Categorizing Risk Behavior

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Abstract

Policy-making involves the construction of categories around which the determining of eligibility is
centered. For example, studies on the social construction of target populations have shown how stereotypes,
social labeling and categories transfer from everyday life to the political system as ‘common sense
knowledge’. Here such categories are used as a way to frame policy problems and as reasons to promote
specific policy solutions. This use of social labeling and common sense conceptions is especially salient in
preventive policies, i.e. preventive health policies and policies towards “youths at risk”. Here, the object of
policy regulation is not entitlement to welfare benefits, but rather the determination of when practices of
concrete citizens are displaying so much “risk behavior” that it calls for state intervention. However, since
policies are directed at detecting social problems “in the making” they often display a large amount of
assumptions on normality and morality of everyday life as well as specific assumptions towards which target
populations (categories) will display risk behavior. This paper explores the use of social labeling and
common sense categories within preventive policies towards youths at risk in Denmark, or what in a Danish
context has been called “Policies preventing negative social heritage”. This is done at the level of policy
programs, the level of specific policies and state regulation at three areas: education (Primary Schools),
health (Home nurses) and care (Day-care for children) and by analyzing acts, guidance lines and negotiations
in Parliament on these issues. By way of interpretive policy analysis and discourse analysis (both within and
across policy areas) we seek to carve out embedded assumptions on norms, normality and morality as well as
the use of common sense categories on social class, gender and ethnicity related to these assumptions.
Further, we discuss the results in light of theories on categorization as well as theories on the construction of
symbolic boundaries.

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1. Introduction: The discursive side of policy

In 2007 the Danish Government published a policy document suggesting how to prevent social exclusion and marginalization, what in the Danish discourse was coined “Negative social heritage” (The Government, 2007). The document was called Equal Opportunities. Strengthening Personal Resources and Social Cohesion. Here it said:

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 Government, 2007, emphasis in the original).

However sympathetic one can be towards 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” contain several discursive constructions of who in the Danish society are at risk of social marginalization, including here also marginalization related to health. This paper seeks to explore these constructions, in the form of categories and social stereotypes.

Political scientists have always been interested in how policies are made, what interests they represent and who they benefit (Lasswell 1936; Easton 1965; Wilson 1989). Within the field of public policy and institutional theory, political institutions such as rules for sanctioning and criteria for benefitting are seen as constituting the most important variables in policymaking. From a top down perspective, we expect that by adding knowledge and information to our lawmakers, political institutions can be designed in better and cleverer ways. However, regulation and interests are not the only defining factors of a policy. There is a discursive side of every policy, which constitutes the frame of how the policy should be interpreted and used towards concrete citizens.

In this paper we study discursive side of preventive policy in Denmark toward children, families and youths with a specific focus on frames for interpretation and implementation. More precisely, we want to examine the construction of risk and social categories of citizens at risk, as
they appear in policy, i.e. in the governing Acts. Thus, it is our ambition to describe the common sense or tacit knowledge shaping state management of risk behavior in relation to problems of health and social exclusion. Scott (1995) and Rothstein (1998) have described this type of knowledge as ‘informal rules’ and ‘social norms’, and Schneider & Ingram (1993; 2005) present a theory of ‘target populations’, where the concept of social constructions emphasize similar aspects of policy as having discursive and symbolic boundary-drawing power. The basic characteristic across these concepts is the notion of an interpretative dimension of policy, which operates through already accepted perceptions of what makes up ‘our’ social reality. Policy analysts who seek to trace down the discursive dimensions of policies thereby underscore the importance of reading interpretative structures along with the explicit tools of sanctions and benefits in a given policy, in order to better understand how policy shape the encounter between citizens and the state.

In this paper, we explore three Danish policy areas: health policies towards children and families, policies towards small children (child protection and day care for children aged 0-5 years) and policies of education at the level of primary schools (age 6-16 years). The intention is to understand what criteria define ‘risk behavior’ and furthermore what it is that makes the state worry more about certain individuals and less about others. We argue that categories in legal texts (Acts, Executive Orders and Guidances), such as “vulnerable children” or “children in need of support”, work together with social stereotypes, representations of risk and taken for granted conceptions of normal life, and thus constitute a discursive frame for implementation of preventive policies. In the first part of the paper, we present a theoretical argument on how the discursive dimension of policy works, and how it may shape the discretionary style of the street-level bureaucrats. We then present some methodological points on the case of Denmark as well as the specific design of our study, before turning to the analysis of the three different policy areas. Finally, we present a comparative discussion of the findings and their main implications.

2. Discursive policy and the social constructions of categories
Discourse analysis of policymaking is not new, and several strong and fruitful traditions for and examples on studying the discursive constitution and interpretive dimensions of policies exist (e.g. Torfing 2004, Yanow 2000, 2002; Fairclough 2003, Andersen & Born 2001). In this paper, we explore the ways in which policies contribute to the constitution of categories for identifying risk behavior, and our theoretical point of departure is therefore mainly related to the concepts of risk, normality/deviance and the social construction of categories.
Risk, normality and the ambiguity of discourses

Michel Foucault and his notion on the powerful interplay between objectifying structures and subjectivation strategies of individuals heavily inspire us in our study of discourses (Foucault 2000; 2002; 2003). Focusing on policy-making, we thus seek to pay attention to a similar mechanism of how objectifying mechanisms simultaneously become internalized by subjects as part of them (re)shaping their identity, and we argue that categories can be seen as one such mechanism. Using this part of Foucault’s grasp on discourse analysis, we hence share his argument that one must view normality and deviance as an epistemological and not an ontological reality/position.

Further, we follow Georges Canguilhem’s argument, that even though normality is indeed a biological concept describing physical life forms, the concept of normality is suited for the study of social sciences as well, focusing on the normative potential of a normal life form as a matter of tolerance towards diversity and deviance (Canguilhem 1989: part II). Inspired by Canguilhem, Foucault thus introduced the idea of studying the constitution of normality and deviance in the discursive constitution of legal structures as e.g. in the clinic (2000) and in the courtroom (2003).

Nevertheless, as Foucault among others has shown, ideas are always ambiguous. Seen in this perspective ideas as well as legal rules share a common feature as a kind of ‘normative information’, which are open to interpretation. Equally ideas and legal rules allow several meanings and multiple references both in relation to intentions and practical implications. Thus ideas need to be interpreted, and legal rules need an individual discretion to become “workable” in concrete discretionay and category-making situations. And it is exactly the discursive implications of these abstract and vague appearances for the practical implication we want to study and explain in the present paper.

Our conception of what makes up a discourse thus owes as much to Laclau and Mouffe (2001, Laclau 1990, Torfing 1999) as it does to Foucault. In this perspective, the ambiguous and inherent tensions are seen as a constituting element of discourses, since discourses are conceptualized as webs of signification constantly renegotiated and never closed. Especially the notion of an empty signifier (REF) as a vague and almost tautological node, structuring the construction of meaning within a discourse seems to function as a much more 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.
The social construction of categories and target populations

In addition to this rather broad discourse analytical starting point, we build mainly 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 & Ingram 1993: 334). They represent a policy approach, which seek to study policy as something that transform collective meaning, such as negative and positive social stereotypes into objective and apparently clear-cut categories. Schneider and Ingram show in their analyses how shared social stereotyped perceptions come to influence not only ordinary people, but also experts and law makers in ways that determine how and where they see social problems in society and how they see them being managed and not least for what purpose.

When the legal frame is constituted on political goals of protection and prevention and not on sanctions and benefits, ‘help’ becomes an essential category that includes exactly those we should be worried about. Schneider and Ingram thus argue, that social constructions of target populations as powerless yet deserving tend 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 & Ingram 1993: 336). However, to help someone is also to intervene in someone’s life, and thus the discourse on help implies a construction of risks and problems as a legitimization of state interventions in certain social groups’ lives. Further, when it comes to preventive policies it is unclear, who is the ‘vulnerable individual’ and who is the potential threatening individual, since the act of prevention is based on a conception of a possible problem that has not yet materialized. It thus seems as if indicators of risk and categorizations of problems may be more based on suspicions and hunches, as well as discourses of normal behavior and pre-judgments of what ‘we’ know already about the ‘abnormal’ and the ‘dangerous individual’ than on concrete individually experiences.

However, in order to ‘go deeper’ into this theoretical claim of dependencies between popular prejudices and policy constructions on who is at risk, we also draw on other theoretical tools developed by interpretive policy analysts (especially Deborah Stone 2002, Yanow 2000). Stone’s policy analyses all use classic humanistic analytical tools to deconstruct the text to seek for discursive patterns, underlining for example the category as: “the molecule of governance and government is the category” (Stone 2003: ix). However, where Stone can be seen as presenting a top down interest in studying the broader context of the policy, Yanow has sought to find the basic mechanism in the symbolic boundary drawing or what she refer to as category-making (Yanow
2000, 2002). 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, however it is in the epistemological construction of the different categories that normality and abnormality is created.

Finally, we also include findings by Joe Soos and Sanford Schram and their study of how governments ‘discipline the poor’ (Soss et al. forthcoming). Inspired by Foucault’s theory of discipline and biopolitics, they analyze how classic new public management tools shape the encounter between the subjects of the measurement: the social worker and the social client. Thus, they emphasize a point of policy learning that is also inherent in the works of Schneider and Ingram, namely that ‘policies make people’, not only by way of making categories available for discretionary work of street-level bureaucrats (Lipsky 1980), but also by creating roles and self-understandings for citizens themselves (Soos et al. 2007). Thus, even though the implications of policy categories for the behavior of street-level bureaucrats and citizens is beyond the scope of this paper, it serves as the context within which our analyses become relevant. In other words, we see our analysis of policy discourses as a possible contribution to this broader problem of how states relate to and interact with citizens.

3. Denmark as case

As mentioned, we explore the categorization and social construction of children and families in risk of social exclusion or health problems in Denmark. This means, however, that the political and institutional context is markedly different from e.g. Schneider and Ingram’s policy analyses within an American context. We thus briefly explain the main elements and implication of the Danish case.

According to most welfare state scholars, the Danish welfare state portrays a universal logic, as opposed to residual or insurance-based models (Esping-Andersen 1990; Green-Pedersen et al. 2004). This means that social benefits and welfare services are given to every citizen based on an eligibility criterion of citizenship, (more or less) regardless of any special needs or previous insurance contributions. Power-resources theory argue (esp. Esping-Andersen 1990, Korpi 1983, Esping-Andersen & Korpi 1984) that this universal logic stems from the political alliance between working and middle classes, creating an encompassing and generous welfare system as a genuine alternative to market structures and inequalities. And some scholars further argue that universal welfare institutions resultantly produce strong social cohesion and solidarity, based on a low level
of social inequality as well as an institutionally supported feeling of “all being in the same boat” (Rothstein 1996, 1998; Larsen 2006).

The universal logic of the Danish Welfare state thus presents a different context from American welfare policies, which are based on a residual logic and aimed at specific target populations. Consequently, one may expect that the social construction of target populations and the use of social stereotypes (Schneider & Ingram 1993) may not be as strong – or not present at all – in the Danish context. However, even though the overall logic of the Danish welfare state is universal, some programs are in fact based on a rather residual logic (esp. social welfare benefits) or an insurance model (esp. employment benefits and employment based retirement pensions). Also, some studies do point to a strong influence of social stereotypes, at least at the level of street-level bureaucrats (Møller 2009). And finally, several studies indicate how broader discursive mechanisms may work across different welfare regimens (Torfing 2004, Born & Jensen 2005, Hermann 2003, Larsen 2009).

Within the larger context of the universal welfare state, the concrete context for the present analysis is the development of a policy discourse from the mid 1990’ies aimed at preventing social exclusion. The discourse is identified and held together by the catchphrase “Preventing negative social heritage”, which is used widely across both policy and research communities. However, since the intention of this paper is not to present a thorough analysis of this discourse, but rather to explore categorizations and constructions of risk within it, we concentrate here on briefly outlining the most immediate historical context.

The concept of negative social heritage originates from Gustav Jonsson, a Swedish social scientist who argued that social deviant behavior (such as crime and drug abuse) is inherited through generations (Jonsson 1969; SFI 1999, Ploug 2005; 2007). Even though Jonsson’s research has been severely criticized, both empirically and theoretically (Ejrnæs 1999), the concept of “negative social heritage” has continued to function as a metaphor holding together research (and policies) focusing on processes of social marginalization and exclusion transmitted and mediated in families and experiences in childhood, e.g. in schools and day care institutions. In focus is thus a vicious circle of deprivation as well as unequal opportunities for children. Especially from the mid-1990’ies, the problem of negative social heritage was put on the political agenda, and in 1999 the Government (led by Social Democrat Poul Nyrup Rasmussen) formed a Government Committee on this specific problem (Ref.). This committee initiated different research initiatives, first an “Expert group report” on existing knowledge (SFI 1999), and later a research program (running from 1999
to 2005) with the aim of further exploring processes of social marginalization and exclusion with regard to both social inequalities, education inequalities and inequalities of health, and especially focusing on the transmission of resources and problems between generations (Ploug 2005). As several researchers have pointed out, this research program meant a rather severe break with the theoretical perspectives and categories previously dominating research in social problems (e.g. Hansen 1999), i.e. theoretical categories such as class, social inequality, poverty and conditions of life, indicating a focus on structural origins and dynamics of inequality. And even though this structural focus is not neglected in research on negative social heritage, but expanded with the inclusion of structural inequalities of cultural resources, the focus on resource transmission in families, effects of socialization, habitus and the institutional dynamics of exclusion in schools and day care, has furthered theoretical as well as empirical attention on individual and behavioral dynamics.

As mentioned, the political initiative framing social problems as problems of negative social heritage was taken during the former Social Democratic Government. However, the present right-wing government (led by Anders Fogh Rasmussen from 2001 and Lars Løkke Rasmussen from 2009) has continued and expanded policies within this frame (The Government 2005). This includes initiation and financing of different targeted programs in connection with budget negotiations, as well as revisions of policies emphasizing preventive efforts, and the promotion of “Fighting negative social heritage” as an official policy aim of the Government (e.g. The Government 2006, 2007).

4. Data and method
As explained above, the theoretical perspective in this paper is discourse analysis, with the more specific aim of exploring the social construction and categorization of target populations. Our methodological point of departure is thus interpretive. Further, even though we agree that both social discourses and policy discourses transcends the boundaries of practice and language (e.g. Laclau 1990, Fairclough 2003), i.e. that discourses are also constructed in e.g. organizational structures and different artifacts, such as the physical arrangements in a governmental office or a classroom, we choose to focus our analysis on the symbolic language of legal documents within the three areas studied, i.e. health protection, day care policy and child protection and primary education.
The intertextual context for the study is thus primarily legal documents (Acts and Executive Orders) regulating policies of health prevention (regulated by the Health Act), policies of child protection (regulated by the Social Service Act), policies on day care (regulated by the Day Care Facilities Act) and education policies, or more specifically, policies on primary education (The Danish “Folkeskole”, regulated by the Primary School Act). However Acts and Executive orders is a rather restricted genre, and the social construction and categorizations found here are not necessarily representative of the policy discourse or -practice. Consequently, we have also included Executive Guidances and Recommendations, i.e. documents written by civil servants, most often in a Ministry Central Department or in a Governmental Agency, explaining the aim and functioning of acts and executive orders. These guidances are important in the communication (and regulation) from the Ministries to municipalities and street-level bureaucrats with responsibility of implementing policy. But besides the communication of precise information and specific regulation, such Executive Guidances contain a strong discursive framing of the policy area, including the definition of policy problems. Further, we have included a few publications from different Ministries, which have the same aim and function, and some policy documents of a more political nature, i.e. documents communicating the official policy of the Government (e.g. The Government 2005; 2006; 2007). [At a later point, we intend to include preparatory documents in connection to the passing of the different laws, including transcripts from negotiations in Parliament.]

The selection of the documents has been designed to cover all three areas. The sampling of Executive Orders and Guidances was done strategically by a relevance criterion, selecting those documents that regulate decisions on categorization with regard to preventive policies towards children and families. Thus, for example, documents regarding care for elderly, the regulation of hospitals or the financing of day care facilities were not included. A list of selected documents can be found at the end of this paper. Fortunately, all Acts, Executive Order and Guidances are kept in an official database (www.retsinfo.dk), with the further possibility of searching for Executive orders and guidances that are connected to specific Acts. We can thus be pretty sure, that all relevant documents have been included. With regard to the broader publications and policy documents, these have all been found at official WebPages of the different Ministries.

We have used several strategies for analyzing the language of these policy documents. First, we have used what Yanow (2000, see also 2002) calls category analysis. This means that we have coded (Charmaz 2006, Lofland et al. 2006) all documents with regard to the way in which citizens are categorized, both with regard to single categories (e.g. vulnerable children), and with regard to
the presence of categorical systems or frames (e.g. marginalized children – vulnerable children – normal children), regardless of whether such systems are explicit (which they most often are not). In the analysis, special attention has been given to vagueness, tensions and ambiguous meanings.

Also, we have conducted a broader analysis of the discourses on risks (social risks as well as health risks), focusing on the specific meaning and representations of risks. Here we thus understand discourse analysis in the narrow sense of the word as specified by Fairclough (2003) when he distinguishes between analysis of genres (ways of acting), style (ways of being) and discourse (ways of representing). In this representational discourse analysis, focus has been on the ways in which risks are portrayed as a problem, as well as the causes of risk and the possible solutions to the identified problems. Further, we have looked for the way in which social risks and health risks are constructed as divergence or deviance vis-à-vis “normality”. In this analysis we have been inspired by Feldman’s notion of semiotic analysis, i.e. “identifying signs and understanding the processes by which they come to have meaning” (Feldman 1995: 22), as well as analysis of metaphors and the notion of the empty signifier as explained above.

Finally, the analysis of categories and discourses of risks is put together in an analysis of the construction of target populations, or more precisely in an analysis on the use of social stereotypes in the construction of target populations. Thus we are interested in the ways in which categories and discourses mutually constitute different stereotypes, with assumptions of characteristics and behaviors. This include the analysis of the way in which assumptions of normality structure discourses as well as categories, for example when one category is portrayed as normal and others as divergent (Yanow 2000: 51). In sum, four questions structures the analysis:

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<th>Question</th>
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<tr>
<td>1</td>
<td>What are the categories and categorical systems present in the text?</td>
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<td>2</td>
<td>How is risk represented in the text? (Problem, cause, solution)</td>
</tr>
<tr>
<td>3</td>
<td>How is the representation of risk related to representations of normality and divergence? Is one category presented as normal and other categories as divergent?</td>
</tr>
<tr>
<td>4</td>
<td>What are the social stereotypes present in the text. How are they constituted by categorizations and discourses?</td>
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Questions one to three are addressed in the analysis of each policy area, whereas the last question is addressed mainly in the final comparative analysis.
5. How policies present discipline and risk behavior

We start our analyses by looking at the categories of risk at the health area concerned with the aim of the health nurses’ prevention goals, and we continue by looking at what happens to such categories when they come to include more social and less physical aspects of the child. Finally, we explore the categories in policies directed at detecting special needs and risky behavior among school children. As mentioned above, the analyses start by identifying the categories, as they appear in the central documents and then go on to compare them with implicit standards of normality in the texts. We do this in order to demonstrate how vague and ambiguous categories become constituted in response to perceptions of normality more than in relation to concrete signs of deviance.

5.1 Preventive offers towards families and children at risk or at risk for being at risk

The primary policy goal of the preventive offers towards children and youths is a supervision of the single child’s physical and psychological health condition (Preventive Health Service Act 2005). The key institution on this area is the health nurse, who pays a visit to every Danish newborn if the family has not turned down the offer of home visits. In the Act of PHS from 2006 the role of the health nurse is described as follows:

The health nurse must, through her knowledge on the child and its home environment, assist in discovering potential deviations in order to realize treatment performed by the general practitioner as early as possible (Preventive Health Service Act, § 20, stk. 2).

The health nurse might be the most intervening street-level bureaucrat with regard to state and citizen encounters beyond the public space in the Danish Welfare State. Her task is to look after and to surveillance the general health of children and youth population, and she thereby comes to represent the worrying eye of the Danish Welfare State. The Health nurse operates without an institutional setting, and part of her job description is therefore to demarcate a social space of interaction and intervention at every home visit. This is because there is no physical environment connected to the encountering between the state (the health nurse) and the citizen (the family and the child).

Regulation of preventive offers

The health nurse provides this general health promoting and preventive effort in relation to all children and young people until the end of the compulsory education as well as a special and an

Besides sections in the Health Act describing the role of the health nurse, the preventive Health Service Act regulate the preventive offers given to every Danish citizen with small children. Even though the preventive offers might be characterized as a universal, voluntary welfare state measure, the basic objective of these policies is to prevent certain life forms/styles within/among the population to develop into dysfunctional and unhealthy situations. The target populations implicitly referred to in these Acts are families and small children either at risk of being exposed to unhealthy environments or in risk of slipping into a risk zone as a network or an environment of unhealthiness. In the Acts there is no further specification of what characterizes an unhealthy environment or network even though it is clear that the acts rest on an assumption that such environment exist, which is evident when it e.g. is said that:

That is why there is every reason to concentrate exclusively on healthy child culture – in the family, in intimate networks and within voluntary associations, in day-care institutions and in schools, in towns, regions and in the state (The Government’s effort to improve children’s health 2007).

And further along this discursive line a few lines down in the same document this ‘healthy child culture’ is given content:

Children’s health is created in an interaction between the child, the family and small and big public and private communities, which the child and the family is a part of. Health is created by the family’s life conditions and by the settings of the family’s life (The Government’s effort to improve children’s health 2007).

Another defining part of the category-making on this area is the presentation of the ‘social space, which is continuously made with reference to a larger social context such as family relations, the environments in which the child lives and to broader networks of social relations such as private and public communities (se quote above). This means that the child is understood not as a bodily entity but as defined by its social relations involving all social interactions. The obvious effect of expanding the object of prevention from the child as the subject to the entire social space in which the child has daily access, is that the potential room for political intervention both in the sense of relevance and in the sense of intensity is being expanded from physical measures concerning the
body of the child to mental and social measures including all aspects of a child’s life form. This expanded room of potential intervention is mentioned as a positive opportunity as in the following line: *The many environments children move in although their childhood include good possibilities for implementing measures, which can be targeted to promote children’s health exactly where they are* (The Government’s effort to improve children’s health 2007). In the same guidance note the government’s political intention with the preventive offers on the child area is presented as:

- Broadly include all risk factors, i.e. primary diet, physical activity, problems of well-being as well as care neglect,
- Aim at a special effort in relation to children at risk and their families,
- Concentrate the efforts within the many environments, where the children move and mix in their daily lives (The Government’s effort to improve children’s health 2007)

In general these points are talked about as covering ‘children with special needs’ who are entitled to ‘special efforts’. A genuine example of what a tautological reasoning about who to include in the category looks like.

*The categories of children in special need:*

As already mentioned preventive policies are characterized by a dual objective: On the one hand they aim at proposing a general offer of prevention to the entire population and they are in this sense examples of *universal services*. On the other hand the preventive policies aim at detecting risk behavior and unhealthy social relations among the population and they do so by defining risk factors and by surveillance of those who turn down the general offer. It is ‘common knowledge’ that those who do not take the offer of prevention such as a GP examination or a home visit from the health nurse are precisely those in need of prevention. This Kafka logic in the preventive offers will be discussed further below. First let us mention which kind of content is given to the categories of the target populations: the ‘vulnerable children and young people’ as well as ‘children with a special need’ and ‘vulnerable environments’ (Preventive Health Service Act § 1 stk. 2).

These broad and vague categories are of course open to interpretation, however the content or at least the direction of who should be located is specified in the guidance note explaining the political intention with the policy. Here/now it becomes clear how problems and worries depend heavily on the child’s background and social resources such as family resources, size and the ‘quality’, which equates an ideal of normality of the child’s social network, its eating habits,
exercise attitudes and social habits in general. The document mentions the following categories as examples of risk behavior and an unhealthy life form:

- Fat children
- Non-exercising children
- Disabled and chronic sick children
- Children born into drug addictive families
- Children with a different ethnicity
- Children in vulnerable environments (The Government’s effort to improve children’s health 2007)

Compared to other similar policy areas and even compared to the same area but to different target populations (such as kindergarten children, school children and toddlers), these policy documents directed towards children at risk of unhealthiness and children in risk of being at risk of unhealthiness rely heavily on the professionalism of – in this case – the health nurse. They are a type of street-level bureaucrats who are given a much wider discretion than what you see in most other areas. The health nurse holds a special role in the policy, and one reason might be the already mentioned fact that there is no institutional setting for the interaction between the ‘state’s preventive interventions’ and the citizens. The health nurse becomes - in most cases - the locus of encountering and she becomes the single institutional setting as the state agent doing the policy in the private homes of citizens. The only situation where the health nurse is not operating through private homes is when she is estimating risky behavior in the schools as part of the in- and out-schooling evaluations. The impact of this general characteristic of her job that no defined space is related to this preventive policy might explain part of why the role of the health nurse is so well described in the Acts and in the guidance notes on the area (which is not the case on the area of daycare and primary schools as will be analyzed in the next section). She becomes the institution of prevention and she becomes the agent that crosses the boundary of public and private space, when she examines the ‘environment of the families and the children’ - the home environment of private citizens.

By continuously using this metaphor of the ‘environmental human being’ the policy documents thus succeed in defining the child and the target populations of worries by its environmental relations and thereby expanding the room of intervention to include all aspects of non-public life.
The tacit presentation of the normal child

There is an implicit or a tacit concept of normality which structures both the legal discourse about preventive offers to vulnerable children and families as well as the guidance notes that explicitly represent the political intention with the law. The perception of normality is constructed through references to what ‘makes a healthy child’ and again it is the broad social space, which become a metaphor for describing healthy preconditions for a normal child life. The metaphorical reference to families as biological communities underscores the vital aspect of the policy as a policy directed at improving nothing less but life itself. By defining the preconditions for a healthy child by certain types of social relations, contexts and forms of family relations, any deviance from this perception activate worries and hence a potential preventive intervention. But who are these children and how do they become a problem and to whom? This tacit perception of normality is used to identifying children and families at risk.

At this point of the analysis it seems like the fundamental categorical logic is more class-based than based on individual discretions exposing lower class families in advance as potential bad families, parents and ‘environments’. To support this claim is the fact that the offer of prevention in practice works as the ultimate surveillance test of worries, where everybody (and that is mainly lower class and ethnic families) who declines the offer are exactly those who are categorized as in the zone of risk behavior (The Government’s effort to improve children’s health 2007). The preventive offer in health promoting strategies towards children, families and young people thereby have more in common with a Sicilian offer more than with a classic welfare state service inasmuch as it is an offer you cannot turn down unless you want to risk being categorized as in risk of representing a vulnerable and unhealthy environment.

5.2 Small children at risk: Child protection and day care

Risks or problems

Policies aimed at small children include policies of child protection (regulated by the Social Service Act) as well as policies on day care (regulated by the Day Care Facilities Act). This legal architecture constitutes the first important categorization of small children, namely the distinction between “children in need of special support”, including “children with permanent lowered physical

\[1\] Both of these acts also regulate many other areas than small children, e.g. care for disabled citizens or day care facilities for young people after school hours. However, we concentrate here on policies directed at small children.
or mental functionality” on the one hand, and “children in need of support”, “children at risk” or even “children in risk of being at risk”, on the other hand. The first two categories dominate the Social Service Act (LBK 941) and related Executive Guidance (VEJ 99), whereas the last three categories are more prominent in the Day Care Facilities Act (LOV 501) and the related Executive Guidance (VEJ 31). Further, the Executive Guidance on day care (VEJ 31) directly presents a categorization of the children with reference to the two acts, i.e. “children in need of special support according to the Social Service Act”, and “children in need of support according to he Day Care Facilities Act”.

As was also the case on the preventive health area, again we see an example of an almost tautological categorization. However, it gets it’s content from the purposes of the two Acts. The Social Service Acts is a general act targeted at citizens in need of special care, e.g. disabled citizens or citizens with a medical diagnosis, elderly citizens in need of care, or children in need of state protection due to different kinds of abuse. In comparison, the Day Care Facilities Act regulates State provision of Day Care Facilities for all children. Thus, the general purpose here is both to “promote the well-being, development and learning of children […]” and to “prevent negative social heritage and social exclusion” (LOV 501 §1). Further, there is a clear semantic distinction between “special support” and “support”, indicating that the categorization is founded upon a judgment of the degree or severity of the problem. Also, the different measures inherent in the two acts contribute to the constitution of this main categorization of “problem-degree”. On the one hand, measures within the Social Service Act can be rather intrusive, and involve for example the forcible removal of children or care in special facilities, whereas the measures within the Day Care Facilities Act are defined as measures that can be implemented within the setting of the concrete day care facility.

Within the category of severe problems, then, labels are rather precise, with frequent use of labels such as “special support” or “lowered physical or mental functionality”. Further, the Social Service Act as well as the executive guidance contains a rather detailed and precise description of procedures for diagnosing the needs of children and implementing different measure, involving experts and professionals. The discursive framing of these procedures is almost medical, consistently using the term “examination” of the child, combined with a strong legal discourse on the rights of parents e.g. to complain about procedures and decisions.

In sum, the main categorization working in policies towards small children at risk revolves around a rather clear distinction between small problems and severe problems, or cases of risk and
cases of problems, where the second category seems more precise and unambiguous compared to the first. Further, since the category of “special support” seems to include cases where the question is not so much the identification of risk as the provision of help or protection, we choose not to continue the analysis of this category.

However, it should be noticed, that the category “special support” is important also with regard to the more ambiguous category of “support” and identification of risks, since the two categories seems to be mutually constituting. Thus, some of the discursive content of the category of “support” is given by the fact that it is not special support. Further, however, the distinction between the two main categories is also sometimes portrayed as based on possible development, i.e. based on the fact that small problems can become big problems, making the distinction between the two otherwise clearly demarcated categories somewhat more blurred. Bearing in mind, though, that the main aim of this paper is the social construction of children and youth at risk, we turn now to the more ambiguous category of “support”.

_Ambiguous categorizations of “children in need of support” (Day Care Facilities Act)_

Compared to the precise use of labels and outlining of procedures within the Social Services Act, the sub-categorization of children within the Day Care Facilities Act is much more vague and ambiguous. First there is a “semantic overload” of different labels, i.e. denotative meanings, for the category of children in need of support. This includes, for example, “children who needs special attention for a short period”, “children whose development is stunted”, “children who needs support in order to thrive, grow and learn”, “vulnerable children”, “children at risk”, “children at risk of becoming at risk”, “children with social problems”, “children with behavioral problems”, “children with emotional problems”, “children with linguistic problems”, “children from homes where Danish is not the first language”, “children who need special support in order to be able to begin school” and “children who due to a weak parenting effort do not get the necessary stimulation” (LOV 501 & especially VEJ 31).

Alone, this wide range of labels trying to identify and demarcate the category of children in need of support signals a fundamental ambiguity and vagueness. This is supported by the fact that no clear procedure is established for the identification of such problems or for the implementation of special measures, other than the notion that it takes a “concrete professional judgment” (VEJ 31). Further, the ambiguity of the category of children in need of support is underlined by a clear preventive discourse, where the notion of “an early effort” functions an empty signifier. Thus
problems, it seems, should be handled, before they become problems, or at least so that problems "do not develop" (VEJ 31), making it of course inherently difficult to clearly identify the problem! Finally, the ambiguous nature of the category even seems to be made into a virtue when the executive guidance suggests that

Employees in day care facilities are, due to their knowledge on [or familiarity with\(^2\)] the children, central resource-persons in discovering, at an early stage, a need for support according to the Day Care Facilities Act. It is thus important that employees in day care facilities are conscious on the fact that children and young people should get the support they need in the facility. The employees in day care facilities should therefore also have general knowledge on the development of children and young people and be vigilant with regard to children and young people showing any sign as to a need of support according to the Day Care Facilities Act. (VEJ 31, 6.2)

This could be read as portraying the assumption that professionals know these children and therefore know what the problem is, and all that is needed is that they pay attention to signs of divergence vis-à-vis a normal development. It does not matter, that we cannot clearly state or demarcate the different problems, because when we interact with the children and their families, we know. Additionally, the notion of “general knowledge in the development” indicates that a strong discourse of normality is also partly structuring for the category of “support”.

**Support and normal development**

The ambiguity of “children in need of support” should therefore also be seen in relation to the general aims and discourses of normality within the Acts. Thus, at the level of categories, the many different labels for children in need of support is surrounded and contextualized not only by the category of special support, but also of a universal category of “all children”. There is, thus, a basic tension, in the policies towards small children, and especially within the Day Care Facilities Act, between the general measures directed towards all children, and the special measures directed at some children. This is clear, for example, in the following quote:

> All children has a need for support in their development, which is given by employees in Day Care Facilities helping the child for example to understand relationships, solve conflicts and establish

\(^2\) Later in the guidance, in an almost similar phrasing, it says "a close and often long relationship".
friendships. Through the daily pedagogical work in the Day Care facilities, all children should be supported so that they can thrive, learn and develop. The provision of support according to the Day Care Facilities Act is thus intended at support that goes beyond the daily support integrated in the everyday practices and services of the Day Care Facility (VEJ 31).

However, just previous to this paragraph, it says: “The aim of support according to the Day Care Facilities Act is that the support is integrated in the Day care Facility of the child demanding support, so that the support can be an advantage for the whole group.” Further, phrases such as “broadness” (literally spaciousness) and integration, i.e. the aim of including children in need of support in the everyday life of the Day Care Facility, stands in somewhat tension with the insistence that special needs should be indentified and dealt with.

The constitutive power of normality is further visible, when looking at the aims of the acts and the way in which these aims are explicated in the executive guidance. The main signifiers are here “wellbeing” (literally “thriving”), “development” and “learning”, signaling a double framing of policies towards small children as having to do with both care and preparation for education and school. These main signifiers are further developed in different themes, which figure as both general aims and mandatory elements in the “plans for learning” that all day care facilities have to make and present. The themes include for example

- Social skills, e.g. “the ability to make friends”, “empathy” and “the ability to solve conflicts”
- Language skills, e.g. “a language consistent with the age of the child”, which is “of special importance with regard to children […] with a mother tongue different from Danish.
- Emotional skills, e.g. “the ability to verbalize feelings and needs”
- Physical development, e.g. “the development of motor skills and the ability to use tools”

As can be seen, the discourse is rather encompassing, a fact, which is further, underlined in the comment that the themes must be understood as having to do with “what the child knows (knowledge), what the child can (skills), what the child is (self-consciousness) and what the child does (coping)” (VEJ 31).

Thus, the aims and themes implicitly construct a frame of normality suggesting that these skills are important to learn, but also that they are what one can expect children at this age to learn. Thus, there is a further tension in the discourse between on the one hand the explicit statements that all children are different and develop differently, and that the aims should be implemented taking a
point of departure in the resources of the individual child, and the way in which the general expectations function as a demarcation of what it means to have “a need for support”. Thus immediately following the explanation of the themes of the mandatory learning plan, it says (under the heading “Children with special needs”): “Children with special needs are all those children who need a specially organized pedagogical effort in order to develop their skills.”

As a final point, it should be mentioned that this mutually constituting relationship between normality and the discourse on risks is even stronger in the policy papers presenting government strategies. From the quote in the beginning of the paper, it is thus evident that the conception of a secure childhood, with an orderly everyday life and continuing moral and emotional support, is not only the ideal but also the regulating and constitution conception of normality partly defining the categories of children in risk.

Thus, to sum up the main points, we find within day care a categorical system with three main categories, i.e. the normal child, the child in need of support (i.e. in risk or having small problems) and the child in need of special support (i.e. with severe problems). The most ambiguous category here is the category “in the middle”, which seems to be constituted both by the conception of normality, but also by the conception of severe problems as a “possible future” if nothing is done.

5.3 Risk in the Primary School

Categorizing the pupil

We now turn our attention to the categorization risk behavior in the primary school, which is regulated by the Primary Schools Acts and several Executive Orders and Guidances, and we thus focus on children from 6 years (in the now mandatory 0th grade) until approximately 16 years (the mandatory 9th grade and the voluntary 10th grade). However, it should be noticed, that the Acts that we analyze in this paper are differentiated not according to age but according to function. This means that the Primary Schools Acts is concerned with primary education, including measures for support for children who have not yet started school, but who need support in order to develop sufficient language and learning skills before entering Primary School (regulated specifically by BEK 356 & VEJ 9171), as well as young people until they reach the age of 18 and become legally competent adults. Further, the different measures of “special support” regulated by the Social Services Act, as described above, concern all children regardless of age (all citizens actually), just as the health prevention measures described also are directed at all children. However, we focus the
analysis here on the main concern and intention of the Primary Schools Act and the related Executive Orders and Guidances, which is education for children, aged 6 to 16.

The main category dominating the area of Primary School education is “the pupil”. Thus, whereas the health prevention, child protection and day care are areas dominated by the semantic label of “the child”, we here find a more precise label for describing children. This could be read as if children are basically evaluated within an educational frame, i.e. in their role as pupils, and not necessarily in their capacity of being “human” or “a child”, and thus that there is a demarcation of an “outside” (the child as non-pupil), which is of no concern to state regulation. Further, compared to the regulation of day care, where this constitution of a room for something outside of interest to the state is absent, it could indicate a more specialized and confined construction of risk discourses. As we shall see below, there are strong indications supporting this interpretation. However, one should not overstate the importance of the pupil as a constituting signifier for this area, since some of the same categorizations and discursive constructions as was found within the area of child protection and day care, are also present here.

The risk of not learning

Thus, the main category for risk identification within the Primary School areas is “the pupil in need of special support”, which is further specified as the need for special learning-support (VEJ 4). And as we saw with the category of “special support” within the Social Service Act, there is a clearly specified procedure for diagnosing and implemented measures under this heading, including what is called the PPC (Pedagogical Psychological Counseling), a mandatory unit in every municipality.

Thus, the category of “pupils in need of special support” is clearly constructed as children with severe problems and thus comparable to the categories dominating the Social Services Act. However, it is also clear that needs are here seen within an educational frame, having to do with difficulties towards and abilities for learning. This means that cognitive skills are in the forefront, as when references are made to brain research and the ways in which knowledge on the “neurobiological foundation of thinking, feeling and developing” has improved the knowledge in relation to this group of children (VEJ 4). This is clearly cases, where something is “wrong”, and cases of problems more than cases of risk.

Further, we find here the exact same tension as found within day care, namely the tension between special support outside the normal setting (here outside the classroom), and special support within the normal setting. Within this area, though, this tension is constituted in relation to a strong
discourse on plurality, or rather “differentiation of teaching”, i.e. a pedagogical/didactic discourse on learning, emphasizing the need to adapt teaching in a classroom to the different needs of the pupils. As a result, we do not find the same vague category of “small problems” or “need for support” as was so present within day care. Thus, within the primary school, the distinction is between “normal children”, who are seen as a very differentiated group, or children receiving special support (either within or outside the classroom).

However, categories of a more vague character, such as “vulnerable children”; “children at risk”, “children whose situation in general is cause of concern” and “children with social or emotional problems”, still figure quite prominently, and that the procedural guidelines for implementing measures of special support clearly indicates that both academic/cognitive and social skills and potentials should be taken into consideration. Hence, there is still a tension between the clear and confined category of children with learning-problems and the category of children with other kinds of problems, which could also be related to or affect learning.

It seems, though, as if the educational discourse, emphasizing learning problems and a differentiated conception of normality is strongly conditioning the categories of risk within this area. This conclusion is further supported when we take a closer look on the construction of the risk discourse and the way in which this is related to the discourse on normality. Here, the absence (within the executive guidance) of any content describing either risks or normal development is striking. Compared to the area of day care, then, it seems as if references to normal behavior or development does not have the same constituting effects. This is, however, partly due to the architecture of the regulation of this area, since the statements of aims for the Primary Schools is done in the introducing paragraphs of the Acts as well as separately in what is called “Common Aims”. Stated briefly, the general aim of the Danish Primary School is primarily to give children knowledge and skills, and secondly to further the “general development” of children, including giving them solid citizenships skills (LBK 593). This is further elaborated in “Common Aims”, which include special guidances for each subject. With one exception (Common Aims: The general development of the child”)³, which has only been in effect since 2009, these aims are all something that teaching is supposed to reach, i.e. a meta-curriculum specifying the academic goals for each subject. Thus, the conception of normal development is not as strong here, as it is within day care, since we mainly find elaborated and differentiated academic goals as well as a strong tradition for

³ We intend to include a further analysis of this Executive Guidance in a later version of the paper
differentiating within the group of normal children, both within teaching and when evaluating children (for example when giving grades). This supports the conclusion, that the main risk discourse found within Primary Education is concerned with the risk for not learning. Finally it should be noticed, that the strong preventive discourse, constituted by the empty signifier “early effort”, which we saw dominated both health prevention and day care, is almost absent here. This may further support the absence of a strong normality-discourse.

The risk of non-discipline: Threatening the order in schools
There is, however, one element “sticking out”, and providing a further tension within the area of Primary Education, namely a strong discourse on discipline and categories for children “misbehaving”. At the level of “architecture”, this subject is regulated by the “Executive Order on measures for promoting order and discipline in the primary school” and the related Executive Guidance. Also, in 2006 the Ministry of Education published “Guidance on discipline, good behavior and well-being” written by a committee created by the Minister of Education and consisting of representatives from different NGOs.

Within this discourse, the main category is “pupils with a disturbing behavior”, which functions here an empty signifier. However, especially in the publication from the Ministry of Education, there is a further clustering of different categories, contributing to the description of content of this main category, including “boys”, “pupils with learning problems”, “academically strong pupils who are bored”, “pupils with emotional or social difficulties”, “pupils with Danish as a second language”, “pupils without social skills” and “pupils lacking an inner responsibility (discipline)” (Undervisningsministeriet 2006). Thus, against these categories of “risky children”, different measures are defined, ranging from small interventions such as “being put outside the door for a short period” (something which almost all children will experience during their 10 or 11 years in Primary School) to being expelled.

This discourse and categorization can be read as mainly concerning what Ingram and Schneider denotes as “Deviants”, i.e. a target population which is weak in power and negatively constructed, and therefore mainly constituted as needing punishment or sanctions and not help. This is evident especially in the publication from the Ministry of Education, where this group is portrayed as threatening the order of the schools and thus the possibilities for other (decent, i.e normal) children as well as democracy and society altogether.
However, some elements of the discourse point to the possibility that children misbehaving could be seen as an indicator of problems in need of help or support, and that those children then should be met with a pedagogical effort and not discipline (VEJ 14). Thus, besides constituting and interesting distinction between children behaving properly, children misbehaving because of problems and children misbehaving (deliberately?), this further constitutes a category of risk or worry related to the categories we saw above. However, it also markedly expands the range of stereotypes brought into play within the policy discourse. We will return to the point on stereotypes in the concluding discussion below.

6. Concluding discussion: Stereotypes and the categorization of risk behavior
After having dealt thoroughly with the categorizations and discourses within the three policy areas, we now take a closer comparative look at the differences and similarities across areas. Further, we include here a summative discussion of social stereotypes across the three areas, and briefly touch upon one further important aspect that analyses brought to our attention, namely the effect of preventive policies and the construction of state intervention as “corrections”. Finally, we briefly touch upon some possible implications of the analysis.

As can be seen in figure 1 below, there are some interesting differences across policy areas.
In light of the theory of target populations and the use of social stereotypes, our data show some of the tendencies found by Schneider and Ingram, namely that some groups are constructed as being in need of help or sanctions, depending on a positive (deserving) or negative framing. Thus, there is a heavy influence of general social stereotypes such as the “weak” or “needy” citizens (children and families), such as the single mother (health and day-care), parents with few resources (health and day care), and families with a non-Danish background. Further, across all policy areas, the social
stereotype of the “sick child”, understood as the non-contested and hence deserving group of e.g. disabled children or children with mental incapacities, is quite evident. And especially within the primary school area, there is also a strong impact of “the misbehaving child” as a stereotype, which is more concretely related to social stereotypes such as “the boys who can’t sit still”, “the clever child, who is bored” and “ethnic minority children” as well as to “fat children” and “non-exercising children”.

However, supplementing the findings of Schneider and Ingram, we find a strong impact of “the normal child” as a stereotype, especially within preventive health care and day care. Thus, it seems as if the categories and social stereotypes are constituted relationally, feeding of each other with regard to the “taken for granted”-knowledge on social characteristics of each category or stereotype.

Also, it seems as if the discourse on prevention and early efforts facilitate a specific construction of a “middle category” in between the normal child and the sick/weak child (or the misbehaving child), i.e. in between the cases where we are sure, that no state measures are required and cases in which we are sure, that state measures are required (and legitimate, i.e. the deserving children). Further, this middle category further seems to constitute a form of intervention possibility, which cannot be determined as help or sanctions, but rather could be described as “correction”. Thus, this ambiguous middle-category in areas dominated by a preventive discourse (i.e. health care and day care), presents the cases in which state can and must act with a gentle and pedagogical effort, showing the right path for the citizens, in order to make sure that no “real” problems will develop.

Finally it is interesting to note, how the social constructions of categories and stereotypes are as much related to class as they are to ethnicity and race. This supports sociological research (e.g. Skeggs 2004) suggesting that class is still an important factor in European societies, even though class may be disguised in different social stereotypes.

Concluding, we thus wish to emphasize that the analyses within this paper supports the importance of analyzing the discursive side of politics, not least the way in which target populations are constructed by way of categories and social stereotypes. As mentioned in the beginning, however sympathetic one may be towards the goal of establishing equal opportunities, critical reflections must be directed at the way in which social problems and normal behavior seems to be co-constitutive within the policy discourse. How can we, one may ask, help citizens in need of help,
when such help is promoted by the use of stereotypes, some of them stigmatizing, and others totally ignoring individual differences and not least suppressing the mandatory individual discretion?
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