

Making Sense of Statistical Health Risk in Everyday Encounters between Teachers and Pupils

Mathilde Cecchini, AU

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Introduction

In many Western countries, health governance is increasingly carried out as health promotion and prevention policies. These types of policies are essentially concerned with managing health risks that is with minimizing the occurrence of health risks in the population and promoting the healthy life. Frontline workers in the health care sector are the ones responsible for carrying out these policies in everyday life. In their daily interactions with citizens, they are required to identify, assess as well as manage individuals or groups of individuals at risk – also referred to as doing “risk work” (Brown and Gale, 2018b). Various studies have examined how risk work “gets done” in the interaction between health care workers and individuals. A central issue identified by the literature is the challenge of translating risk (Gale et al., 2016). Risk work entails translating probabilistic risks based on data on population level into something useable for frontline workers when facing specific individuals in concrete situations. Likewise, observed individual circumstances also need to be converted and aggregated into data for the organization to use. These processes of translation are not straightforward, but connected with a high degree of uncertainty and they constitute a key challenge of doing risk work for frontline workers. The high degree of uncertainty related to the translation of risk requires frontline workers to rely on other forms of knowledge than probabilistic knowledge. In other words, the translation requires frontline workers to tell “interpretative stories” (Tanenbaum, 1994), to fill in the unknown in order to make sense of the individual person and situation at hand based on statistical probabilities.

Several studies have examined how frontline workers make this translation process, and how probabilistic knowledge and non-probabilistic forms of knowledge may complement or challenge each other in this process. Most of these studies focus on health professionals such as doctors, nurses, midwives etc. or frontline workers who are not health professionals, but employed as health care workers (such as lay health workers in health community centers).

However, an increased focus on early intervention measures in childhood has meant that child institutions such as schools and kindergartens are also becoming arenas for health promotion and prevention, and frontline workers in these institutions (teachers and pedagogues) are consequently required to do risk work. This is for example the case in Denmark. Over the past decades, the prevention and health promotion has become a central priority of the Danish Government due to the relatively low national average life span and the relatively high and increasing level of social inequality in health compared to other European countries. However, despite the intensive focus on health and health promotion, the overall health state of the Danish population actually seems to deteriorate (Sundhedsstyrelsen, 2018). This tendency has given rise to policies aimed at preventing health risks and promoting health among children and young people and schools (as well as other child institutions) have consequently become important instruments in the government's attempt to improve population health. Health promotion and prevention has thus become a core task of the Danish Public School for example through recent reforms of the school (Act No. 665 of 20/06/2014). Besides carrying out their traditional teaching tasks, teachers in Danish schools are now also supposed to identify and manage health risks among their pupils. Like other types of health care workers in client facing organizations, they are hence translating statistical risks into judgements about specific individuals in concrete contexts. What is interesting about health risks in this case is that risk in an early intervention context signifies "the risk of becoming at risk". The job of teachers is to identify the children who could potentially become at risk - for example by developing overweight, start drinking alcohol or developing mental issues such as stress. Teachers are thus not managing the risk of overweight or stress, but the risk of developing overweight and stress in the future. These varying degrees of uncertainty that risk work can include points to the complexity of risk and risk work. Moreover, the frontline workers performing the risk work are not health professionals, but pedagogical professionals. They are thus managing risks (or the risk of becoming at risk) with respect to an area which lies outside of their core professionalism.

In this paper, I examine how teachers in Danish Public Schools do risk work. How do they identify and manage risks not related to their core professionalism in a context of a very high degree of uncertainty? More specifically, the paper focuses on how teachers translate probabilistic health risks into evaluations of specific children in concrete situations by drawing on other logics or forms of knowledge than statistical knowledge. The paper asks the questions: *How do teachers make sense of probabilistic health risk among pupils in their everyday worklife?*

The paper starts by giving a brief overview of the literature and how this paper seeks to contribute to this literature. After presenting the methodological framework of the study, the paper goes on to examine how statistical health risks are translated by teachers. In order to do so, I first analyze policy documents and guidelines to uncover which kind of statistical risks teachers are supposed to identify and manage, before turning to the analysis of how teachers then make sense of these risks in their everyday encounters with their pupils.

A brief overview of the literature

A wide range of studies has examined how risk work “gets done” at the frontline of public service, sometimes also referred to as client-facing organizations. The vast majority of these studies focus on health care workers although studies on risk work in a social work context are increasingly emerging (see for example). A key concern within the literature is how frontline workers translate probabilistic risk on population level into decisions at the individual level (Gale et al., 2016). Translating probabilistic risks on population level “down” to judgements about specific situations or individuals is not a straightforward task since probabilistic knowledge on population level is not directly applicable in a concrete situation. The frontline workers must draw on other forms of knowledge in order to turn the probabilistic knowledge into judgements and decisions in the specific situation they are facing. The question is which forms of knowledge or logics professionals draw on in these situations of “epistemological uncertainty” (Fox 2002)? Within the literature,

these “other forms of knowledge” have been called different things for example “tacit knowledge” (Wood et al., 2003, MacLeod and Stadnyk, 2015), “intuition” or “intuitive expertise” (Warner and Gabe, 2004, Godin, 2004) or “practical expertise”. Common for the studies is that they conceptualize this other type of knowledge as something based on experience and professional or personal common sense understandings. Moreover, this logic or form of knowledge is distinct from the probabilistic knowledge and can either complement or challenge the probabilistic logic. In this paper, I seek to gain a deeper understanding of what this non-probabilistic knowledge form consists of and how it complements or challenges the probabilistic logic by drawing on public administration and sociological literature on public encounters and conceptualizing the non-probabilistic form of knowledge not as one logic, but as various logics originating from different contexts. These contexts are the professional context, the administrative-legal context and the socio-cultural context, which together forms the basis of sense making and decision making of frontline workers. The paper thus tries to contribute to our understanding of what goes on in the process of translating probabilistic risks into decisions at the frontline of health services.

In addition, this paper contributes to the literature on risk work by examining an empirical setting and a type of risk, which has not been the focus of the literature so far. First, this study examines a group of frontline workers - teachers - who are not health professionals nor working within health care organization, but who are still identifying and managing health risks of citizens. Since teachers are doing health risk work without being health professionals, they are facing what a *professional challenge*. Moreover, the paper focuses on a different type of health risks than most other studies. Doing risk work in an early intervention setting is about promoting wellbeing (both physically and mentally) and identifying and managing “the risk of becoming at risk”. Frontline workers doing this kind of risk work thus work with a very high degree of uncertainty. In other words, the risks they deal with are prospective and hence difficult to identify. In addition to facing a professional challenge, teachers in this case are also facing an *epistemological challenge*.

Theoretical framework

In order to develop a theoretical framework that enables me to examine and understand how teachers translate health risk in the context of early intervention in the school, I start by discussing what characterizes the “sense making” of frontline workers in general and teachers in particular.

How can we understand the sense making or meaning making of teachers in their daily work life? In this paper, I draw on the work of Giddens, Sewell and others and conceptualize human behavior as a dynamic relationship between structure and agency (Sewell, 1992, Giddens, 1991, Emirbayer and Mische, 1998, Maynard-Moody and Musheno, 2012). This entails that the autonomy of the individual is influenced by structures as structures both constrain and enable agency, but structures also take form through the execution of agency. In other words, the capacity of humans to act does not exist in isolation from social structures, instead social structures form and give meaning to agency and at the same time agency reproduce and modify structures.

When teachers engage in meaning making processes in the daily work (such as the translation of risk), they are capable and purposive agents who are constrained and enabled by the structures (resources, rules, roles etc.) of the given context. What then characterizes the context in which teachers carry out their daily work? Teachers are what Lipsky would denote street-level bureaucrats. They are public service workers who interact directly with citizens in the course of their jobs and have substantial discretion in the execution of their work (Lipsky, 1980).¹ They are the ones who implement policies of the state, which means that they are oriented towards political goals and administrative rules. This bureaucratic context provides the street-level bureaucrats

¹ Lipsky used the term street-level bureaucrats and the street-level bureaucracy to denote these kind of workers and organizations, while others have argued for using the term frontline workers, or workers in client-facing organizations BROWN, P. & GALE, N. 2018a. Developing a sociology of risk work in client-facing contexts: an editorial. *Health, Risk & Society*, 20, 1-12.. In this paper, I use the term frontline workers and professionals in client facing organizations interchangeably.

with rules, roles and resources that both constrain and enable their practice. However, teachers are not only oriented towards these resources rooted in the bureaucratic context. Scholars have argued that frontline workers are not merely *state-agents or organization actors*, but also *human beings* who carry with them their own personal histories and social background (Soss et al., 2011 , 234). Maynard-Moody and Musheno describe frontline workers as being driven by two narratives: the *state-agent narrative* and the *citizen-agent narrative* (Maynard-Moody and Musheno, 2000, Maynard-Moody and Musheno, 2003). The state-agent narrative is about law abidance, about applying the laws and rules of the state; the citizen-agent narrative is about cultural abidance. Frontline workers are thus not only concerned with policies, rules and administrative procedures; they are also oriented towards their own values, beliefs and cultural judgments about who is worthy and unworthy (Ibid.). These two narratives or logics are separate but co-existing. In some cases, the two logics coincide; in other instances, they are conflicting. In the latter case, frontline workers feel that rules and procedures do not coincide with their perception of what is right and fair and may then base their discretionary decision on subjective considerations rather than administrative procedures. In addition to political and organizational structures and resources, socio-cultural schemas also constrain and enable the actions of frontline workers. Studies show that street-level bureaucrats are often driven by the citizen-agent narrative or act as social agents, basing their discretion making in personal preferences and beliefs rooted in their social background (Epp, 2014, Maynard-Moody and Musheno, 2000, Maynard-Moody and Musheno, 2003, Harrits and Møller, 2014, Dubois, 2010, Bundgaard and Gulløv, 2006). This is inevitable but also constitutes a possibility for social bias in the street-level bureaucracy (Soss et al., 2011 , 33). The social bias occurs when some citizens are favored or discriminated against based on the frontline worker's personal judgments of their worthiness, which, as mentioned, has been viewed as problematic for equality, equity and the legitimacy of the state (Finer, 1931, Weber, 1978, Lipsky, 1980)

Taking the literature on professionalism as a point of departure, I argue that teachers also operate within the context of professionalism. Teachers are not only state-agents or citizen-agents, but also professional agents more precisely pedagogical professional agents. They have pedagogical professional knowledge and expertise as well as norms and procedures that drive their behavior (Hupe and Hill, 2007, Ellis, 2011, Ellis, 2014, Harrits, 2016). In other words, teachers' agency is also enabled and constrained by professional institutions, knowledge and norms.

To understand how teachers translate risk in their daily interactions with children, it is necessary to look at how they draw on logics or forms of knowledge rooted in the professional (pedagogical professional), social as well as bureaucratic/organization context and how these forms of knowledge co-exist, reinforce or collide with probabilistic knowledge.

Methodological framework

The paper is based on an ethnographic study conducted at two Danish Public Schools. The data was generated through a combination of participant observation, semi-structured interviews with teachers and focus group interviews with teachers. In addition, policy documents on the topic health promotion and prevention in schools were also collected from official websites. I used triangulation of data generation methods to secure the multidimensionality of the data that the research question requires (Schwartz-Shea and Yanow, 2012 , 88, Schwartz-Shea, 2014 , 134). The aim was not to validate findings by showing convergence between findings from the different sources but by capturing the multiple perspectives, potential contradictions and the complexity of the case (Mathison, 1988). The table below presents an overview of the data. More detail on the policy documents as well as interview participants can be found in the appendix.

	Data generation method	Sources
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Policy level	Collection of policy documents from official websites on health promotion, prevention and health education including	The Danish Ministry of Education The Danish Health Authority The Municipality of Aarhus Retsinformation School boards
Teacher level	Semi-structured interviews Focus group interviews	Semi-structured interviews with five teachers from School A Semi-structured interviews with two teachers from School B One focus group interview with four teachers from School A One focus group interview with three teachers from School B
Interaction level	Participant observation	Three months of participant observation at School A Three months of participant observation at School B (in total more than 500 hours of participant observation)

The two schools in the study are both situated in the same municipality. The Danish Public School is the responsibility of the municipality (Act No. 1510 of 14/12/2017, §2), which means that the two schools are subject to the same overall policy framework. Both schools are about the same size, have 600-700 pupils, are situated in “mixed neighborhoods,” and the pupil composition is characterized by a high degree of socioeconomic and ethnic diversity (around 20 percent

“bilingual children,” i.e., children whose first language is not Danish). At both schools, I conducted my research in two school classes in the same cohort namely the 6th/7th grade that is among 12-14 year old children. Observations were written down as field notes following (Spradley, 2016 , 73-84, Emerson et al., 2011 , 1-20).

To facilitate data processing, all interviews and focus groups were transcribed (Bazeley and Jackson, 2014 , 56-59). The transcribed interviews, field notes and policy documents were all imported to the software program Nvivo, which was used in the coding process. During the initial phase of analysis, I approached the data with a strategy of open coding. In this phase, I tried to take the data as a point of departure and remain close to it. I used process coding, In vivo coding, and verbs as codes instead of nouns, in an attempt to capture the actions in the data and stay close to the data (Miles et al., 2014 , 71-86, Charmaz, 2014, Saldaña, 2016). After open coding the empirical material, I looked through the codes and the coded parts to identify interesting dimensions in the data (Charmaz, 2014, Miles et al., 2014, Saldaña, 2016). Based on the open coding as well as insights from the existing literature, I developed a coding scheme. This coding scheme was focused on identifying passages where health risks were articulated and identifying the logics at play in these passages (see final coding list in appendix).

The probabilistic risk of becoming at risk

In order to examine how teachers translate the probabilistic risk of becoming at risk in their everyday work life, it is first necessary to examine what constitutes risk in this setting. In other words, which probabilistic risk do teachers need to translate in their work lives?

The analysis of policy documents and guidelines shows that the health risks, which are most frequently mentioned in these documents are “overweight”, “stress”, “smoking, drinking alcohol

and doing drugs” and to a lesser extent “not thriving” and “medical/psychiatric diagnosis” (see

Types of risks	References	Sources/total number of sources
Overweight	256	14/40
Stress	38	2/40
smoking, drinking, using drugs	15	4/40
not thriving	7	4/40
medical or psychiatric diagnoses	6	5/40

the table below).

Risk work in the school thus entails managing health risk in terms of physical health risk (such as overweight), mental health risks (such as stress and not thriving) as well as risky behavior (such as drinking alcohol and smoking). According to the guidelines, these risks need to be managed in childhood, because they enhance the probability of the children developing health problems in the future:

70 % of overweight adolescents will be overweight as adults. [...]Prevention and treatment of obesity in children and adolescents thus prevents adult obesity.

(The Danish Health Authority and the Danish Health Inspector, 2004, policy document 16)

However, teachers are not only supposed to identify children who are at risk (for example those who are overweight, drink or are stressed) and manage the risk, they are also supposed to identify

the children at risk of becoming at risk (for example those at risk of developing overweight, stress, start drinking etc.). Policy documents and guidelines hence also construct categories of children, which are statistically at risk of developing the above mentioned health risks. The following quote provides an example:

Overweight is most prevalent among socially and socioeconomically disadvantaged children. Especially in families where the parents have a short education. In a family with low socioeconomic status, bad habits in the form of unhealthy diet and physical inactivity may be correlated with conflictual everyday lives, stress, divorce, physical disability or sickness, poor living conditions, work-related problems, etc.

(The Danish Health Authority, 2014, policy document 5)

This passage starts out by ascertaining that overweight is more frequent among children from lower social classes. Moreover, a causal explanation (again based on probability of correlation) is presented: families with few resources can experience conflicts, stress, divorce, poor working and living conditions etc.

Overall, the categories of children, which are most frequently articulated as being at risk of developing health risks are ethnic minority children, children with low socioeconomic status, boys and girls (see the table below). Boys are particularly at risk when it comes to drinking alcohol and doing drugs, while girls are particularly at risk when it comes to developing stress. These risk categories are thus based on social groups of children.

Risk group	References	Sources/total number of sources
Ethnic minority children	91	12/40
Low socioeconomic status	135	18/40
Gender (boys and girls)	600	25/40

Overall, the kind of risk work that teachers are required to do entails two layers of risk. The first layer include risks in terms of mental and physical conditions or behaviors, which jeopardize the future health of the children, which I in the following will refer to as health risks. The second layer concerns the risk that some groups of children have of developing these health risks. The question is how teachers make sense of the two types of probabilistic risks presented above in their everyday encounters with children. How do they translate these risk categories into something useable in their work practice, and which kind of logics do they draw on in this process? In the following, I first examine how teachers translate health risks before turning to the question of how they make sense of the risk of becoming at risk.

Making sense of health risks

The analysis of the data shows that teachers do often articulate the statistical health risks, which are present in official documents such as overweight, “not thriving” and stress. For example in the following quote, the teacher Susanne is talking about a student – Lucia - whose health she worries about:

We could see that she ate extreme amounts of food. And when there was cake and domestic science, she simply had no limits. It was almost vulgar. She was extremely focused on eating. And then we actually noticed something. One of the girls said in domestic science that she went to the bathroom a lot. And we started noticing it too. Afterwards we had a meeting with her parents where she actually didn't show up. Her mother had told her not to come because her mother wanted to tell us that she was very unhappy in the class at the time. And her mother was obviously aware that she had gained weight. And we talked a lot about her weight and we mentioned that she left the classroom every now and then without saying that that meant anything, but we just wanted you to be aware of it. So we somehow turned her around so that she felt a lot better emotionally. But she kept gaining weight. So they had a private conversation with the school nurse where focus was kind of on her, or was on her. So they had personal counseling. But still. She dances and dances and dances, and she dances at advanced level. But still eats too much, that has to be it because she is still a chubby little thing.

(Susanne, teacher at Sønderskolen)

There are several things about Lucia that make Susanne worry; she is gaining weight, eating a lot of cake, and she has emotional problems. In other words, Susanne identifies both physical health risks (beginning overweight), risky behavior (over-eating and maybe throwing up) and mental health risks (being unhappy), which are also constructed in policy documents. However, I argue that when Susanne translates these statistical health risks into a story about Lucia, she transforms the meaning of the risks to be about Lucia's moral character or personality trait. What Susanne stresses as risky about Lucia is her uncontrolled or unrestrained character: "she eats an extreme amount", "she had no limits", "it was almost vulgar" are the expressions Susanne use. Even though Lucia is now doing better emotionally and doing physical exercise – that is she is less at risk - Susanne still has the feeling that she is not able to restrain herself. Susanne thus transforms the

meaning of health risks into being about moral risks. The following example also illustrates this translation or transformation of health risks into moral risks:

But sometimes you kind of think that some of the girls who are actually a bit overweight, that they don't, you might say that they maybe sometimes forget that they are overweight because you could say that the clothes they sometimes wear maybe shows a little bit too much considering how you should dress when you're overweight.

(Casper, teacher at Vesterskolen)

Casper is talking about overweight, but rather than problematize the physical state of overweight and the risks associated with that, he problematizes how some overweight girls are not able to show moderation and dress appropriately for their body type. It is about the children's approach to being overweight, not about them being overweight. The problem is thus again the child's moral character and not its physical or mental state.

Teachers do draw on some of the statistical risk categories present in policies and guidelines. However, they do not invoke probabilistic arguments. Instead, they make sense of these risks by make moral judgements about the moral character of the children. The reason these risks are perceived as problematic is not that they statistically put the children's future health at risk, but because they are signs of a problematic moral character. Teachers thus fill in the meaning of the statistical risk with moral causal stories about the children and in doing so they draw on common sense and perceptions from everyday life – that is on the citizen-agent narrative - more than on professional knowledge or expertise or administrative guidelines.

Making sense of the risk of becoming at risk

The section above showed how teachers turn statistical health risk into moral risks in the everyday translation process. How do teachers then make sense of the risk of becoming at risk? How do teachers translate the risk of having a particular socio-economic background, ethnic origin or gender in their encounters with children?

The analysis of the data indicates that teachers do refer to these “risk groups” when talking about the health or health behavior of their pupils. The table below shows the number of instances where risk group (lower social class, ethnic minority, girl/boy) is articulated in relation to health risks (overweight, stress etc.).

	Health risks
References in total	115
Boys	11/115
Girls	40/115
Ethnic minority	10/115
Lower social class	13/115

An examination of the relationship between the health risks and the risk groups in the passages and situations in which they overlap indicates that social class, ethnicity and gender function as causal explanations of the health risk as in policy documents. An example is the following quote where Jakob tells about an experience he had with a former pupil:

I once had a pupil who never brought lunch from home, and then they went to Rema² in the 10-o'clock break and bought a bag of cinnamon buns. And he did that. Really. All through 9th grade. I pointed it out. And I mentioned it at the parent-teacher meeting,

² Discount super market

but in a home with poor support. The good thing was that the boy was very active on the soccer field, so he burned some calories, but he was still malnourished to some extent. But I don't know what is compensated for once you get home. But based on my knowledge of the family, I could be worried about his health [...] the energy or resources to care well for those kids were scarce.

(Jakob, teacher at Sønderskolen)

Jakob is telling a story about a young boy who instead of eating lunch ate a lot of cinnamon buns. He bought a whole bag of cinnamon buns and ate them all every single day for an entire school year. Buying a whole bag and eating them all by himself is risky behavior – it constitutes a health risk. What is interesting here is that the boy's socioeconomic background not only reinforces this interpretation of him, but also provide an explanation. Jakob comments on the family and expresses that “based on his knowledge of the family, he could be worried about the boy”, and the reason is that “the energy and resources to care well for those kids were scarce”. In this situation, Jakob classifies the boy as at risk based on his behavior (eating whole bags of cinnamon buns) and the boy's background reinforces this interpretation of his health state or, as the use of “could be” suggests, his future health state. As this example illustrates, teachers draw on the statistical risk groups from policies as well as the causal explanations based on correlation, which are also present in policies. However, teachers often talk about the probabilistic relationship between social class, ethnicity, gender and health risks in deterministic terms as the following quote exemplifies:

So I can go teach for 30 seconds... 30 minutes...in 1C, and afterwards I can say, you'll have issues, you'll have issues, you'll have issues, you'll have issues [with health]. But I can't do anything about it because the problem is often at home with the parents. And that's frustrating.

(Bo, teacher at Vesterskolen)

By using the expression “but I can’t do anything about it because the problem is often at home with the parents”, Bo is not only giving a causal explanation of why some children are at risk of developing health risks (family background), but also talking about the relationship between family background and health risks in rather deterministic terms. A similar example below, where the teacher Leif is talking about Nadin, a girl of Lebanese descent who lives with her mother, stepfather and four younger siblings. When he talks about Nadin’s risky health behavior, Leif not only refers to how much candy she eats, but also to her cultural and ethnic background and the economic situation of her family. He interprets her eating habits as something related to her culture, that is, her ethnic origin and the family’s socioeconomic status:

Nadin is also unhealthy. It’s culturally determined, I think. They live a ... cheap, a lot for a little. Preferably with lots of sugar.

(Leif, teacher at Sønderkolen)

He uses the expression culturally determined (“kulturelt bestemt”), which indicates that he translate the probabilistic relationship between risk group and health risks into a deterministic one by drawing on common sense perceptions of how these types of families live.

XXXXXXXXXXXXX

Conclusion

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Appendix

Semi-structured interviews with teachers

Name	Gender	Age	Subjects	School
Leif	Male	50s	Physical education, English, Math, German	Sønderskolen
Susanne	Female	40s	German, Danish, Physical Education, Art	Sønderskolen
Maiken	Female	20s	Math, History, Art, Design	Sønderskolen
Solveig	Female	30s	Danish, English, Home economics, Health and movement	Sønderskolen
Jakob	Male	30s	Math, History, Physics, Chemistry, Music	Sønderskolen
Casper	Male	30s	Danish, Geography, Physical education, Science	Vesterskolen
Bo	Male	40s	Danish, History, Social science	Vesterskolen

Focus groups with teachers

Focus group Sønderskolen

Name	Gender	Age	Subjects
Leif	Male	50s	Physical education, English, Math, German
Susanne	Female	40s	German, Danish, Physical Education, Art
Maiken	Female	20s	Math, History, Art, Design
Solveig	Female	30s	Danish, English, Home economics, Health and movement

Focus group Vesterskolen

Name	Gender	Age	Subjects
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Bo	Male	40s	Danish, History, Social science
Ole	Male	60s	English, Religion,
Casper	Male	30s	Danish, Geography, Physical education, Science

Search guide for identifying policy documents

The aim of this search is to identify documents (laws, reports, white papers, minutes from school board meetings etc.) that deal with health promotion and prevention in the Danish Public School. I thus want you to search for the following keywords on the websites listed below:

Search for the following keywords:

Public school

Children

Teenagers

Health promotion

Prevention

Health education

Health

Physical health

Mental health

Weight

Underweight

Overweight

Exercise

Physical (in)activity

Diet

Food

Alcohol

Smoking

Drugs

Stress

Depression
Sexual health
Wellbeing.

On the following websites

Ministry of Education and related websites:

www.Uvm.dk

www.Emu.dk

Danish Health Authority: www.Sst.dk

Aarhus Municipality: www.aarhus.dk

Retsinformation: www.retsinformation.dk

Sønderskolen's website: xxxxxx

Vesterskolen's website: xxxxxx

List of policy documents included in the final analysis

From the website of the Danish Health Authority

"Vejledning om forebyggende sundhedsydelse til børn og unge", Sundhedsstyrelsen 2011

"Børn og forebyggelse – et temahæfte", Sundhedsstyrelsen, Center for Forebyggelse, 2007

"Evaluering af undervisningsmaterialet Tackling - en sammenfatning", Statens Institut for Folkesundhed & Syddansk Universitet, (udarbejdet for Sundhedsstyrelsen), 2008

"Forebyggelse og sundhedsfremme i skolen - Undersøgelse af to metoder anvendt i skolesundhedsplejen", Københavns Universitet & Sundhedsstyrelsen, 2009

"Opsporing af overvægt og tidlig indsats for børn og unge i skolealderen - Vejledning til skolesundhedstjenesten", Sundhedsstyrelsen, 2014

"Forebyggelsespakke – Indeklima i skoler", Sundhedsstyrelsen, 2012

"Forebyggelsespakke - Mad og måltider", Sundhedsstyrelsen, 2012

"Forebyggelsespakke - Seksuel sundhed", Sundhedsstyrelsen, 2012

"Forebyggelsespakke – Solbeskyttelse", Sundhedsstyrelsen, 2012

"Forebyggelsespakke – Stoffer", Sundhedsstyrelsen, 2012

"Forebyggelsespakke – Overvægt", Sundhedsstyrelsen, 2012

"Forebyggelsespakke – Fysisk aktivitet", Sundhedsstyrelsen, 2012

"Forebyggelsespakke – Alkohol", Sundhedsstyrelsen, 2012

”Formidling af sundhed - En undersøgelse af undervisning i sundhed på lærer- og pædagogseminarier”, Rambøll Management (udarbejdet for Sundhedsstyrelsen), 2014

”Sundhed på tværs af forvaltninger – mulighed for strukturelle indsatser”, Rambøll Management for Sundhedsstyrelsen, 2009

”Så gør det dog! For børn og unge. Forebyggelse i kommunerne”, Sundhedsstyrelsen & Embedslægerne, 2004

”Stress blandt unge”, Statens Institut for Folkesundhed (udarbejdet for Sundhedsstyrelsen), 2007

”Sundheds- og Seksualundervisning - model til kvalificering af seksualundervisningen i grundskolen”, Videncenter for Sundhedsfremme University College Syddanmark (udarbejdet for Sundhedsstyrelsen), 2013

”Vejledning om forebyggende sundhedsydelse til børn og unge”, Sundhedsstyrelsen 2011

”Mad og måltider - en fælles investering i sundhed og trivsel. Sundhedsfaglig dokumentation og anbefalinger for mad og måltider i grundskoler og fritidsinstitutioner”. Sundhedsstyrelsen, website august 2017

”Sundhedspolitiske implementeringsprocesser - Evaluering af implementering af handleplaner på kost- og motionsområdet i Århus Kommunes skoler og daginstitutioner”, Bettina Bach & Jeanette Magne Jensen, Danmarks Pædagogiske Universitetsskole, Aarhus Universitet, 2009

From the website of the Ministry of Education and related website

”Vejledning for emnet sundheds- og seksualundervisning og familiekundskab. Fælles mål, læseplan og vejledning”, Undervisningsministeriet, 2017

”Vejledning til faget madkundskab, Fælles mål, læseplan og vejledning”, Undervisningsministeriet, 2016

”Vejledning til faget biologi. Fælles mål, læseplan og vejledning”, Undervisningsministeriet, 2016

”Undervisningsmiljø i folkeskolen – opgaver for ledelse og bestyrelse”, Dansk Center for Undervisningsmiljø, 2016

”Aldersrelateret træning - for børn og unge”, Danmarks idrætsforbund, 2011

”Tale til åben høring om hævnporno (3. blok om forebyggelse)”, Tale af Merete Riisager, undervisningsminister (LA), onsdag den 25. januar 2017

”Inspiration til folkeskolens sundhedsundervisning – Sund hele livet”, Undervisningsministeriets, 2008

”Fysisk aktivitet – læring, trivsel og sundhed i Folkeskolen”, Vidensråd for Forebyggelse, 2016

”Forsøg med læring i bevægelse”, Institut for Idræt og Biomekanik, Syddansk Universitet Projekt (finansieret af Undervisningsministeriet), 2015

”Fysisk aktivitet og læring - en konsensuskonference”, Kulturministeriets Udvalg for Idrætsforskning – Kunststyrelsen, 2011

”Solstafetten – lærervejledning”, Kræftens Bekæmpelse, TrygFonden og Experimentarium, 2009.

”Forskningsbaseret viden om varieret læring, udeskole, bevægelse og lektiehjælp” Rambøll Management Consulting, Aarhus Universitet, Professionshøjskolen Metropol, UCC Professionshøjskolen & VIA University College (udarbejdet for Undervisningsministeriet)

Forskningskortlægning varieret læring, bevægelse, udeskole og lektiehjælp, Rambøll Management Consulting, Aarhus Universitet, Professionshøjskolen Metropol, UCC Professionshøjskolen & VIA University College (udarbejdet for Undervisningsministeriet)

Inspirationskatalog Fra skole til skole, Danmarks Evalueringsinstitut (EVA), 2014

From the website of the Municipality of Aarhus

”Mad og måltider for børn og unge 0-18 år i Aarhus Kommune – en vejledning til sundhedsplejen, dagtilbud, skoler, fritids- og ungdomsskoletilbud”, Børn og Unge, Aarhus Kommune 2017

”45 min bevægelse i skolen – Kom godt i gang”, Sundhed og Trivsel & Læring og Udvikling Pædagogisk Afdeling, Børn og Unge, Aarhus Kommune 2016

”Børne- og Ungepolitikken Aarhus Kommune”, Aarhus Kommune, 2015

From the website of Retsinformation

LBK nr 1188 af 24/09/2016: Bekendtgørelse af sundhedsloven (The Danish Health Act)

LBK nr 1510 af 14/12/2017: Bekendtgørelse af lov om folkeskolen (The Danish Folkeskole Act)