Categorizing Risk Behavior

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Introduction

Policies, many scholars argue, are not only formed by politics, problems or interests, but also decisively influenced by tacit assumptions, informal rules, social norms and discourses. One example of such tacit assumptions having an impact on policies are the way in which social categories and categorizations are imported into and constructed within policy.

The importance of categories in policy-making have been demonstrated by several studies, for example by Dvora Yanow, Helen Ingram and Anne Schneider. However until recently, studies outside the American context have been rare. This is unfortunate, since studies of tacit assumptions and categories are important for understanding prejudices and social reproduction within the context of public policies.

The present study explores the impact of social categories on preventive welfare and health policies in Denmark, i.e. in the context of a Universal Welfare State.

“Most children in Denmark grow up in good and secure environments. They have parents, who support them throughout their childhood. They get emotional support and care. Everyday life is in control. The children learn how to become independent individuals and responsible citizens. They have a good childhood.

However, some children are not so lucky. They do not get the necessary support from home. There is not enough care. Everyday life is not in control. There are no boundaries. Maybe because parents are fighting their own problems, overshadowing the problems of their children. Maybe the parents do not have the necessary resources to raise and support their child.

Many of these children growing up under such difficult circumstances, manage to cope anyway. The outcome is not given beforehand. But these children have an enhanced risk of developing problems, reducing their chances of a good life.”

The Danish Government, Equal Opportunities, 2007
Following Yanow, Ingram and Schneider, we understand policy categories as symbolic and discursive constructions demarcating groups eligible for policy benefits or sanctions. However, the degree of closure and stability vs. the degree of ambiguity of the categories may vary across policy areas.

We expect the policy categories to be influenced by social and cultural characterizations, meaning that semantic categories as well as stereotypic assumptions on behavior and characteristics are drawn upon in the discursive construction of categories within the policies.

In the present context, the main target groups are children and families who are in risk of social exclusion and health problems. Following Ingram and Schneider this group can be seen as “dependents”, i.e. vulnerable but deserving. However, there may also be elements of moral stigma, non-deservingness and threat.

Of further importance for the construction of policy categories in this context is risk, since preventive policies are directed at detecting and counteracting problems “in the making”. We thus expect the policy categories to be constructed around a conception of risk. Also, conceptions of risk are typically constructed relationally, i.e. depending (more or less explicitly) on a conception of “safeness” and normality.

Such discourses of risk/deviance vs. safeness/normality are further – we expect – interwoven with the construction of social groups. As shown by e.g. Michelle Lamont and Beverly Skeggs, an important part of the constitution of social and symbolic groups are the drawing of moral boundaries vis-à-vis others.

Building on this theoretical framework, the present study explores the construction of policy categories, focusing on the way in which social categories, conceptions of risks and conceptions of normality are co-constituting these groups.

**Design – Data – Method**

The policies explored in the study include Danish preventive social and health policies presented under a common strategy headed "Prevention of negative social heritage”. The strategy covers mainly three policy areas: health, day care and primary education. The aim of the study is thus to describe the discursive constructions within each of these policy areas, as well as explore any differences across policy areas.

Data for the study consists of both legal documents and different guidances issued by the ministerial departments, as well as some policy strategies formulated by the incumbent government. Methodologically, the study is conducted as a discourse analysis, using Laclau and Mouffe’s concepts of nodal point as well as Fairclough’s conception of discourses as representations as primary inspiration.
<table>
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<tr>
<th>Results from comparative policy (text) analysis</th>
<th>Health prevention for families and small children (0-5 yrs)</th>
<th>Day care / Child protection (½-5 yrs)</th>
<th>Primary Education (6-16 yrs)</th>
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<tbody>
<tr>
<td><strong>Semantic categories</strong></td>
<td>Children in need of special support</td>
<td>Children in need of special support</td>
<td>Pupils in need of special learning support</td>
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<tr>
<td></td>
<td>Children and families at risk or in risk for being at risk</td>
<td>Children in need of support</td>
<td>Misbehaving pupils</td>
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<tr>
<td><strong>Social and cultural categories</strong></td>
<td>The healthy child</td>
<td>The normal child</td>
<td>The normal child</td>
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<td></td>
<td>The sick child (physical disability, chronic illness, mental illness)</td>
<td>The sick child (physical disability, chronic illness, mental illness)</td>
<td>The sick child (physical disability, chronic illness, mental illness)</td>
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<tr>
<td></td>
<td>The fat child</td>
<td>The weak/vulnerable child (children from lower classes, ethnic minorities or with single mothers)</td>
<td>The cognitively weak child</td>
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<td>The vulnerable child (lower class, ethnic minorities)</td>
<td></td>
<td>The non-disciplined child (boys, ethnic minorities, overly clever children)</td>
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<td><strong>Conceptions of risk</strong></td>
<td>Strong focus on risks as constituted in the child’s environment, including both social and physical elements. Also strong focus on behavioral elements, i.e. diets and exercise.</td>
<td>Strong focus on the development of skills, understood broadly as both e.g. motor, linguistic, social and emotional skills. Risk is understood in this context of development.</td>
<td>Main focus is on learning and the risk of cognitive disadvantage. Also focus on the “moral threat” from misbehaving children.</td>
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<td><strong>Conceptions of normality</strong></td>
<td>The concept of “a healthy child culture” is strong in the constitution of risk perceptions.</td>
<td>Very strong constituting power of the concept of “normal development” for the conception of risk as well as the construction of categories.</td>
<td>Only strong with regard to academic performance and “proper behavior”.</td>
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<tr>
<td><strong>Ambiguity</strong></td>
<td>Low with regard to the category of sickness and special support. High with regard to the middle category, i.e. “risk of being at risk”.</td>
<td>Low with regard to the category of sickness and special support. High with regard to the middle category of “support”.</td>
<td>Low in general. Highest with regard to “misbehaving children”.</td>
</tr>
<tr>
<td><strong>Policy interventions</strong></td>
<td>Help and surveillance. Strong emphasis on prevention. Strong discretionary power of the Health Nurse, especially with regard to ambiguous categories.</td>
<td>Help and “corrections”. Strong emphasis on prevention. Strong discretionary power of the Pedagogue only in the ambiguous categories.</td>
<td>Help and discipline. Low emphasis on prevention. Strong discretionary power of the Teacher with regard to disciplinary measures.</td>
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</table>
Concluding Discussion

Our studies suggest, that within each of the three policy areas, the policy categories are constructed in a discursive interplay between social categories, conceptions of risks and conceptions of normality. This means that the demarcation of groups eligible for help and sanctions are never completely stable, but dependent on a set of tacit assumption inherent in our understanding of social groups and normal behavior.

Further, across policy areas, there are some interesting patterns worth noticing. First, for all policy areas, the degree of ambiguity is low when it comes to the category of “special support”, which draws heavily on the social category of sick and disabled child. These are the morally deserving children where there is no doubt regarding state responsibility.

Second, for both health policy and day care, the degree of ambiguity is highest when it comes to the “grey area” of “support”. For primary education this is the case with the category of “misbehaving children”. Here, there is an overload of different semantic categories, and the impact of social stereotypes such as “the ethnic minority child” and “the lower class child” are high. Further, the impact of normality is high, functioning as a standard against which children are measured. This is also where the discretion of the Street Level Bureaucrat is highest, i.e. where the regulation of categorizing decisions are lowest, and it is here where policy interventions take the form of surveillance (health), corrections (day care) and discipline (primary education):

Third, the policy area of primary education stands out. Thus, with the exception of the category of “misbehaving children”, there is a specialized focus on academic performances, leaving aside the “whole child” which is so heavily in focus in both health prevention and day care policies.

Perspectives

Our results are preliminary and explorative. However they suggest the fruitfulness of policy analyses focusing on the discursive construction of categories, and the impact of social and moral assumptions.

Further, there is a strong potential in combining studies of categories and categorizations with studies of governmentality in the neo-liberal state, especially studies on policy learning and the disciplining or paternalistic turn of the welfare state.

Following the results of our studies, it seems especially interesting to explore why a policy strategy, born within a comprehensive, old and universal welfare state, and presented as aiming towards equality, consists such strong elements of disciplinary and “correcting” measures aimed at groups of dependents. Also it is worth asking, how policy categories drawing heavily on social categories and stereotypic assumptions can fulfill it’s goal of contributing to a more equal society.

For more information – and download of workingpaper: www.categorization.dk