Article

Categorization and Stigmatization of Families Whose Children Are Institutionalized. A Danish Case Study

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Abstract: Stigmatization and labeling in society is one of the challenges that families of institutionalized children face. This research aims to investigate how professionals categorize the children and their families, and how, in turn, the categorization process impacts their daily practice and the relationship with families. The case study was conducted in a local children's institution in Aalborg, Denmark, following an ethnographic approach that included day-time participant observations, semi-structured interviews with a pedagogue and a family therapist, and a "discovery" exercise with pedagogues. The data were analyzed using the two main concepts of categorization and stigmatization. The results show how professionals categorized parents as "resourceful" and "non-resourceful," causing barriers in their work with the families. Categorization based on *"resourceful parent"* is a co-constitutive process influenced by the interactions between the Danish system (macro level), the institutional field in which public and private actors operate (meso level), and the everyday interventions of practitioners (micro level). Overall, the process of categorization and labeling shapes the collaboration between professionals and parents, which leads to an overemphasis of particular family traits, with a direct link to the "myth of meritocracy."

Keywords: categorization; stigmatization; critical social work; practice theory; institutional logic

1. Introduction

In order to establish specialized institutions that provide responses to people's needs, the welfare state in Denmark uses concepts such as citizens, equality, and deservingness, based on legitimate categories of recognition (Larsen 2008). These categories shape the dominant discourses, which become internalized and reproduced within the daily institutional practices, which are in turn interpreted and adapted by professionals working in the field (Søren 2009). Professionals, aiming to help those in need, decide who might have access to services. Thus, their judgment is based on attitudes, beliefs, moral stances, and the local professional configuration of norms and dispositive of power (ibidem).

To guarantee the wellbeing of children and families, the State responds to children's needs through the establishment of specialized health institutions (Dannesboe et al. 2018, p. 2). The institution (in the manuscript we use the term "the institution" when referring to the place in which the study has been conducted in order to ensure anonymity, confidentiality, and data protection as established by the Faculty of Social Sciences in accordance with the general framework of the Danish Code of Conduct for Research) in this study works with children with behavioral problems whose parents are (seen as) unable to provide for them.

One of the challenges that individuals and families with institutionalized children face is related to their experiences of stigmatization in societies (Bos et al. 2013, p. 4). With the understanding that social workers, and more generally practitioners working in institutions,

are part of society, our research focuses on the labeling, categories, and institutional discourses used by pedagogues and other professionals in their day-to-day work.

This research aims to understand how professionals categorize families that have children placed in the institution. The research was led by the following question: What is the categorization of families and what is the impact in the daily practice of professionals working with the families? Two main theories inspired the formulation of the research question: categorization (Bourdieu et al. 1999) and stigmatization (Goffman 1963), explained below in the context of working in a mental health institution.

1.1. Categorization

Categorization has been described as a unique capacity of human cognition that enables us to see similarities among objects, animals, and people through which we observe certain ways of adaptation, responses, and relationships. Although categorization occurs almost automatically in our cognition, social categorization tends to negatively affect others when we place ourselves in a group and become partial members of it (ingroup). Making judgments about others (outgroup) "in terms of social preferences, empathetic responding and resource distribution" usually creates stereotypes (Liberman et al. 2017, p. 557).

Due to the relation, social scholars often use categorization and stigmatization to explore discrimination and exclusion, as well as symbolic power (Moesby-Jensen and Moesby-Jensen 2016). Social differentiation in advanced society (Bourdieu 1989; Larsen 2008) aims to critically discuss the role of social workers in the reproduction of the social order set by dominant groups in society (Villadsen and Mik-Meyer 2013). For this qualitative research, sources of power in the field of mental health institutions are explored, referring our analysis to Bourdieu's conceptions of capitals (social, economic, cultural, and symbolic). By studying how the possession of them affects professionals' perceptions about parents could help us to understand whether their practices are also affected when categorizing families (Bourdieu 1989).

> "Categories are organizing principles in the way we understand and act in the world and the ways we relate to and interact with each other". (Harrits and Møller 2011, p. 229)

Categorizations are both political and social. Whereas political categories are made and used within specialized political practices and are dominant in making a collective viewpoint, social categories are constructed out of the political field, such as in families or in the media (Harrits and Møller 2011, pp. 231–35). According to Larsen (2008), the welfare regime's final stage of political categorization is that people are placed in classes and given different political rights. Thus, categories are built to create "sameness" as an organizing ideology (Harrits and Møller 2011, p. 230). Nonetheless, the gap between the general logic of the welfare regime and the particular labels of people who receive targeted benefits turn out to become reasons for stigmatization (Larsen and Dejgaard 2013).

Thus, we question the role of practitioners working in a public institution who follow procedures (Olaison 2010, p. 501) and transform details of personal stories/biographies in standardized cases, thereby making use of categories. In our analysis, cultural and symbolic capitals helped us interpret the positioning of the institutions within the broader welfare system, and in this way professional views are seen as a mirror that reflects and reproduces dominant societal views (Rice 2012, p. 1047). Social and economic capitals are more present in the interpretation of the data related to the process of categorization that operates within the social interventions and the daily practices of the practitioners who participated in this study.

1.2. Stigmatization

The process of stigmatization starts when people normalize life and make a division between what is normal and what is deviant, as Goffman pointed out in the mid-1960s (Goffman 1963). Using labels and stereotypes to other "different people" is part of the

stigmatization process, and is recognized by marking, separating, and discrediting people in society (Yang et al. 2007).

To describe the stigmatization that affects those who are not in possession of the stigmatized characteristics themselves, the term "courtesy stigma", or stigma by association, was introduced (Mitter et al. 2019; Alareeki et al. 2019; Scambler 2004) This stigma occurs when people who have a relationship with those who are stigmatized, such as their families and friends, are also subjected to stigmatization (Green et al. 2005, p. 1361; Corrigan and Rao 2012). Different studies have approached how the courtesy stigma affects parents whose children have been diagnosed with a disability (Corcoran et al. 2015; Farrugia 2009; Francis 2012; Green et al. 2005; Yang et al. 2007). Parents can face emotional and social distress, which is caused by their own experiences of being stigmatized, linked with their own negative conceptions about people with disabilities (e.g., Yang et al. 2007; Gray 2002, p. 128). Additionally, the invisibility of mental health illnesses can further influence public perception of their parental skills, which are constantly questioned by attributing their child's negative behavior to their parenting (Green et al. 2005; Alareeki et al. 2019).

Welfare institutions interact on several levels with different systems that shape their interventions. From a micro-institutionalized point of view, the welfare state is not just a set of regulations and laws that order how society should work. It instead poses continuous interaction between public officials and citizens. The dynamics between them produce and reproduce welfare system values and a certain way in which "things should be done" (Rice 2012, p. 1047). These dynamics tend to confirm the "natural" superiority of the professional workers in relation to institutionalized children and their parents, creating tension when the actors involved do not share the terms of the intervention (Bos et al. 2013). In our case study, the institutional authority is the municipality (in Danish, *kommune*), which has the mandate to assess the parents whose children have access to health services and/or have been institutionalized. The decisions made by the *kommune*, for example, to place a child in an institution, directly impacts the (courtesy) stigmatization of the individual(s), as other citizens might question the parent–child relationship (Koro-Ljungberg and Bussing 2009, p. 1778).

2. Materials and Methods

The research was conducted in an institution for children with mental health and behavioral problems located in Aalborg *kommune*.

The institutional architecture of the local child protection system is set up by the national law called the "Social Services Act" (LBK nr 2016). The different sections of the law regulate the target groups that can access the services, the professional requirements to work in such services, the duties of all the actors involved in the local welfare system, the costs of the services to be paid per day, and the documentation to be used with the aim of standardizing the available services. The relation between the national and the municipality levels is characterized as a top-down decision-making process. On the contrary, the relation between the *kommune* and the local actors operating in the field takes on a hybrid form. Indeed, the Social Services Act establishes that in every *kommune*, there should be a counselor (social worker) assigned for the assessment of a case/situation involving a child. For the child protection assessment, the counselor must use the so-called Integrated Children System (ICS) framework. The ICS (Socialstyrelsen 2014) is a case-management system that originated in the early 2000 and was finally launched in 2007 in the UK (Cleaver et al. 2008, p. 12). It is based on the ecological system theory developed by Brofenbrenner (Nethercott 2016) and globally recognized by social work theories and practices. The Danish ICS adaptation determines that the case-work evaluation should focus on child behavior, looking at the child's personal competences and development, and her/his family and social networks. In this regard, an individual plan, including goals and sub-goals, must be set up by the counselor and reviewed every six months. When the counselor decides to place a child in an institution, the individual plan is developed in collaboration with the professionals working in direct relation with the children and their

families. Then, the counselors from the *kommune* heavily rely on the information and work done by the local actors.

The first contact with the institution was made in February 2017, initiated by Aalborg University. The overall study, from the design plan to its implementation and conclusions, was carried out by four authors enrolled at Aalborg University, during one full semester (January–June 2017).

At the time of the study, there were 74 workers employed, and 23 children between the ages of 6 and 19 years who were residents in the institution. The children were living in three different groups, and every group was assigned to a different building. The children were divided depending on their age, behavioral problem/diagnosis, and depending on the assessment made by the pedagogues. Each house/group has its own living environment, including its own schedules (e.g., breakfast, school hours, room cleaning). The service offered is a 24 h residential institution specialized in the "treatment of children and young people with severe mental and social disabilities as well as extensive attachment disorders" (the institution website was not included within the reference list in order to keep the confidentiality of the reporters). See Figure 1 for the visual setup of the institution within the local and national welfare system.
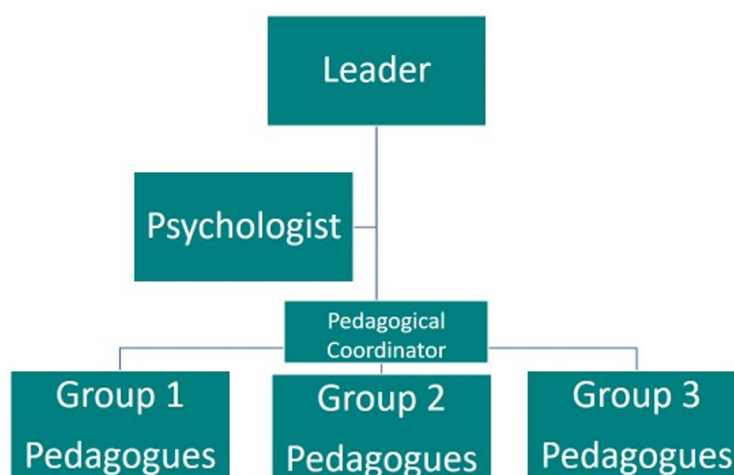
Figure 1. Internal organization of the institution within the national and local child protection system.

An introduction day was organized between the four researchers and the manager (the so-called leader) of the institution. The leader (see Figure 1 and Table 1) introduced the researchers to the everyday activities, the organizational structure, and the main rules, procedures, and documentation used within the institution. In addition, the institution organized a one-day meeting with three counselors (social workers) from the *kommune* to assist in the completion of information missed during the introduction day about its organizational functioning. Furthermore, researchers were invited as participant observers of a three-day professional training on violence management (in the Danish language), addressed to the pedagogues working at the institution.

Table 1. Background information of the sample.

Role	Gender	Education Level	Years of Experience
Pedagogue	Man	Professional Bachelor's in Pedagogy/Master in Literature and Culture	17 years
Family therapist	Woman	Bachelor's in Social Work/Specialization in Family Therapy	26 years
Leader (key informant)	Woman	Bachelor's in Psychology/Specialization in Psychotherapy	10 years
Pedagogues (exercise)	3 Women/6 Men	Professional Bachelor's in Pedagogy	_____

The key professional roles identified, as displayed in Figure 1, were the leader, the psychologist/family therapist, and the pedagogues. In the Results section, we discuss more in depth both the family therapist and the pedagogues. The role of the leader, who was a psychotherapist with over 10 years of experience, was mainly related to the supervision of the work carried out by the practitioners in the institution. In this regard, every three weeks, the leader organized a supervision meeting for every group of pedagogues. Pedagogues working in the institution could be assigned to more than one group, depending on organizational needs. In every group, there was one pedagogue who was assigned the role of coordinator.

Furthermore, on a methodological note, the authors decided to ground this study with ethnographic methods, as described by Atkinson (2017): "(. . .) nothing can speak for itself. In the absence of ideas, research is pointless." In other words, the methodology consisted of an iterative process in which the four researchers, having developed an initial research idea, alternated moments of participant observation, moments of group discussion with peers, supervision with senior researchers, individual self-reflection, and fieldwork (semi-structured interviews and discovery exercise described below). Following ethnographic principles (Buscatto 2018), the initial phase of the research project started by reading relevant studies conducted in the Danish child protection system, referring particularly to the study by Moesby-Jensen and Moesby-Jensen (2016).

The participant observation period lasted from the first contact in February 2017 until the end of March 2017. The presence of the four researchers was recurrently discussed with the professionals and took place once a week, on a regular basis, depending on staff availability.

For the purpose of this research, we focused on the professional views with regards to the parents of the children placed in the institution, who face stigmatization and categorization, and how this affects professionals' daily practice. Our initial interest, however, was to compare the perceptions of the parents' point of view to the professionals' and investigate how they experience this labeling in their daily lives. Unfortunately, the authors were unable to interview the parents directly because the Danish ethical review board applies a strict procedure governing research involving humans. In this regard, the legislation is particularly rigid in relation to the protection of personal data and personal integrity in research involving "vulnerable groups." Therefore, due to time restrictions, a specific institutional agreement was made between the institution and Aalborg University, where the researchers were enrolled. The four authors, in agreement with the senior supervisor from Aalborg University, decided to focus their analysis on professional categorizations within the institution as a case study.

Moreover, due to the ongoing implementation of the new Social Services Act (LBK nr 2016), the start of the project was hindered. We could only conduct two interviews with

two different professionals, one pedagogue and the family therapist (see Table 2), with a duration of two hours each.

Semi-structured interviews (see Appendices A and B) were developed to allow open dialogue with professionals, following a hermeneutic perspective to ensure that the voices of the participants were recognized in this study (Åge 2011, p. 1605). This helped us gain a better understanding of the practices of categorization and stigmatization. The interviews were constructed based on our readings, our initial observations, and group discussions. We used "stigmatization" and "categorization" as explained above as the main themes for the semi-structured interviews. After conducting the interviews, we analyzed the textual data using thematic analysis (Braun and Clarke 2012). By using abductive reasoning, during the thematic analysis, we remained open to receiving more ideas of categories used to either confirm, add to, or challenge our initial thoughts. The themes identified, reported, and analyzed within the data are displayed in Table 2 below.

Table 2. Matrix of the themes.

Stigmatization				Categorization				
Experience with Families	Professional Views	Society Views	Family Challenges	Social Capital	Economic Capital	Cultural Capital	Symbolic Capital	Others/Notes

In order to include a wider number of professionals (see Table 1), we designed an exercise (Figure 2). Whereas the interviews were open and aimed to inductively explore the professionals' categories used, the exercise aimed to deductively explore the views of the pedagogues and better understand how practitioners relate the institutional vocabulary to the representation of resourceful parents. The exercise examined the labels (so-called variables in this study) that influence the professionals in symbolizing the parent as "resourceful".

Scale Used:
Low influence_____High Influence

Figure 2. Exercise scale.

We used information from the field notes and our readings concerning both discussions on social categories/attributes (Pattyn et al. 2013) and Bourdieu's concept of capitals to select 21 terms (variables) that indicate or relate to the idea of resourcefulness at different levels. Every respondent received an A4 paper titled "Resourceful" on which a scale was drawn. The scale ranged from "No influence" on the left side to "High influence" on the right side. One of the researchers read out the 21 words. Participants (see Table 1) were asked to place the words somewhere on the scale, depending on the level of influence they felt it had on the parents' (non-) resourceful status. The choice was made to keep a fast speed of reading out the words, as we believe it decreases the chance of overthinking and diminishes others' influence on individuals' answers. Furthermore, respondents were urged to base their choices on the resourceful parent they worked with in the institution and to limit themselves to "resourceful parents" rather than "resourceful human beings". The variables read out were the following: development, education level, reflectivity, assets (house, car), routine, economy/financial, communication skills, inventive imagination, career, creative, honest, management, stigmatized, loyal, learning/open attitude, clever (high IQ), engagement in social activities, income, success, parent skills, and social network. Nine pedagogues (three women and six men) working in the institution participated in the exercise. A trial of the exercise was conducted with one professional from the institution.

3. Results

The research was guided by the question, "What is the categorization of families made by professionals, and how does this impact their daily practice?" We answer the research

question within the Results section, and we structured our analysis considering the macro, the meso, and the micro institutional dimensions (Section 3.1).

The first dimension is related to the macro level of the Danish Welfare Regime, which shapes the criterion to establish who "deserves" help (Larsen 2007). Therefore, Section 3.1.1 is a general introduction to the professional roles that link the Danish welfare state and the practitioners working in the institutions. In our analysis, we also try to highlight the double identity of professionals and citizens who shape the narratives of the subject interviewed. Indeed, the quotations displayed in Section 3.1.2 express the perception of the "normal citizen", who considers the Danish welfare regime as one of the best in the world. Thus, if someone is still a beggar after receiving institutional support and benefits, it means "you are spending public money to buy beers" (Larsen 2007, p. 58). Nevertheless, the Danish welfare state not only shapes a certain societal view on public problems, but also sets up a regulatory framework that aims to deliver a policy response to the problem. Thus, in Section 3.1.3 we investigate how the social interventions that take place at the local level are combined with governmental priorities, namely, budget allocations, departmental plans, and hierarchical distribution of competences. Indeed, the quotations relate more to the duration a child is placed in the institution, the costs of the institutional placement, the work done by public institutions that compete with the private/civil society actors, and the hierarchical relationship among public actors. The process of categorization is further explored in terms of professional attitudes in Section 3.1.4, which influences in multiple ways the overall dominant category of resourceful/non-resourceful parents. In this regard, the exercise described in Section 3.1.5 addresses the analytical attention to the specific vocabulary associated with the binary views of families. In Discussions and Conclusions (Section 4) the authors discuss the complex linkages between professionals positioned in the child protection system and organizational, institutional, and societal views.

3.1. Creating Categories

3.1.1. Roles of Professionals

For the purpose of this project, we first looked at the general notion of pedagogues' involvement within the Danish welfare system. In Denmark, pedagogues (The Danish National Federation of Early Childhood Teachers and Youth Educators n.d.) receive a professional training of 3.5 years and the title at the bachelor's level. They can be employed in the sector of both children's services and elderly services, and depending on the organizational context, they can have tasks such as recreational/play workers, educators, or even social workers. Nevertheless, pedagogues are separate from the role of social workers, with the latter spanning across sectors, since the educational program is more oriented towards public administration, social services, and tasks such as evaluation, implementation, coordination, and planning (BEK nr 766 af 2011).

Within the institution, one of the main tasks of the pedagogue is to follow up with parents on their children's schedules and needs. For example, when a child is sent home for the weekend, the pedagogue gets in touch with the parents to explain how the week went and what kind of things need to stay in the child's routine (like waking up at a certain time), as well as the challenges the child is facing. Pedagogues attend training courses on how to communicate with parents and deal with uncertain situations, like when they are really frustrated.

During the interview, the pedagogue (see Table 1) gave an example of how he deals with such situations of frustration, saying to the parents, *"I can hear you, you are very angry at the moment and I understand this"* (pedagogue).

In the Danish context, family therapy (Danish Family Therapy Institution n.d.) is an umbrella term that can indicate different practices with individuals and couples and can involve public or private practices. Generally, the family therapist is a psychotherapist specialized in working with families or couples. The educational program lasts four years and is practice oriented.

As displayed in Table 1, the interviewee working in the institution was a family therapist with 26 years of experience as a social worker (16 years) and as a family therapist (10 years). Furthermore, during the interviews, she stated that her job in the institution is to enhance the relationship between the children and their families by having therapy sessions, conducting family visits and follow-ups when necessary. In addition, when it is needed, she visits families in their homes. She also works with the siblings who have trouble adjusting to having their brothers or sisters institutionalized. Finally, the family therapist facilitates a support network meeting once a month between families. This meeting is designed for the parents to discuss their issues and seek advice from fellow families, and an administration representative is present to answer questions regarding management issues. As the family therapist stated, *"this network group means that the parents are learning a lot from each other"* (family therapist). An example of the parents' discussion is the number of days to take off for Christmas vacation and how they can cope with the child being at home for a longer period.

> "I offer them (the parents) solutions on how to cooperate with their child without hurting them, for example by greeting them as they walk in the door (when they go back home) instead of scolding them for leaving the bag pack on the floor". (family therapist)

3.1.2. The Institution as Part of the Wider Welfare System

In order to learn more about power relations, we asked the professionals about the social meaning of (placing) children in institutions, taking into account that their answers represent not only a simplistic picture of their professional views but also their perspective as Danish citizens. The questions posed after that focused on how the professionals, as members of the community, view families whose children have received some kind of social help from the State.

First, it is possible to identify the myth of the Danish welfare system as one of the best among European countries, which in turn impacts the representations of those who are "not good citizens", such as parents whose children are placed in an institution. As mentioned by the pedagogue:

> "Talking about the Danish perspective, the Danes themselves are since 1960 building up the welfare state. As a kind of contract. (. . .) They pay taxes, not gladly, but they pay to make everybody equal and to give all the same opportunities. But I think the Danes say 'if institutions can help them, it's fine. But if you come with the multicultural perspective, I understand that parents reject it [the decision to place the children in the institution]. Because it also brings shame: you can't take care of your kids". (pedagogue)

> "For the first time, I can imagine, they [the parents] say to themselves 'I cannot at the moment, because of this and that, raise my child myself, so I give it to the institution. It is one thing I can imagine for the parent. Cause it might be filled with shame, but it can also be a form of 'Am I able to?'; 'Am I a bad parent?'". (pedagogue)

The above quotations make it clear that by assuming that parents self-stigmatize, professionals themselves also stigmatize families whose children are placed in institutions. When asked about the relationship with the parents, their view on families became clear, as can be read below in the quotation.

> "With the family, we have been developing [the relationship] ourselves, but then still it comes out to what we are thinking. Like, the apple does not fall far from the tree. Sometimes you think, instead of putting everything on us, I can also say why you do not take a little bit more care of your kid. [. . .] why are they where they are [in the institution]? I think that it comes from that [the parents], that the kid is here". (pedagogue)

Furthermore, the professionals in the interviews mentioned geographic location as a factor in facing stigmatization. For instance, the pedagogue mentioned that some families who live in a specific part of Aalborg city can be stigmatized:

> "Those people live there. The surroundings . . . we could see there were many problems with the police and all, burnings of cars, etc. The Aalborg Øst could live a life on its own, it already, the stigmatization is already there, without reflecting on it". (pedagogue)

This quote shows how the living area of people could determine a certain kind of stigma. Their access to capitals has an impact on their representation in society: the professionals mentioned lower educational levels, weak social networks, and unemployment associated with residing in such areas.

In addition to being part of wider society and reflecting those views, professionals recognized who "deserves" help and who is "responsible" for organizing it by using expressions such as "they" and "we" (Larsen 2008). This identity of deservingness shapes the professionals' perception of those who are in need and those who are not, as highlighted below by one of the pedagogues:

> "We say, 'Holy shit, why don't the parents do this?' Or, if they have a car, why do we need to go pick up the child? Why can't the father pick her up? (..) We, professionals, are alone with three other kids here, we must watch them, and they still ask us to go to pick their kids up and bring the kid home for the weekend. But we can't do everything. It is not our responsibility to drop their kids off". (pedagogue)

Furthermore, when asked about labeling or stigmatizing, the pedagogue said the following:

> "On one level, yes, we have 'sinky', which is an old Danish word to refer to mentally disabled, after the IQ test. It means the kid is a little bit disabled, you know, mentally. That's on one level. Of course, on another level, the professional level, we also think about how we can help him. But [talking about difficult relationships with particular families] I am thinking about a mother, for example, it's better to take care of her than of her kids. We do it sometimes, but when our pedagogical approach doesn't work, I think out of a kind of frustration, I think why the parents can't take care of their kids, why are they not doing it themselves? But this is more out of frustration, and we are not really labeling". (pedagogue)

Thus, the professional supported the argument of Larsen (2008), who found that the responsibility to take care of people in need who have no control over their lives (such as old people and children) is shared by the whole society in the form of welfare support. The others, instead, are judged not based on their needs but are considered "lazy" or "irresponsible" citizens or parents (Hedegaard 2014).

3.1.3. The Influence of the Local Government in Working with Categories

In our case study, the dominant discourses, the *kommune*, and public and private actors created an institutional field in which they battle to gain recognition and power in the field (symbolic power). In this sense, the battle to gain cultural capital, in the form of educational practices, is expressed in the following quotation:

> "The counselor first places the children in one institution, and then it doesn't work, and the children are placed in another institution, and then it doesn't work. But here in our institution, it is different. In our institution, we are very flexible with our treatments, we have high frustration tolerance, if the kids ruin the room or they misbehaved and did not collaborate, we do not kick them out, but we try to work with them individually. We do not have this punishment treatment like other institutions do. And I do not understand how we can still do this in Denmark. I think when we do like this, we are just like their parents. In Denmark, we have public and private institutions, and a lot of private institutions work like

this, most of their professionals are not educated, and they have a primitive way of understanding the kids. They can do things that still are legal, for instance, take away the internet or the telephone (as a form of punishment), but they do it anyway because they believe that is the right way to manage the kid". (family therapist)

Another aspect of cultural capital, which relates closely with the Danish bureaucratic logic aiming to ensure that the access to the rights (social benefits) of all citizens is obtained, is linked with the process of documenting. Both the pedagogue and the family therapist mentioned that members of the institution use the same filing system to note the information and to store it, as expressed below:

"But all documentation is the most important thing in our work, because it describes the treatment and the child. It is why we are allowed to have children here, because we are able to make our documentation. Some of the things our institution is well known for is the documentation and our treatment. It matters". (family therapist)

Furthermore, within the institutional field, the battle concerns not only the cultural capitals possessed by the institutions, but also and more prominently the economic capitals. Indeed, during the participant observation and the interviews, the professionals often referred to the amount of money it costs to place a child in the institution per day and to the financial cuts the *kommune* was making.

"They (the kommune) are differentiating more and more where to put the money. If you say the kids are going to school every day, we can put some money somewhere else. Now the relationship with the parents is very good, so they can go home more (every weekend going home), it means that we only pay five days per week for the institution." (pedagogue)

The *kommune* has the economic power, but also determines whether or not a child is placed in the institution and the number of services they get, whereas the workers have to implement the work with the families because they detain the economic capital. In this regard, the direct influence of the *kommune* relates also with the set of hours to work with families, whereas for professionals working in the institution, this work is not easy to predict, let alone measure:

"The *kommune* would say, 'Ok. How many hours to spend with them?' I would say 10 h. Ok and then sometimes I have been working with them 5 times and sometimes 2 years. It's very difficult to say 10 times (. . .) because people that we are talking about have tough problems". (family therapist)

The tensions displayed above between the *kommune*, which represents the meso level of the social model implemented in Aalborg, and the institution, which is the micro level of the institutional structure, highlights, on the one hand, the power relations characterizing the field of practice and, on the other hand, its interpretation by the professionals interviewed. Indeed, the *kommune* is the sole decision-maker, and has also a specific function of control exercised upon the professionals working in the institution.

"The connection between the parents, the children, and us is the counselor [from the municipality]. We always have to refer to the counselor. Two times a year, the counselor comes to our institution and checks our work, if we are getting anywhere with the work we are doing. And this is very good for me because every institution has to look at themselves every time and ask 'Are we able to solve the problem? Or is it better to place the kid somewhere else?'". (family therapist)

Nevertheless, despite the hierarchical structure of the field, neither professional interviewed contested or explicitly criticized the system. This lack of problematization expressed in their discourse could be related to accepting their position within the structure. In fact, the professionals pointed out how they assumed their role as public officers.

Both interviewees stated that they have a very good relationship with the counselor at the *kommune*. The family therapist stated that "*the kommune usually takes our recommendations into account*", especially with regards to working with the families, manifesting her compliance with the institutional logic governing the field of practices. On the other hand, the pedagogue described how his primary role in working with the families of the institutionalized children is implementing the *kommune*'s orders.

> "That is the strength, that the family work is important. This was also the kommune's idea, you can say. (..) Because the kommune [here intended as the law] says that the main issue/concern is the child and after that we can look at the family. So, we have to take each case alone and solve it. Maybe some families have lots of problems themselves, and they don't accept that the child is placed in the institution. So we have to work with that first if they are negative about it. First, you have to place the child and then you can look at the family". (pedagogue)

In other words, the pedagogue displayed his adherence to the assigned institutional, implicitly translating the formal role of the "pedagogue" as established by the Danish system (see Section 3.1.1) to his specific role, which is to communicate the order given by those who are in a power position (e.g., the *kommune*, the laws, the dominant societal views) to subjects who are in a powerless positions (families and institutionalized children).

So far, we have described the complex relations of power in which local actors, professionals, families, and children are positioned within the social structure. We also highlighted how the adaptation of the institution to the norms and expectations of their environment is crucial to obtain legitimacy (capitals) in order to survive (Villadsen and Mik-Meyer 2013). The institutional logic created within the social structure has practical consequences in regards to the process of categorization. Indeed, during the participant observation and the interviews, it became clear that professionals in the institution use the categorization of "resourceful" and "non-resourceful" parents. Interestingly, this categorization was made by the *kommune*.

> "With the kommune we are using something called the ICS triangle where everything about the child is put in. The social worker in the kommune is making her plan for the child from this triangle. (..) This ICS is part in two: resources and non-resources. So, when we are writing a report every six months, we are writing about the last six months what was about resources and what was not". (Family therapist)

To extend this analysis to the general institutional system, the research by Moesby-Jensen and Moesby-Jensen (2016) pointed out how social workers in Danish social service departments constantly use the term "resourceful parent" as a main classification to describe the relationships with parents, characterized by positive and useful collaboration from the point of view of the professionals.

The logic of categories and classification is therefore confirmed by the documentation (e.g., the ICS triangle used for the evaluation of the cases), which responds to the organizational need to determine the type and intensity of the services to be given to a client (Olaison 2010, p. 502).

3.1.4. Professionals' Attitudes within the Institution

As discussed above, during the phase of participant observation, the binary division of resourceful or non-resourceful parents was noted. One of the pedagogues, while showing the researchers the different rooms where the children slept, invited us into one of the rooms. It was very colorful and clean, with a good smell and nice toys. The pedagogue explained that the room belonged to a kid diagnosed on the autism spectrum. His family, after their second child, felt that they were not able to care anymore for their first child. Thus, they decided to place him in the institution voluntarily. They were very collaborative with the pedagogues and engaged with the child's development. When we were shown

the rooms of the most "problematic" children, we entered another type of space. There was an intense smell of cigarettes in a not-fancy room, with no decoration, family pictures, or children's pictures displayed. Few objects were present, toys were absent, and the bedsheets were unfolded. The pedagogue informed us that those rooms belonged to children whose families are problematic, mainly having addiction issues.

The institution's worldview is communicated in institutional language, which is often seen as binary. Although other complex logic is involved (Gershon 2005, p. 114), our specific case study corresponds to the binary view of resourceful/non-resourceful parents. Based on our analysis, a categorization overview was conducted, as shown in Table 3. The categories (resourceful/non-resourceful) shape the collaboration and the way professionals and parents communicate with each other, which can lead to an overemphasis of particular circumstances and traits (Moesby-Jensen and Moesby-Jensen 2016). For instance, the pedagogues said they are more flexible when a child of resourceful parents requests to see or talk with her/his parents. On the other hand, the parents who do not fit into the category of resourceful parents can try to fit in by fulfilling/complying with the deservingness criteria and becoming collaborative with the institution, since it will give them a better relationship with the professionals working with their child.

Table 3. The binary view of families.

A Binary View of Families	
Resourceful Parents	**Non-Resourceful Parents**
Positive contact with professionals	Negative contacts with professionals
Regular contact with professionals	Non-regular contact with professionals
Regular positive contact with children	Non-regular contact with their children
High level of engagement in children's life	Low level of engagement in children's life

In this regard, the family therapist mentioned also how the binary vision, which is influenced by the *kommune*, has real consequences, shaping the different contacts between professionals and families.

"We have two groups of children: one is more flexible, and one is more restricted in how much and how long and when they [the parents] can see them. The one more flexible, for instance one kid can say 'I want to see my mom this afternoon, can we call her?' And the pedagogues will call and perhaps bring the kid for a couple of hours to see her mom. But primarily the counselor decides in which group the kid and their parents are placed". (family therapist)

Nevertheless, the everyday institutional logic operating at the micro level refers to a mix of professional knowledge, attitudes, habits, routines, documentation, procedures, and formal and informal relationships that altogether constitute the process of categorization.

For instance, the family therapist pointed out the importance of medical approaches to be applied in everyday tasks in order to define what is normal and what is dysfunctional:

"Here, we follow a mentalization-based theory, and attachment theory, but we also create our own knowledge. It is about the fact that these kids do not understand their own inner world, their feelings and emotions and they are not able to mentalize and understand why they (the kids) react like that. They react, but they cannot say it is because I am angry or because I am sad. So, the pedagogue needs to know what the normal development of the child is. So, they need to recognize what is normal and what is dysfunctional for the kids. They need to learn the distinction between the two, normal and dysfunctional.

We work in the relationship with the kids. We do what normal parents do with normal kids. For instance, the baby (child) starts to cry because there is an airplane [as to say the kid got scared by the noise] and the kid starts to cry and

the parent reacts surprised and says to the baby 'Oh! you got scared, come here and I comfort you.' But our kids here do not receive this education. So, we always try to put in words what we think they [the kids] are feeling so they start to learn it and they feel understood". (family therapist)

The professional knowledge, in this case of the family therapist, is strictly interconnected with the classification between resourceful/non-resourceful parents, and it was evident when the discourse shifted to describe the non-resourceful parents whose children are assigned to the restricted group:

"We have some parents that are very disturbed, and have a lot of personality disorders, and they can be extremely wild, and of course their relationship with the kids is not always good. But we think that they are their parents. (...) So, we work a lot on the relationship between the parents and their children. We talk with the parents almost weekly; we have a family therapist, and this is also a mentalizing way. We try to make them understand what is happening to their kid's life, so maybe they can understand, and maybe they take some responsibility to be the adult. A lot of times, it is like seeing two kids together when we see the parents and the child, and we have to teach them how to be the adult. For instance, when the parents are drug addicts or have alcohol problems, we do supervise the relationship with parents and children". (family therapist)

Analyzing the discourses of the family therapist and the pedagogue, we also saw some incoherence and struggles linked to their professional roles and their own personal attitudes towards the organizational structure. For instance, the therapist, while talking about her professional mission in the institution, stated:

"My mission is psychoeducation and therapy for the parents, for the family and the network. It aims to solve the problem for the child, not to help them to solve their problems. Those, they have to solve themselves. (. . .) And it's all based on the values from the kommune and from the institution. So my job is not solving the problems but talking about the problems, to give another side of them". (family therapist)

Connected with the view of who deserves help, Goffman's four-stage adaptation process (Goffman 1974) helps us clarify who are seen as the "good" beneficiaries. The first two stages are about refraining from participating and adopting an obstinate attitude. The latter two stages are about the start of cooperation through which individuals allow the institution to colonize them (Goffman 1974). In our case study, these stages became obvious. The professionals mentioned that, according to the first stages of these modes of adaptation, families reject the institution and its help and want to remove their recently admitted children from the institution. Both respondents mentioned a specific situation where a family rejected institutional help and that the absence of the child's (and families') treatment led to the child committing a murder. This shows that the professionals are aware of the stages of adaptation. The latter stages, the colonization of the institution, are shown at the moment when the parents agree with "the verdict" and start to act in the role of the perfect patient, as the pedagogue described:

"We've heard from some kids where the parents were very uncooperative at the time, later (..) the parents have changed their thoughts about their kid (. . .) But it is a long process for them, of course. It implies many things: when you talk about shame, not being able to be a good parent while the expectations are of you being a good parent. Now, if they come to that recognition, there also might be big expectations towards us. 'Now I give my kid to you, and I expect you to give the best work you can do as a professional with my kid'". (pedagogue)

The narrative above describes a particular view of the family and its social network. This perception comes from the practical knowledge acquired by experience. It explains how families adapt to the system, introducing this new skill within their resources, facilitating interaction with others, and strengthening their network by using it as part of their capitals in systems of exchange, thus affecting the construction of categories (Harrits and Møller 2011, p. 230).

Finally, we identified how systems operated in different scales when it comes to the child protection system. Whereas the *kommune* bases its work on the economic code, the institution is more focused on the welfare aspect. Since the professionals (e.g., psychologists, pedagogues, social workers) interact with one another, different values and work ethics can never be entirely neutral or accomplished, according to the *kommune*'s vision. Even though the professionals repeat the importance of positive collaboration with the *kommune*, they also point out the difficulties they face as professionals to achieve the tasks given to them under the economic terms that restrict practitioners' decisions and concerns.
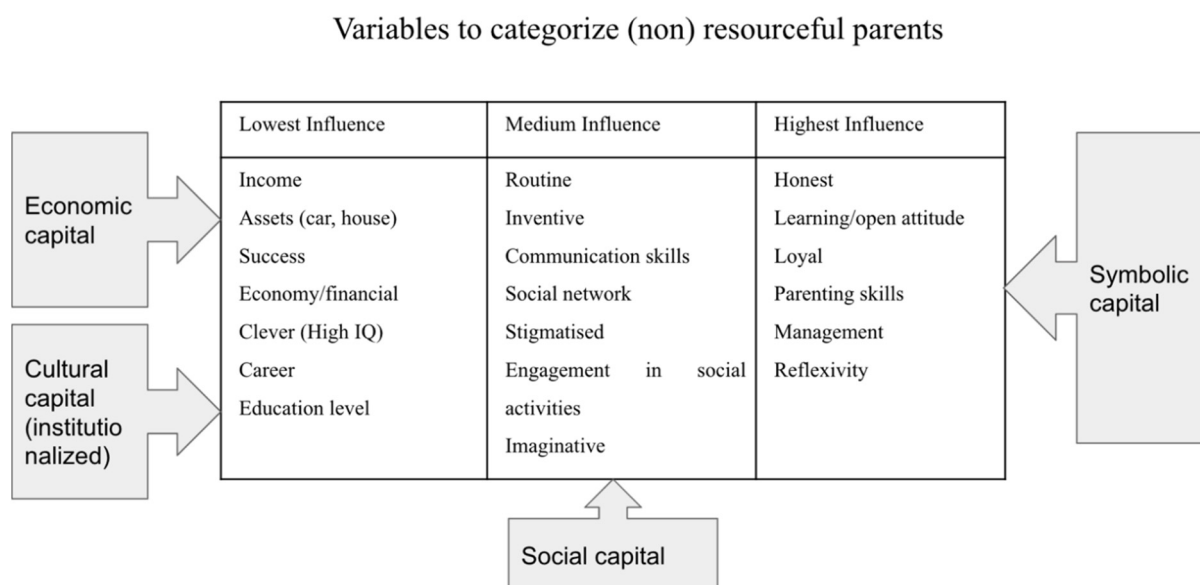
3.1.5. The Institutional Function of Categories

Categories are used as a tool to facilitate institutional work and to organize information (Moesby-Jensen and Moesby-Jensen 2016). Towards the participant observation phase, we noticed how members of the institution use the same filing system to note the information about children's individual plans. While observing, we noted how similar text-wording was used, for example in the case files of the social workers. This displays how the almost unconscious habits of cultural/social domination occur in everyday life, and how institutions use disciplinary actions to accept and confirm the individual's placement in a social hierarchy (Moesby-Jensen and Moesby-Jensen 2016). Therefore, after we identified the binary views on families (Table 3), we wanted to research the internalized viewpoints and vocabulary used by the professionals. The discovery exercise served to see whether the practitioners share and use specific terms while thinking of parents who are "resourceful" or "non-resourceful". Table 4 displays the results of the exercise, showing what professionals identified as having a low and high influence on the status of resourcefulness parents.

Table 4. Classification made by the respondents on what they consider most influential in recognizing resourceful parents.

Lowest Influence	Medium Influence	Highest Influence
Education level Income Assets (car, house) Success Career Economy/financial Clever (High IQ)	Routine Inventive Communication skills Social network Stigmatized Engagement in social activities Imaginative	Honest Learning/open attitude Loyal Parenting skills Management Reflexivity

According to Bourdieu et al. (1999), the attainment of capitals makes it easier for human beings to acquire more rewards in life. In this regard, the variables were analyzed as a function of capitals (economic, social, cultural, and symbolic). To better display the analysis of the results, using Bourdieu's concept on capitals, we redesigned the table above by inserting the capitals (see Figure 3).

Variables to categorize (non) resourceful parents

	Lowest Influence	Medium Influence	Highest Influence
Economic capital	Income	Routine	Honest
	Assets (car, house)	Inventive	Learning/open attitude
	Success	Communication skills	Loyal
	Economy/financial	Social network	Parenting skills
Cultural capital (institutionalized)	Clever (High IQ)	Stigmatised	Management
	Career	Engagement in social activities	Reflexivity
	Education level	Imaginative	

Symbolic capital

Social capital

Figure 3. Variables analyzed using the concept of capitals.

As shown in Figure 3, all the characteristics related to economic capital (income, assets, success, economy) were mentioned by the professionals as having the lowest influence on whether parents are resourceful. As Larsen (2007) showed, Danish citizens view themselves, and their entire society, as middle class and equal. This might explain why the professionals assumed that economic capital does not influence individuals' wellbeing.

In addition, practitioners did not consider cultural capital (educational level, career, and high IQ) as a factor that influences their perceptions related to resourceful parenting. According to Prieur et al. (2008), cultural capital is the value and behavior society rewards, and comes in different forms, for example, as institutions, which is society's way of measuring cultural capital by gaining diplomas and certificates. The professionals described cultural capital as having a low influence on parents being resourceful or not, therefore showing a view that parents' individual capacity to take care of their children is not related to their social capital, or more specifically, their educational level or the therapy they received.

In the "medium influence" category, the professionals identified the characteristics that are found mostly in social capital (Bourdieu et al. 1999). The social network, engaging in activities, routine life, and soft skills such as communication and imagination are concepts strictly related to the professionals' professional educational heritage (e.g., social network theories as well as eco-systemic theories within social work/pedagogue education). Having social capital means attaining resources gained from being part of a network, social relationships, or group memberships (Bourdieu et al. 1999). This is also confirmed in the following quote from the interview with the pedagogue, who clearly foresaw that the network can have positive effects on families:

> "You can also think about parents who have kids and who have a network, social and cultural and economic capital and all, who have a network inside a kommune, maybe it's easier for them to place a child in an institution. But it's just speculation". (pedagogue)

Following this reasoning, it can mean that the professionals expect that a lack of social capital and network can lead to more challenges for the families to access, adapt, or assimilate to the institutional logic. However, communication skills and imagination were also placed in the middle field and seemed to have some influence in the eyes of the professionals.

In the "great influence" category, the professionals described merely personal skills and competencies as having the greatest influence. Honesty, loyalty, open attitude, and

reflexivity are important pillars in the engagement of parents in the institution, making them more resourceful in the eyes of the professionals. These characteristics lie in Bourdieu's (Bourdieu et al. 1999) description of symbolic capital. In addition, the pedagogues identified parenting skills and management skills as having high effects on their labels as resourceful.

There are existing stigmas and categories in society that view the parents of children placed in institutions in a certain way. This, in turn, is also reflected in the job that professionals have within the institution, as they are also part of wider society. Therefore, the perceptions of parents being resourceful or not, and how these categories are defined, are a direct consequence of society's views. This thus impacts the working relationship. The knowledge that the professionals hold can be exchanged within the institutional logic and become widespread in the need for parents to have specific skills to be "resourceful." When parents fulfill the characteristics with the greatest influence, it is more likely that the professionals will find it easier and/or more comfortable to work with them.

4. Discussion and Conclusions

In 1995, Umberto Eco, in his essay "Eternal Fascism" (Eco 1995), stated that *"linguistic habits are frequently important symptoms of underlying feelings."* In this sense, Eco highlighted how behind any kind of ideology and regime of truth, there is always a way of feeling, an unconscious instinct that is the symptom of cultural habits belonging to a group. More recently, Balorda (2019) discussed the direct linkages between the decline of the Danish welfare ideology based on solidarity and universalism and the rise of far-right supporters among Danish working-class groups.

Nevertheless, in our study, we contested that the "myth of meritocracy" (Davis and Gentlewarrior 2015) is directly related to a colonial ideology of a selective universalism, reserved only for (white) citizens who have specific characteristics (e.g., professionals categorizing parents as "resourceful" and "non-resourceful" and the related characteristics). It is important to understand that these categories, as unconscious as they are, cause barriers in the work with the parents. Although one of the limitations of our research is that the small sample hindered us from generalizing the results, we can still draw some conclusions on how the Danish welfare ideology shapes the internal beliefs and feelings of the Danish practitioners/citizens who took part in this study. Our results highlighted the process of categorizations in the social work profession, which aims to be a mean of professional practicality to communicate within a specific institutional language (Villadsen and Mik-Meyer 2013). Our main findings are in line with other research (e.g., Moesby-Jensen and Moesby-Jensen 2016; Lalvani 2015; Larsen 2008) that indicates that the existence and creation of universal criteria within the welfare state also shape the perception of service users either as "needy" or as "lazy/irresponsible" citizens.

On the one hand, the literature on Nordic social policy (Hedegaard 2014) highlights how the components that shape the universal criteria of deservingness (need, help, identity, reciprocity, and attitude) create and reinforce the boundaries between "us" and "them". This increases the importance of grateful, docile, and compliant attitudes among service users (Larsen 2007, p. 53). Even if the Danish welfare system differs from others in that it is dominated by universal benefits and services to generate responsible citizens (Larsen 2007), the "needy people" are particularly seen as beggars.

On the other hand, organizational classifications using terms such as "resourceful parents" produce, on the meso–micro level, a common way of communication between professionals and different organizations, who can share a feeling of "sameness" within the institutional field (Harrits and Møller 2011). In this sense, the results of the exercise show how professionals share a common sense in the way they perceive and represent resourceful/non-resourceful parents. Notably, they seem reluctant to relate the individual problems with the social contexts and the variables that can impact both the problems and their solutions. As Western countries relate to the "myth of meritocracy" (Davis and Gentlewarrior 2015), social workers who practice in such places do not usually question the

system and instead comply with it. This limits the chance for professionals to look at the structural reasons behind the problems. McNutt (2008) also added to the point that social workers seem reluctant to question and/or confront the politics behind certain practices. Our results have implications for addressing attention to changing these processes of categorization and to the importance of creating strategies for professionals to seek the factors that lead up to it to change it. For example, parents can become more resourceful with time if given a chance and the right tools. As well, power relations need to be the object of professional supervision and peer-to-peer discussions, using intersectionality principles such as self-reflection, which should tackle the structural and unequal barriers that prevent people from accessing common goods (CIJ-Center for Intersectional Justice 2020).

As Bourdieu et al. (1999) saw, all the institutions create social order, so it can be challenging for individual social workers to impact this. Although social workers use categorization to simplify their work, they must also recognize it as a dispositive of power. In this regard, Rice (2012) highlighted that welfare state systems, as institutions, only exist because they negotiate and re-build their constitution through the interaction between welfare case workers and citizens. Social workers should therefore come together and organize, for example within their professional federation, to create strategies and other tools to reflect in their language and categorization. From there, social workers can develop strategies for inclusion that enable families to cope with the courtesy stigma, which can help them "accomplish" parental skills to get rid of the tag of "non-resourceful parents". Although binary codes are likely to reappear, we invite professionals to carry out reflective practices to avoid discrimination created by categorization.

Last but not least, as social worker practitioners and researchers, we, the authors, are shaped by a common knowledge that might pose a risk of providing biased analysis and biased reflections. It is evident that our choice of theories and concepts expresses our values, ideology, and analytical judgments. Indeed, as part of the profession, we have the duty to uncover contemporary relations of power within the social work field and to find an appropriate way to use the vocabulary produced in social work to refer to a certain person, group, or community, as this also shapes professional relationships.

On a final note, this study might be helpful for professionals who work with families to understand how their classifications can influence their relationship with families. Cultural and societal background and the meaning that is given to classifications affect professionals' analysis of "the problem", and therefore the proposed solution or treatment. In addition, exploring families' perspectives and experiences could be investigated in the future for a better understanding of the phenomenon of stigmatization.

Appendix A

Interview with Pedagogue

This interview will be conducted in order to answer our research question:

What is the categorization of families and their characteristics made by professionals in the institution and what is the impact on the daily practice of professionals working with the families?

The interview should not take more than an hour and a half and we will have a short break in between. Two of us (the group members) will be engaged in the discussion with you and the other two will transcribe the information, upon your approval.

Kindly note that we want this session to be an open discussion. Feel free to let us know if there are questions you do not understand. We are interested in hearing your opinion and view on certain matters, especially your experience, and therefore we will not assess any answers as right or wrong. The information will be used as part of our final semester project at AAU and thus the interview will remain anonymous. Thank you for giving us your time and being here today!

Appendix A.1. Introduction

Kindly start by introducing yourself, your position, how long you have been working at the institution, and whether you have experience working with families.

Appendix A.2. The Institution and Families

1. Kindly explain what type of relationship you have with the parents of children at the institution. Do you think this also reflects the overall vision of the institution?
    - Can you relate to the families?
    - How do you see the collaboration with families?
    - For example: a percentage of the time you spend working with families.
    - The actual work, activities, administration work, follow-up, how you would like it to be, etc . . . What is your personal belief of what family should be like?

Appendix A.3. Stigmatization

1. General: What is your personal belief about the role of families for children? (How does he perceive the concept of family?)
2. What is your personal belief about the role of families for children placed in the institution? (If the pedagogue answers the question directly referring to families in the institution, we can ask whether he sees a difference with families who do not have their children at the institution, for example).
3. Do you think parents face different challenges than other parents in society? What are those challenges and concerns (e.g., different attitudes/labels of people)? Do you think these challenges reflect/affect the involvement of parents in the institution?

Appendix A.4. Categorization

(Slotting—can parents go out?) (Category is: parents are bad parents or child is disabled.)

1. Can you describe the characteristics of families you work with in the institution? (Ask about capitals, where they live, what their education level is, leisure time, income, values, skills.)
2. How much freedom do the individual pedagogues have to shape the relationship with the parents? (e.g., Is there a protocol on how to involve the parents, or when to stop trying?)
3. Have you experienced discomfort dealing with (a certain) case? If yes, can you give an example? How did you deal with it?
4. What are the factors that influence the decision of the *kommune* regarding the intensity of benefits (privileges) given to parents (visits, for example)?
5. What kind of labels (formal and informal) do the families have in the daily routine? (How do professionals refer to parents?)
6. Have you seen a case of parents who came in with a certain label from the family group that changed over time? Can you give an example (e.g., forced placement)? Has your own attitude and behavior towards families changed?
7. What kind of families would be able to take care of their children when the treatment at the institution has finished?

Appendix A.5. Extra

1. Do perceptions of parents made by the professionals affect the relationship between them and the parents? If yes, how?

Appendix B

Interview with Therapist

This interview will be conducted in order to answer our research question:

What is the categorization of families and their characteristics made by professionals in the institution and what is the impact in the daily practice of professionals working with the families?

The interview should not take more than an hour and a half, and we will have a short break in between. Two of us (the group members) will be engaged in the discussion with you and the other two will transcribe the information, upon your approval.

Kindly note that we want this session to be an open discussion. Feel free to let us know if there are questions you do not understand. We are interested in hearing your opinion and view on certain matters, especially your experience, and therefore we will not assess any answers as right or wrong. The information will be used as part of our final semester project at AAU and thus the interview will remain anonymous. Thank you for giving us your time and being here today!

Appendix B.1. Introduction

Kindly start by introducing yourself, your position, how long you have been working at the institution, and whether you have experience working with families.

Appendix B.2. The Institution and Families

1. Kindly explain what type of relationship you have with the parents of children at the institution. Do you think this also reflects to the overall vision of the institution?
   - Can you relate to the families?
   - How do you see the collaboration with families?
   - For example: a percentage of the time you spend working with families.
   - The actual work, activities, administration work, follow-up, how you would like it to be, etc. ... What is your personal belief of what family should be like?
2. In general, do all institutions who work like this institution have the same organizational structures and functions, and if not, what is the difference? Are professional roles (as a family therapist) in all institutions the same?

3. What are the characteristics set by the *kommune* to assess families (into groups A, B, C)?

Appendix B.3. Stigmatization

1. General: What is your personal belief about the role of families for children? (How does he perceive the concept of family?)
2. What is your personal belief about the role of families for children placed in the institution? (If the family therapist answers the question directly referring to families in the institution we can ask whether she sees a difference with families who do not have their children at the institution, for example).
3. Do you think parents face different challenges than other parents in society? What are those challenges and concerns (e.g., different attitudes/labels of people)? Do you think these challenges reflect/affect the involvement of parents in the institution?

Appendix B.4. Categorization

(Slotting—can parents go out?) (Category is: parents are bad parents or child is disabled.)

1. Can you describe the characteristics of families you work with in the institution? (Ask about capitals, where they live, what their education level is, leisure time, incomes, values, skills.)
2. How much freedom do the individual pedagogues and you as a therapist have to shape the relationship with the parents? (e.g., Is there a protocol on how to involve the parents or when to stop trying? Do the individual workers work differently?)
3. Have you experienced discomfort dealing with (a certain) case? If yes, can you give an example? How did you deal with it?
4. What are the factors that influence the decision of the *kommune* regarding the intensity of benefits (privileges) given to parents (visits, for example)?
5. What kind of labels (formal and informal) do the families have in the daily routine? (How do professionals refer to parents?)
6. Have you seen a case of parents who came in with a certain label from the family group that changed over time? Can you give an example (e.g., forced placement)? Has your own attitude and behavior towards families changed?
7. What kind of families would be able to take care of their children when the treatment at the institution has finished?

Appendix B.5. Extra

1. Do perceptions of parents made by the professionals affect the relationship between them and the parents? If yes, how?
2. How can policies influence the labeling done for children with behavioral problems and their families?

References

Åge, Lars-Johan. 2011. Grounded theory methodology: Positivism, hermeneutics, and pragmatism. *The Qualitative Report* 16: 1599.

Alareeki, Asala, Bonnie Lashewicz, and Leah Shipton. 2019. "Get Your Child in Order:" Illustrations of Courtesy Stigma from Fathers Raising Both Autistic and Non-autistic Children. *Disability Studies Quarterly*. 39. n° 4. Available online: https://dsq-sds.org/article/view/6501/5464 (accessed on 3 August 2021).

Atkinson, Paul. 2017. *Thinking Ethnographically*. London: Sage.

Balorda, Jasna. 2019. Denmark: The rise of fascism and the decline of the Nordic model. *Social Policy and Society* 18: 133–45. [CrossRef]

BEK nr 766 af. 2011. Bekendtgørelse om Uddannelse til Professionsbachelor som Socialrådgiver. Danish Law on Education for Social Work. Available online: https://www.retsinformation.dk/eli/lta/2011/766 (accessed on 3 August 2021).

Bos, Arhan E. R., John B. Pryor, Glenn D. Reeder, and Sarah E. Stutterheim. 2013. Stigma: Advances in Theory and Research. *Basic and Applied Social Psychology* 35: 1–9. [CrossRef]

Bourdieu, Pierre. 1989. Social space and symbolic power. *Sociological Theory* 7: 14–25. [CrossRef]

Bourdieu, Pierre, Alain Accardo, and Gabrielle Balazs. 1999. *The Weight of the World: Social Suffering in Contemporary Society*. Stanford: Stanford University Press.

Braun, Virginia, and Victoria Clarke. 2012. Thematic analysis. In *APA Handbook of Research Methods in Psychology, Vol. 2: Research Designs: Quantitative, Qualitative, Neuropsychological, and Biological*. Edited by Harris Cooper, Paul M. Camic, Debra L. Long, Abigail T. Panter, David Rindskopf and Kenneth J. Sher. Washington, DC: American Psychological Association, pp. 57–71.

Buscatto, Marie. 2018. Doing ethnography: Ways and reasons. In *The Sage Handbook of Qualitative Data Collection*. London: SAGE Publications Ltd, pp. 327–43.

CIJ-Center for Intersectional Justice. 2020. Intersectionality at a Glance in Europe. CIJ Berlin. August 12. Available online: https://www.intersectionaljustice.org/publication/2020-04-07-center-for-intersectional-justice-factsheet-intersectionality-at-a-glance-in-europe (accessed on 25 July 2021).

Cleaver, Hedy, Steve Walker, Harriet Ward, Jane Scott, Wendy Rose, and Andy Pithouse. 2008. *The Integrated Children's System: Enhancing Social Work and Inter-Agency Practice*. London and Philadelphia: Jessica Kingsley Publishers.

Corcoran, Jacqueline, Amber Berry, and Stephanie Hill. 2015. The lived experience of US parents of children with autism spectrum disorders: A systematic review and meta-synthesis. *Journal of Intellectual Disability Research* 19: 356–66. [CrossRef]

Corrigan, Patrick W., and Deepa Rao. 2012. On the self-stigma of mental illness: Stages, disclosure, and strategies for change. *Canadian Journal of Psychiatry* 57: 464–69. [CrossRef]

Danish Family Therapy Institution. n.d. Available online: https://www.dfti.dk/uddannelser/familieterapeutuddannelse/ (accessed on 3 August 2021).

Dannesboe, Karen Ida, Dil Bach, Bjørg Kjær, and Charlotte Palludan. 2018. Parents of the Welfare State: Pedagogues as Parenting Guides. *Social Policy and Society* 17: 467–80. [CrossRef]

Davis, Ashley, and Sabrina Gentlewarrior. 2015. White Privilege and Clinical Social Work Practice: Reflections and Recommendations. *Journal of Progressive Human Services*, 191–208. [CrossRef]

Eco, Umberto. 1995. Ur-Fascism. In *The New York Review of Books*. New York: The New York Review of Books, pp. 1–9. Available online: http://www.pegc.us/archive/Articles/eco_ur-fascism.pdf (accessed on 3 August 2021).

Farrugia, David. 2009. Exploring stigma: Medical knowledge and the stigmatisation of parents of children diagnosed with autism spectrum disorder. *Sociology of Health & Illness* 31: 1011–27. [CrossRef]

Francis, Ara. 2012. Stigma in an era of medicalisation and anxious parenting: How proximity and culpability shape middle-class parents' experiences of disgrace. *Sociology of Health & Illness* 34: 927–42. [CrossRef]

Gershon, Ilana. 2005. Seeing like a system: Luhmann for anthropologists. *Anthropological Theory* 5: 99–116. [CrossRef]

Goffman, Erving. 1963. *Stigma. Notes on the Management of Spoiled Identity*. Harmondsworth: Penguin.

Goffman, Erving. 1974. *Frame Analysis: An essay on the Organization of Experience*. Cambridge: Harvard University Press.

Gray, David E. 2002. 'Everybody just freezes. Everybody is just embarrassed': Felt and enacted stigma among parents of children with high functioning autism. *Sociology of Health & Illness* 24: 734–49. [CrossRef]

Green, Sara, Christine Davis, Elana Karshmer, Pete Marsh, and Benjamin Straight. 2005. Living stigma: The impact of labeling, stereotyping, separation, status loss, and discrimination in the lives of individuals with disabilities and their families. *Sociological Inquiry* 75: 197–215. [CrossRef]

Harrits, Gitte Sommer, and Marie Østergaard Møller. 2011. Categories and categorization: Towards a comprehensive sociological framework. *Distinktion: Journal of Social Theory* 12: 229–47. [CrossRef]

Hedegaard, Troels Fage. 2014. Stereotypes and welfare attitudes: A panel survey of how "poor Carina" and "lazy Robert" affected attitudes towards social assistance in Denmark. *Nordic Journal of Social Research* 5. [CrossRef]

Koro-Ljungberg, Mirka, and Regina Bussing. 2009. The management of courtesy stigma in the lives of families with teenagers with ADHD. *Journal of Family Issues* 30: 1175–200. [CrossRef]

Lalvani, Priya. 2015. Disability, stigma and otherness: Perspectives of parents and teachers. *International Journal of Disability, Development and Education* 62: 379–93. [CrossRef]

Larsen, Christian Albrekt. 2007. The Institutional logic of Welfare Attitudes: How Welfare Regimes Influence Public Support. *Comparative Political Studies*, 145–68. [CrossRef]

Larsen, Christian Alberkt. 2008. Why Welfare States Persist: The Importance of Public Opinion in Democracies. Edited by Clem Brooks and Jeff Manza. *Perspectives on Politics* 6: 839–40. [CrossRef]

Larsen, Christian Alberkt, and Thomas Engel Dejgaard. 2013. The institutional logic of images of the poor and welfare recipients: A comparative study of British, Swedish and Danish newspapers. *Journal of European Social Policy* 23: 287–99. [CrossRef]

LBK nr. 1270. 2016—Bekendtgørelse af lov om Social Service. Available online: https://www.retsinformation.dk/eli/lta/2016/1270 (accessed on 3 August 2021).

Liberman, Zoe, Amanda L. Woodward, and Katherine. D. Kinzler. 2017. The Origins of Social Categorization. *Trends in Cognitive Sciences* 21: 556–68. [CrossRef] [PubMed]

McNutt, John G. 2008. Social work practice: History and evolution. In *Encyclopedia of Social Work*. Edited by Larry E. Davis and Terry Mizrahi. Washington, DC: NASW Press.

Mitter, Natasha, Afia Ali, and Katrina Scior. 2019. Stigma experienced by families of individuals with intellectual disabilities and autism: A systematic review. *Research in Developmental Disabilities* 89: 10–21. [CrossRef]

Moesby-Jensen, Cecilie K., and Tommy Moesby-Jensen. 2016. On categorization and symbolic power in social work—The myth of the resourceful parents to children with neuro-psychiatric diagnoses. *Sociologisk Forskning* 16: 371–95.

Nethercott, Kathryn. 2016. The Common Assessment Framework form 9 years on: A creative process. *Child and Family Social Work*. online ahead of press. [CrossRef]

Olaison, Anna. 2010. Creating images of old people as home care receivers. Categorizations of needs in Social Work case files. *Qualitative Social Work* 9: 500–18. [CrossRef]

Pattyn, Sven, Yves Rosseel, and Alain Van Hiel. 2013. Finding our way in the social world. *Social Psychology* 44: 329–48. [CrossRef]

Prieur, Annick, Lennart Rosenlund, and Jakob Skjott-Larsen. 2008. Cultural capital today. A case study from Denmark. *Poetics*, 45–71. [CrossRef]

Rice, Deborah. 2012. Street-Level Bureaucrats and the Welfare State. *Administration & Society* 45: 1038–62. [CrossRef]

Scambler, Graham. 2004. Re-framing stigma: Felt and enacted stigma and challenges to the sociology of chronic and disabling conditions. *Social Theory & Health* 2: 29–46. [CrossRef]

Socialstyrelsen [Danish National Board of Social Services]. 2014. Barnets Velfærd ICentrum—ICS Håndbog. [Child Welfare in Focus—ICS Handbook] Odense: Socialstyrelcen. Available online: https://viden.sl.dk/media/5318/barnets-velfaerd-i-centrum.pdf (accessed on 3 August 2021).

Søren, Juul. 2009. Recognition and Judgement in Social Work. *European Journal of Social Work* 12: 402–17. [CrossRef]

The Danish National Federation of Early Childhood Teachers and Youth Educators. n.d. Available online: https://bupl.dk/wp-content/uploads/2018/02/publikationer-the_work_of_the_pedagogue.pdf (accessed on 3 August 2021).

Villadsen, Kaspar, and Nanna Mik-Meyer. 2013. *Power and Welfare: Understanding Citizens' Encounters with State Welfare*. Oxford: Routledge.

Yang, Lawrence Hsin, Arthur Kleinman, Bruce G. Link, Jo C. Phelan, Sing Lee, and Byron Good. 2007. Culture and stigma: Adding moral experience to stigma theory. *Social Science & Medicine* 64: 1524–35. [CrossRef]