratic education of children as well as a more general norm about learning readiness in relation to the education system. As we show, the way normality is presented in these policy documents defines which kinds of risks are politically intended to be prevented by turning these positive pictures of normality into negations.

*Risks: what is being worried about?*

First, the world reads risks as bad things that should be prevented immediately upon detection. ‘Early effort’ is repeatedly emphasized in all three areas, and this prophylactic reasoning is easy to follow. But what is a risk and why is something a risk and against whom? The point here is to analyze what becomes framed as a risk and not least how risks are ascribed with meaning from social categories and pictures of normality.

The health area refers to negative reproductions of parent’s scant societal position caused by limiting conditions of life (Sundhedsstyrelsen 2005, p. 92), and risks are identified in the education area as being about: social marginalization due to low educational
achievements caused by a lack of discipline and disrespect between pupils as well as between pupils and teachers, including bullying, bad language, unacceptable and self-centered behavior (Undervisningsministeriet 2006, p. 8). Elsewhere, this is explained as being related to poor backgrounds and by turning poor background into a risk in itself we see how class as a social category becomes a powerful designator of both the underdetermined political categories and the subjects threatening a lack of stimulation from their home caused by poor parental efforts (VEJ 31, stk. 15.1). The point here is to notice how risks are identified as behavioral traits that need corrections in order to (re)gain normality and the legitimization of intervening towards ‘such children’ is already given here. The legitimate message here seems to be that these poor children must be stimulated in order to prevent them from having a poor-resourced childhood. In an equivalent vein, the school area mentions a series of learning disabilities and designates at-risk target groups as pupils with negative social heritage as well as bilingual pupils and pupils with an ethnic minority background (LBK §57). Basically, the idea in all three areas is to influence such children and families with other (better) values, norms and practices than what they learn from their parents as early as possible. Examples of early efforts in the daycare area include children who are targeted as requiring help learning Danish:

That Danish is the principal language should ensure that all children receive language stimulation in relation to the Danish language from an early age. Early effort in relation to the development of children’s language skills is of special importance regarding the children who do not speak Danish at an age-appropriate level, e.g. due to a different language being spoken in the home. (VEJ 31, Chapter 8, stk. 3)
Language is a central topic in the daycare area but also identified as a risk factor with respect to schooling, although the reference here is different, since it is formulated as being *poor language usage* in general as opposed to *poor Danish language skills* in specific. (Undervisningsministeriet 2006, p. 8).

Children with unemployed parents and/or a non-Danish background are perceived in advance as being at risk of social exclusion – they are categorized as being at risk even before having met a pedagogue, public health nurse or teacher. Here, we see how the identification of risk factors are sometimes perceived as cases of deviance even before having materialized into signs of problems exactly by drawing on social categories about *weak parenting* and imbalanced persons in general.

The basic message is to intervene in the development of at-risk children before it is too late. The way these children are made identifiable in the documents is by connecting the dots from what is framed as a risk, over the social categories informing the political categories to the legitimization of the preventive intervention.

On another level, we find the risks associated with preventing negative social heritage and exclusion, although the risks here are associated with a different group than immigrants and ethnic minorities, namely the children within classic disability categories such as *children with impaired psychological and physical functional capacity* (LBK 314).

Summing up on what characterizes risk in the three areas, we found that the social categories of ‘class’, ‘ethnicity’ and *weak parenting* were used to portray the risk of lacking normality. In the text these risks were generally framed as ‘absence of norms’ both in terms of scholastic and social normality. In table 3 these findings are displayed and here it shows how ‘absence of norms’ is framed as a risk factor across all three areas (see Table 3, row 5).

*Policy legitimization: why intervene?*
In the following, we carve out the places in the policy documents where the preventive policy is being legitimized. Policy is often legitimized by drawing a connection to a higher purpose, which in this case is the prevention of social and political marginalization, crime and disease. Policies are formulated as responses to political problems. Policies need problems to justify their existence, and in this case most texts about legitimation exist with reference to the *prevention of negative social heritage* and in some cases more specifically to *integration*. To be sure, we find that the most dominant way the preventive policy is being legitimized is with reference to *combating negative social heritage* sometimes explicitly associated with an increased integration of pupils with a different ethnic background than Danish as well as to discipline pupils to be tolerant of one another (Undervisningsministeriet 2010, p. 4). Again, even though we find those very specific references to immigrants, it is important to underline that the legitimation of the policy first and foremost provides a window of opportunity for intervention aimed at all of those ‘at-risk families’ with little or no tradition for passing on learning competences to their children. In other words, class and not ethnicity defines the basic ordering of toward whom the policy is primarily directed. To be more precise, when ethnicity plays a defining role, it is always also about class. In other words class and ethnicity intersect in these documents when immigrants are carved out as political categories. Integration as a way of legitimizing intervention works in similar ways since it is predominantly about social cohesion at a very structural level, where ethnicity in a Danish context only plays a vague role, but sometimes we also find that social cohesion equalizes integration of immigrants as in the example from a guidance act in the daycare area:

*Daycare institutions play an important role in relation to the integration of children in Danish society. This includes that the daycare institutions hold a focus on the need for language stimulation, development of an understanding for Danish culture, values and democratic principles.* (VEJ 31, chapter 8, stk. 3)
In general we find much more structural reasoning about prevention on the area of health care compared to both daycare and the school area. Here, prevention is legitimized as a goal about *encouraging public health as well as preventing and treating disease, illness and the functional limitation of individuals* (LBK 913 §1). To further zoom in on how normality and policy legitimization pave the way for designating the subject being constructed as the at-risk target groups in preventive policy, we present our final analysis of which policy tools are chosen across areas to actually prevent these risks from materializing into deviant subjects out-of-synch with both social and scholastic normality perceptions.

*Policy tools: what means can assist realizing prevention?*

When it comes to the question of what steps should be taking to realize the intent of the policy, the three areas are provided with a number of different policy tools for preventive work with children and families. In the health area, *Preventive medical examinations, home visits from public health nurses, ‘the child’s book’, in- and out-schooling examinations, conversations about health, health shops, telephone hotlines, conversations with parents and yearly medical child exams* serve as central tools in preventive work. Here we see how little goal-oriented the tools are and how close they are to simply being observing tools. This however, produces an important legitimization of the welfare state’s presence in very intimate and private relations with the children and the behavioral style promoted here is very clearly the cooperative parent and/or child.

In the daycare area, *the pedagogical teaching plan* dominates as a tool for identifying children at risk or at risk of being at risk. The quote from the Daycare Act below describes the teaching plan and its content:
In all daycare institutions, a written pedagogical teaching plan should be worked out for children ages 0–2 and pre-schoolers ages 3 and up. The pedagogical teaching plan should leave room for play, learning and the development of children in daycare institutions. When the pedagogical teaching plan is worked out, considerations regarding the composition of the children’s group should be taken. The pedagogical teaching plan should describe goals for the children’s learning within the following themes: comprehensive personal development, social competences, linguistic development, body and movement, nature and natural phenomenon, cultural expressions and values. (LBK 314 FIND)

Besides teaching plans, we find tools such as assessments of children’s environments, no-cost care, language skills assessments, and assignment of support, care or special support. Compared to the health area these tools are comparable however more directed at achieving certain competences such as for example language skills. Even so, the basic message from these tools about policy is also a legitimization of pedagogues’ intervention in parents way of ‘parenting’ their children not even for a particular reason but simply to learn about their behavior towards their children.

On the area of primary education, we find a bit different arrangements of tools. When comparing the tools available to nurses, pedagogues and teachers, the teachers clearly seem to have the most multifaceted set of tools. Besides documentation tools enabling them to follow each pupil individually and as a group, they also have clear school rules and an explicit set of values; sanctions such as ‘outside the door’; after-school detention; transfer to teaching in another class; suspensions from school for up to one week; permanent transfer to another class; transfer to another school and expulsion from the public school to address pupils to in
their daily work (See Table 3, column 4, row 7). These kinds of disciplinary/punitive tools are absent in both health and daycare policy. These tools clearly legitimize a goal of discipline maybe particular to the school. However, on a general level they share a range of tools with the other areas such as the *special needs teaching and other special support, evaluation tools such as log books, portfolios, pedagogical screening, conversations, national tests, documentation tools for legitimizing special support, educational differentiation* and *pedagogical-mental assessment* to identify the pupils requiring special attention.

Schneider and Ingram (1997: 95-96) notice that target group profile determines which policy tools are chosen to realize the intent of the policy. Basically they argue that the more advanced and deserving the target group is perceived in the realm of the public eye, the less coercive and more helping are the tools available to agents of the policy implementation. In this case we understand the available policy tools across the three areas as what they term as ‘learning tools’, which work by encouraging agents (here: home nurses, pedagogues and teachers) to draw lessons from their experience with the target group (here: children and youth). Furthermore they say that such tools are often directed towards initiating a ‘discovery process’ rather than taking goal-directed action (Schneider & Ingram 1997: 95). This characterizes very well the tools across the three areas except some examples of coercive tools on the area of primary education. They also argue that tools legitimate certain kinds of behavior and even privilege particular behavioral styles (1997: 96). Based on our analysis we can identify this point in the material in the sense that the ‘learning tools’ work to legitimate a vigilant gaze on children. More precisely they work to legitimize intervention towards children and youth who resembles some of the risky traits connoted in the texts. To be sure, ‘learning tools’ are soft and constructive compared to tools of ‘inducement and sanctions’, however they still carry on important political messages about – in this case - normality, and

5 The list represents exact wordings from different documents and is not one long quote.
even though they do not include coercive means they provide means of corrections to the home nurses, pedagogues and teachers. Learning tools thus legitimate a constant worrisome gaze on class-based traits among children and youth, which might result in reproducing instead of eliminating negative social heritage – the core intent of the policy.

Discussion of results

Table 3 presents a condensed overview of our focused coding of the policy documents across the three areas. In order to understand how policy legitimization works in the texts, we traced the descriptions of how higher purposes were connected to frames of risks and perceptions of normality to see how the political categories of children in need of a special effort were giving content and meaning. The drawing on social categories dominated both when such children were designated, but also when the risk of being exposed to weak parenting was connected to a higher purpose. That is typically expressed through references to a social reality portrayed as problematic and sometimes even threatening. In the documents, this proceeds via an identification of risks that are being associated with individuals lacking either scholastic or social normality. Risks indicate what we should be worried about, but in order for these worries to be concrete, they are associated with the risky behavior associated with specific political categories. This exercise, where risks are put in meaningful connection with concrete at-risk target groups and individuals at risk of being at risk, is made by drawing on socially shared social categories such as the ‘weak family’ and ‘weak parenting’. Social categories are sometimes presented as stereotypes about good and bad behavior or good and bad character traits - this was most dominant on the school area. Theoretically speaking, these stereotypes represent a special kind of social category – someone who works as a moral ideal type more
than as empirically based descriptions of particular social positions. Across the three areas the social categories (including the stereotypes) function as the implicit references the reader uses to ascribe meaning to the portrait of risky behavior on the individual level and hence the making of a legitimized reason why intervention is necessary and towards whom it must be directed.

Conclusion: which criteria define risky behavior in current preventive policies?

In the material, we found that in order for the link between political categories (the who question) and policy tools (the how question) to be legitimized (the why question), the documents described a range of normality perceptions to state what ideals and standards prevention should take part in strengthening. The documents described policy tools as solutions to social problems very heavily dependent on already-determined interpretations of especially class, ethnicity, but also gender and certain disabilities, ultimately intended to facilitate that home nurses, pedagogues and teachers will in fact enforce prevention and fight risky behavior among children and their parents.

One of the basic lesson learned here is that since nobody really knows anything about who is at risk or at risk of being at risk, commonsensical reflections of risks and social normality is build into the documents to help legitimizing both the policy itself - that prevention is the solution - but also the actual social ordering-mechanism defining who counts as normal and who counts as deviant and potential dangerous for society’s higher purpose to create integrated, well-behaved and well-resourced democratic citizens.

Further along these lines, we identified a strong discourse in the analyzed documents on normality as an intrinsic value that should be used as a corrective standard for those children in need of an extra effort. We found the social construction of political categories to
be influenced by the reference to normality and identification of worries as something ‘non-normal’, which should be corrected using preventive policy tools. Finally, we learned how such perceptions of normality draw on social categories and especially social stereotypes, understood as ‘ways of organizing and selecting aspects or characteristics that individuals are seen to be endowed with because they are placed or classified into a particular category’ (Anthias 1998, p. 518).

The ideology of prevention can be understood in relation to the general transformation of care facilitated by the welfare state. In the wake of this transformation, new public spaces for intervention have been invented, such as daycare institutions and home care services. With these institutions, new options for steering the ‘quality’ of society’s reproductive patterns have developed. The welfare state protects citizens with universal rights but also interferes in citizens’ life when signs of deviance are detected. This transformation of care from a private to a public setting makes the welfare state influence citizens’ habits by encouraging some and repressing others. In this light, we interpret our analysis of prevention as a policy also about social order. Prevention works by eliminating problems before they materialize; and therefore on a purely speculative (and political) level, prevention becomes the solution for eliminating instead of dealing with problems. The logic behind this solution is that public policies ensure that the welfare state should no longer need to treat problems, but instead strengthen efforts to eliminate the conditions and behaviors creating them in the first place.

The main conclusion of our comparative descriptive analysis is that prevention depends on social categories to legitimize why interventions – here predominantly in the form of behavioral corrections – should be made towards particular individuals, which we suspect might develop certain risky behaviors. As we have shown, prevention in policy documents can be described as constructions of at-risk target groups through the designation of the boundaries between normal and deviant norms and behavior, in most cases by referring to risk
as something produced by those we all already know to be perceived as the weaker members of society.

On another level, we interpret our findings as witnessing how risk and probability turn into deterministic expressions about who to prevent from what. We primarily see this as a categorical collapse between identifying weak social backgrounds and interpreting them as deviant medical, didactic or pedagogical cases based solely on their social profile.

Our last interpretation is more speculative in the sense that we think about how such policies might actually contribute to combatting negative social heritage, as is the overall policy goal in prevention. We suspect that the policies work as intended in the sense of a tool that can be used to identify whom should be worried about and why. We also expect more stereotypical judgments to come from this type of policy, because professionals have no chance of ‘collecting’ evidence for a scholastic evaluation of the child, not even in the health area, where medical knowledge is strong, or in the school area, where didactics is the predominant kind of knowledge. We think that they are asked to use their own normal standards to identify signs of riskiness instead of professional judgments, which is also precisely the normative message behind the ‘learning tools’ supporting the policy.
References:


### Table 1: Documents used in analysis

<table>
<thead>
<tr>
<th>Health area</th>
<th>LBK 913, af 13/07/2010 (Sundhedsloven).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BEK 1344, af 03/12/2010 (Bekendtgørelse om forebyggende sundhedsydelser for børn).</td>
</tr>
<tr>
<td></td>
<td>RTL 15082, af 31/12/1995 (Forebyggende sundhedsordninger for børn og unge – retningslinjer).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Daycare area</th>
<th>LBK nr. 314, af 11/04/11 (Dagtilbudsloven).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SKR 9435, af 09/06/2010 (Skrivelse med orientering om ændring).</td>
</tr>
<tr>
<td></td>
<td>SKR 9137, af 29/04/2011 (Skrivelse om obligatorisk sprogscreening).</td>
</tr>
<tr>
<td></td>
<td>VEJ 31, af 06/05/2009 (Vejledning om dagtilbud, fritidshjem og klubtilbud).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School area</th>
<th>LBK 998, af 16/08/2010 (Folkeskoleloven).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BEK nr. 750, af 13/07/2009 (Bekendtgørelse om elevplaner, elev- og uddannelsesplaner samt uddannelsesplaner i folkeskolen).</td>
</tr>
<tr>
<td></td>
<td>BEK nr. 320, af 26/03/2010 (Bekendtgørelse om fremme af god orden i folkeskolen).</td>
</tr>
<tr>
<td></td>
<td>BEK 885*, af 07/07/10 (folkeskolens specialundervisning og anden specialpædagogisk bistand).</td>
</tr>
<tr>
<td></td>
<td>BEK 356, af 24/04/2006 (Bekendtgørelse om folkeskolens specialpædagogiske bistand til børn, der endnu ikke har påbegyndt skolegangen).</td>
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<tr>
<td></td>
<td>VEJ nr. 9171, af 13/05/2008 (Vejledning om folkeskolens specialpædagogiske bistand til børn).</td>
</tr>
<tr>
<td></td>
<td>VEJ nr. 4, af 21/01/2008 (Vejledning om folkeskolens specialundervisning og anden specialpædagogisk bistand).</td>
</tr>
<tr>
<td></td>
<td>Undervisningsministeriet (Downloaded to NVivo-database only). Evaluering og elever med særlige behov.</td>
</tr>
</tbody>
</table>

*) BEK nr. 885 has been replaced by BEK nr. 380 with effect from 01/08/12.
Table 2: Coding frame

<table>
<thead>
<tr>
<th>Code:</th>
<th>Description:</th>
<th>Sub codes:</th>
<th>Descriptions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Political category</td>
<td>Contains all described categories that are also politically defined, that is to say which give access to intervention, either in the form of help or sanctions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social category</td>
<td>Contains descriptions of social information, that is to say of presentations of general stereotypes and/or roles as well as descriptions of stereotypical behavior in relation to lifestyle</td>
<td>Category</td>
<td>Descriptions of social roles, positions and stereotypes</td>
</tr>
<tr>
<td>Normality</td>
<td>Descriptions of normality, e.g. general ideals, objectives and child status</td>
<td>General ideals</td>
<td>Descriptions of ideas regarding the child’s development</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The child’s objective</td>
<td>Descriptions of policy goals for the child referring to expectations concerning the child’s capabilities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The status of the child</td>
<td>Descriptions of whom the child is (a citizen, a pupil, a seed)</td>
</tr>
<tr>
<td>Risk</td>
<td>Descriptions of problematized risky behavior and which causal understandings are used to depict what should be prevented</td>
<td>Prevention</td>
<td>What is being described that must be prevented?</td>
</tr>
<tr>
<td>Legitimization</td>
<td>Descriptions of reasoning about preventive policy – why this policy?</td>
<td>Problem</td>
<td>What kind of risky behavior is described? What kind of suspicions about risky behavior are described?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cause</td>
<td>Which causal understandings are used to explain the problem?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Stereotypical behavior</td>
<td>Descriptions of lifestyle, ethnicity, family relations and history, or anything supporting a social category</td>
</tr>
<tr>
<td>Policy tools</td>
<td>Descriptions of available tools for street-level bureaucrats (SLBs) with authority to use policy tools toward citizens</td>
<td>Help</td>
<td>Descriptions of a supportive policy tool</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Role of SLB</td>
<td>Descriptions of SLB roles and the types of chains of reasoning discretions are expected to be made upon</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Procedures</td>
<td>Descriptions of explicit and implicit procedures regulating intervention</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sanction</td>
<td>Descriptions of a sanctioning policy tool</td>
</tr>
</tbody>
</table>
Table 3: Preventive content on the three policy areas: health, daycare and school

<table>
<thead>
<tr>
<th>Political category</th>
<th>Health</th>
<th>Daycare</th>
<th>School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who are the at-risk groups?</td>
<td>Children suffering from ordinary illnesses and youth with identity crises as well as marginalized youth, children and youth exposed to neglect, weak families with mentally ill parents, a poor social network and socioeconomic settings, children and youth exposed to an absence of norms and boundaries, overweight children, bullying and bullied children, bilingual children, as well as youth with an ethnic minority background</td>
<td>Exposed children and children at risk of being exposed, children and youth with impaired mental and physical functioning, late-developing children, at-risk children and families, children and youth with social and emotional problems, as well as bilingual children</td>
<td>Children and youth with impaired mental and physical functioning. Children and youth with special needs, pupils with reading problems, pupils with a negative social heritage, pupils with disabilities including genetic defects, psychosocial difficulties, poor language skills, general learning difficulties, autism and dyslexia, children and pupils with a different ethnic background than Danish.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social category</th>
<th>Health</th>
<th>Daycare</th>
<th>School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which social categories do the political categories draw upon?</td>
<td>Mentally unbalanced parents, such as depressed mothers, substance abuse, smoking, drinking, violence, bullying. Unbalanced self-control, such as out-of-control girls and out-of-control boys. Ethnic minority families</td>
<td>Poor language skills, parents who do not talk to the child about school, children who do not speak Danish at home. Children looked after by persons with covered faces and bilingual children. Inappropriate behaviors such as crime, abused children, sick children</td>
<td>Unbalanced behavior, restless boys, troublemakers, children without an appropriate sense of proper conduct, self-centered pupils with no respect for common norms, pupils without knowledge of school life before starting school and bilingual pupils.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Normality</th>
<th>Health</th>
<th>Daycare</th>
<th>School</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is enforced?</td>
<td>Physically and psychologically healthy children and youth who should have a healthy upbringing and a healthy basis for adult life</td>
<td>Linguistically, physically and emotionally well-developed and eloquent children who understand democracy and how to participate in the Danish society</td>
<td>Responsible, democratic and well-behaved children and youth who are engaged in a personal, versatile and learning development.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk</th>
<th>Health</th>
<th>Daycare</th>
<th>School</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is being worried about?</td>
<td>Marginalization of children and youth via reproduction of parents’ marginalized position in society resulting from limited background, such as in local environments influenced by crime, drug addiction, alcoholism and an absence of norm carriers</td>
<td>Children growing up in homes with inadequate stimulation due to weak parental efforts</td>
<td>Social marginalization due to poor education backgrounds caused by lack of discipline and disrespect between pupils as well as between pupils and teachers, including bullying, bad language, unacceptable and self-centered behavior</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Policy legitimation</th>
<th>Health</th>
<th>Daycare</th>
<th>School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why should it be enforced?</td>
<td>Encourage public health as well as preventing and treating disease, illness and functional limitations of individuals</td>
<td>Prevent negative social heritage and exclusion and encourage integration of children in Danish society. Increase equality and social cohesion</td>
<td>Combat negative social heritage and increase education and integration of ethnic minority pupils as well as discipline pupils to be reciprocal tolerant</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Policy tool</th>
<th>Health</th>
<th>Daycare</th>
<th>School</th>
</tr>
</thead>
<tbody>
<tr>
<td>What can be done to identify at-risk groups and enforce normality?</td>
<td>Preventive medical examinations, home visits from public health nurses, ‘the child’s book’6, in- and out-schooling examinations, conversations about health, health shops, telephone hotlines, conversations with parents and yearly medical child exams</td>
<td>Teaching plans, assessments of children’s environments, no-cost care, language skills assessments, and assignment of support, care or special support</td>
<td>School rules, sets of values, special needs teaching and other special support, evaluation tools such as log books, portfolios, pedagogical screening, conversations, national tests, documentation tools for legitimizing special support. Educational differentiation, pedagogical-mental assessment, sanctions such as ‘outside the door’, after-school detention, transfer to teaching in another class, suspensions from school for up to one week, permanent transfer to another class, transfer to another school and expulsion from the public school</td>
</tr>
</tbody>
</table>

References: See Table 1 in appendix

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6 The ‘child’s book’ is a journal tool used by the public health nurse to communicate with the family about their observations of the child. It includes measurements of weight and length of the child as well as notes about social and psychological development. Both the parents and public health nurse record notes about the child in the book.