

# RAISE – WP 1

## Practices and Narratives of Boundary- making in Everyday Life Institutional Settings

### Country Report - Belgium



# RAISE

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## 1. Introduction

The findings presented in this report are conducted as part of the first work package of a larger Horizon Europe project entitled RAISE (Recognition and Acknowledgement of Injustice to Strengthen Equality: <https://raise-horizon.eu/>). This research project aims to better understand the extent to which European citizens draw boundaries between ‘us’ and ‘them’ and the extent to which they are willing to acknowledge that inequalities are rooted in structural injustice. RAISE is led by a consortium of nine European partners, including KU Leuven, Central European University, University of Warsaw, and Utrecht University; the four universities involved in work package 1.

This report presents the empirical findings conducted in Belgium as part of this first work package. In this particular work package, entitled *Practices and Narratives of Boundary-making in Everyday Life Institutional Settings*, we aimed to uncover boundary-making processes as experienced by parents. Examining processes of boundary-making and the ways in which social constructions of group boundaries are formed is important as they largely contribute to the (re)production of discrimination and structural racism. We focused on parenting as we view parenting as an everyday practice that is both situated at the intersection between private and public frameworks and also transcends this intersection, inherently shaped by cultural, ethnic, and religious traditions. As such, it forms a productive case study for examining processes of boundary-making. By gathering experiences of boundary-making in relation to parenting encounters in the context of institutions such as health centers for newborns and primary schools, we are able to unpack dynamics of belonging, inclusion, exclusion, identity, and citizenship.

Together with the other universities involved in this work package, we formulated the following main research question: How do people construct, maintain, reinforce, narrate, legitimize, and experience boundaries in relation to parenting? To support this main research question, the researchers formulated the following sub-questions that guided our fieldwork and interviews:

- How do parents experience that they are confronted with boundaries based on their ethnic/social/religious background or other aspects?
- How do parents construct boundaries between different groups of parents and/or their children?
- How are these boundaries perceived, communicated, and constructed?
- What strategies are in place to deconstruct, challenge, or accommodate these boundaries?

The report is structured as follows: First, we outline the Belgian context in which this study took place. Second, we present the methodology (data collection, and data analysis) used in this study. Third, we present the results of the interviews and observations in this study. Finally, we provide a summary of our findings and provide some practical recommendations.

## 2. Research context

Belgium consists of a Flemish speaking part (Flanders), a French speaking part (Wallonia), and a German speaking part. This research was conducted in the Flemish speaking part, which is the northern side of Belgium. In Flanders, around 6 million people have Belgian nationality, and almost 738.200 have a non-Belgian nationality. This means that 11% of the people living in Flanders have a non-Belgian nationality, of which 6 out of 10 have an EU-nationality (Statistiek Vlaanderen<sup>1</sup>). Most of

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<sup>1</sup> <https://www.vlaanderen.be/statistiek-vlaanderen/bevolking/bevolking-naar-nationaliteit> (access 10.03.2025)

these have Dutch nationality, followed by Romanian nationality, Polish nationality, and Ukrainian nationality. Since 1960, when Belgium had a shortage of laborers, the number of people with Moroccan and Turkish nationality has been increasing. Most people with non-Belgian nationality live in the cities or on the outskirts of cities, fewer live in villages and more rural areas (Statistiek Vlaanderen). According to religion, PEW Research Center reports that in 2017, 55% of the Belgian population identifies as Christian (most of them Catholic), 38% identifies as religiously unaffiliated, and 7% has another religious affiliation, most of whom identify as Muslim. Belgium can be seen as a multireligious society, with religions and life stances such as Catholicism, Islam, Judaism, and humanism present. There is also a significant number of people who identify as non-religious. Interestingly, less than 7% of the Belgian population identifies with Islam. This contrasts with public perception, as people tend to overestimate the number of Muslims in the country—often guessing between 20% and 30%<sup>2</sup>. Due to increasing immigration, Flanders has become a region where some city centers have become majority-minority-cities. This means that in these cities the majority of the population has a migration background, whether or not combined with a minority religion such as Islam<sup>3</sup>. This is not the case in rural areas where the majority of the people do not have a migration background, and whether or not identify as Catholic or non-religious.

### 3. Methodology

#### 3.1. Data collection procedure

In Belgium, semi-structured, in-depth interviews and observations were conducted by three postdoc researchers affiliated to the Faculty of Theology and Religious Studies at the KU Leuven: dr. Lindsay Desmet, dr. Amy Casteel, and dr. Eline Huygens. The in-depth interviews were conducted with parents having school-aged children (-12) and/or babies/toddlers. The observations took place in primary schools, health care centers for babies and toddlers, and afterschool programs. The study was approved by the ethics committee of KU Leuven (G-2023-6810).

##### 3.1.1. Interviews

53 people participated in in-depth, semi-structured interviews (based on the interview guide) conducted by one of the three researchers. Snowball and purposive sampling was used in this study: by networking through parents known to the researchers (snowball) as well as by inviting parents through three primary schools (purposive). After interviewing some parents, referrals enabled snowball sampling among other parents. All interviews were recorded and transcribed, lasting an average of 45 minutes. Most interviews took place in parents' homes or cafés. The interviews were carried out in English and/or Dutch, depending on the preference of the interviewee. The study was carried out in two phases: from 2023 to 2024, interviews were conducted with parents of school-aged children, while from 2024 to early 2025, the focus shifted to parents of babies and toddlers. Parents from children aged until twelve years old participated. These children stayed at home (babies/toddlers), went to daycare (babies/toddlers), kindergarten (2,5-6 years old), or primary school (6-12 years old). The discussions primarily explored parents' interactions with other parents and with institutions such as schools and medical care centers.

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<sup>2</sup> <https://www.standaard.be/nieuws/we-overschatten-het-aantal-moslims-in-belgie/48102159.html> (access 07.04.2025)

<sup>3</sup> [https://assets.vlaanderen.be/image/upload/v1675941009/Rapport\\_onderzoek-naar-ervaringen-bij-verandering-of-afstand-van-religie-of-levensbeschouwing\\_0\\_bmmx.pdf](https://assets.vlaanderen.be/image/upload/v1675941009/Rapport_onderzoek-naar-ervaringen-bij-verandering-of-afstand-van-religie-of-levensbeschouwing_0_bmmx.pdf) (access 10.03.2025)

### 2.1.2. Observations

Participant observations were carried out in four settings: in an afterschool program for primary school children, at parent-teacher conferences within a primary school context, and in two preventive health care centers for babies and toddlers called '*Kind & Gezin*'. In the participant observations, we focused on the physical space, material items, parent-staff encounters, and parent-parent encounters.

- Primary school settings:
  - o An afterschool program in an urban setting that works primarily with families from a low socio-economic background was included in the research. In addition to one large community facing event, observations were conducted twice a week during March and April 2024 as parents were picking up their children.
  - o Parent-teacher conferences in a primary school located on the outskirts of a city. Two observations in March 2024.
- Preventive health care centers for babies and toddlers in urban areas, called '*Kind & Gezin*':
  - o Waiting room of *Kind & Gezin* in a city. *Kind & Gezin* is a public care center that focuses on the well-being of young children and families. The organization provides support, guidance, and services related to childcare, parenting, health, and development for children from birth to early childhood. It offers vaccinations, health check-ups, parenting advice, and assistance for vulnerable families. Essentially, *Kind & Gezin* ensures that children in Flanders have a good start in life by promoting their health, safety, and well-being. Almost every parent in Flanders visits this care center during the first two years of baby's lives. Observations were done in two centers in an urban area. Observations were done twice, once in November 2023 and once in December 2023.

### 3.2. Participants in the interviews

53 people were interviewed in Flanders, the Flemish speaking part of Belgium. In the table below, we present the socio-demographic information of the participants. It is important to note that we did not explicitly ask participants about their socio-demographic background; however, this information frequently emerged during the interviews. For those who did not mention their background, we left it unreported. The study aimed to engage a group of parents with children under 12 with diverse backgrounds. We actively reached out to both parents who were born and raised in Belgium, and to parents having a non-Belgian nationality and having a migration background. As a result, the participants have diverse cultural backgrounds, religious beliefs, nationalities, sexual orientations, and education levels. Both fathers and mothers took part in the study; however, the majority of participants were mothers. This aligns with broader societal trends, as mothers tend to be, in general, more engaged in caregiving and child-related activities. Consequently, their greater representation in the study is not unexpected. Also, people living in both urban and non-urban areas were included. Not all information about the sociodemographic variables were available for every participant.

Role		
	Parent	50* (5 of them are also (former) teachers)
	Teacher	2
	Student	1* (enrolled in a teaching program as student)
Gender		

	Male	12
	Female	41
<b>Location</b>		
	Urban	35
	Non-urban areas	18
<b>Nationality</b>		
	Belgian	33
	Nepalese	4
	Dutch	1
	Indian	1
	Croatian	1
	Ghanaian	2
	Ethiopian	1
	Nigerian	1
	Not reported	7
<b>Religion</b>		
	Muslim	3
	Protestant	5
	Hindu	2
	Buddhist	1
	Not reported	42

### 3.3. Data analysis

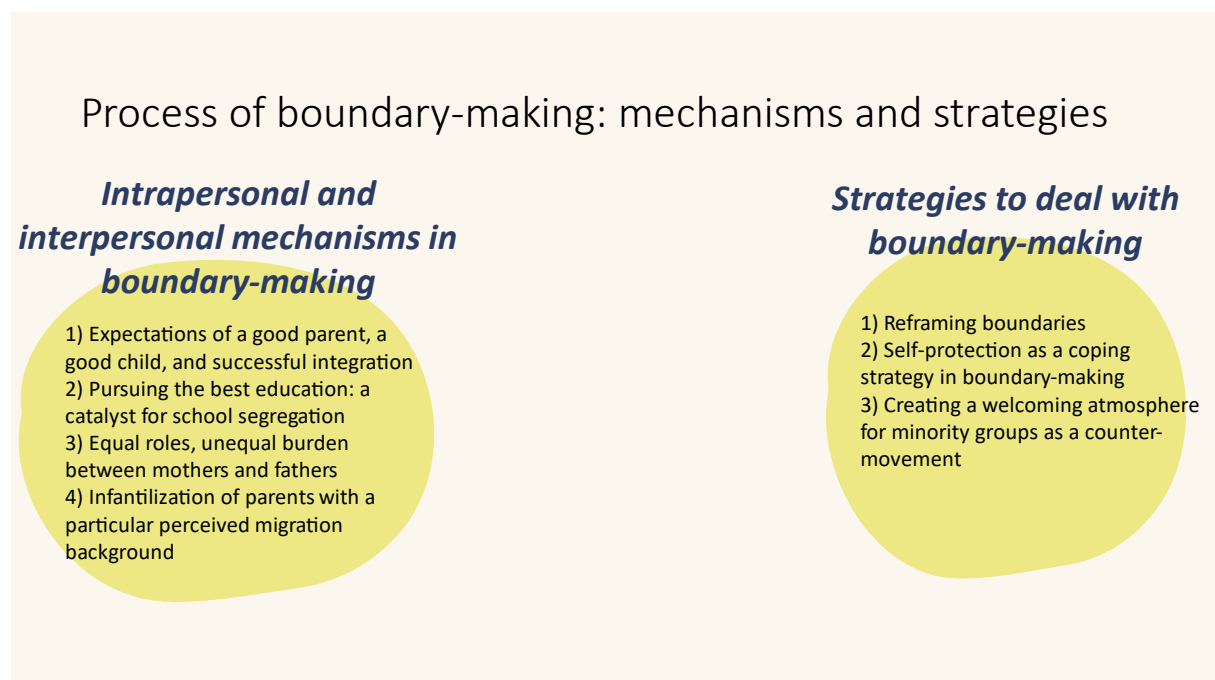
For the observations, reports were made by focusing on four aspects: 1) the physical space such as the waiting room, 2) material items such as images and toys, 3) parent-staff encounters such as with volunteers and nurses, and 4) parent-parent encounters. In this report, one can find the key findings of the observations.

According to the interviews, these were recorded and afterwards transcribed by the post-doc researcher and with help from a student. The interviews were firstly analyzed in an inductive way. For the second round of coding, the analysis was based on the general codebook that was developed by the four research teams (Belgium, The Netherlands, Hungary, and Poland). The coding process has shown the most important themes that popped up in the data. The most important themes became the headings of the result section in this report.

## 4. Empirical findings

### 4.1. Interviews

In the interviews, two aspects of boundary-making processes were present, namely 1) the mechanisms happening during or causing boundary-making, and 2) the strategies to deal with boundary-making. The figure below gives an overview of the two types that can be distinguished in the bigger process of boundary-making and strategies to deal with it. In what follows, we describe in detail how each of these aspects look like. Important to note is that in the analysis of the interviews and in this country report we focused especially on the processes of boundary-making and on strategies to deal with it, and not on the boundaries itself. As this is a qualitative research, we focus in this result section on what parents said and offer various examples to illustrate how a mechanism or strategy in boundary-making appears. All names used in the result section are pseudonyms to respect the privacy of our interviewees.



#### 4.1.1. Intrapersonal and interpersonal mechanisms in boundary-making

In the first part of the description of boundary-making processes, we focus on the intrapersonal and interpersonal mechanisms that take place in boundary-making. By making this distinction, we do not want to argue that these mechanisms occur in a separate way, it is more to highlight that these mechanisms can originate within the person or within the interaction with others.

##### A. Expectations of a good parent, a good child, and successful integration

The first mechanism is the mechanism of 'expectations'. The interviews show that parents have a well-defined idea of what it means to be a good parent. The ideal of what it means to be a good parent in the context of boundary-making processes focuses mainly on how parents have to interact with one another and what it means to be "*a picture perfect family*" (interview with Julia). The examples of Marie and Julia illustrate these mechanisms and how they contribute to forms of exclusion. The case of Marie shows how parents put expectations towards other parents and how it affects perceptions of successful integration as well. The case of Julia shows how parents might feel affected by these expectations of other parents about what is good and not good. Julia explains that putting this ideal of 'good parents' has the consequence that people who do not fit this ideal have prejudices against the "*ideal*" parents (interview with Julia), because they feel that they are judged by them.

## Marie

One study participant, Marie<sup>4</sup>, who lives on the outskirts of a city and has one child, emphasizes that parents should be social, take the initiative in organizing activities, and ask for help when needed. As she puts it: *“Don’t wait until something happens—organize something yourself to get to know other parents.”* She acknowledges that this might come across as blunt, though that is not her intention. However, it becomes clear that she expects parents to speak up when they need help rather than passively waiting for assistance to be offered.

Marie shared the following example of a parent with “a different nationality” who asked for help in the school parents' WhatsApp group, which clearly conveys her opinion that not only should help be requested actively, but also in an appropriate manner.

*“There was this child, Sina, who I believe had a different nationality, and her mother spoke very little English—probably no Dutch at all. Last night, this mother sent a message in the group chat asking, ‘Where can I buy a sleeping bag?’ I couldn’t believe what I was reading. There had already been so much communication about what the children needed for the three-day school trip with the school. And yet, the night before they leave, she dares to ask where she can buy a sleeping bag. I replied in the group: ‘Tuesday evening at 7 PM—that’s not going to work.’ I just wanted to say: Sorry, this is not normal. It made me angry. How can you ask something like this at the last minute? And it’s not the first time—on the first day of school, she also asked about things like this. And then I think, oh god, just look it up online, ask someone to go with you, get informed—it’s not that difficult. And honestly, I wonder: what kind of example are you setting for your child when you act like this?”*

At the end of the interview, Marie draws a parallel between the conditions for being a good parent and good kid and the conditions for successful integration of parents and children. She explains that one should not wait for something to happen, but should take proactive steps to integrate, such as attending Dutch lessons. Marie explains that integrating in a class means being polite, not being too loud, not interrupting the class, staying calm, playing with other children, understanding everything the teacher says, and completing their homework. The example of Marie shows that how people create boundaries is influenced by their own ideas about parenting, communication, and integration. Those who fail to navigate these expectations risk being excluded.

## Julia

The standard of what 'a good parent' is, is also mentioned by Julia. Julia is a mother in a same-sex relationship living in a rural area. She experiences an (unspoken) standard among parents and people in general, which involves conforming to certain norms such as wearing neat, branded clothes, having two cars, giving children French names, having two kids—a girl and a boy, living in a grey house with beige interiors, traveling to expensive hotels, and so on. She explains that in her region, the standard is that parents should be wealthy and prosperous, and that represents the perfect image of what a good family has to be. This standard is what parents strive for, and although not everyone meets it, parents often create the illusion that they do. As a result, she often has the feeling that she has to explain why she is not like that and makes other choices in life. She mentions that the standard of what it means to be a good parent leads those who do not fit into this ideal to have prejudices against the “ideal” parents, and conversely, those who feel they do not belong to the standard have the feeling that they are judged by the so-called ideal parents.

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<sup>4</sup> All names are pseudonyms.



In conclusion, the interviews reveal that the concept of a 'good parent' and 'a good child' is heavily shaped by societal and cultural expectations, which not only influence the way parents view their own parenting practices but also how they perceive others. The notion of what is good and what is not good leads to a perception of what is a successful integration of parents with migration background and children. The standard of the "*ideal parent*" can create prejudices, as those who do not fit the ideal are often judged by those who do, or the other way around. This division forms a basis for boundaries, leading to feelings of exclusion and a sense of 'us' versus 'them'. Underlying to this, there is the expectation that others have to assimilate to what the standard is for being a good parent or being a good integrated person. In sum, there is the expectation among majority groups (being people who are born and raised in Belgium) that people from minority groups (especially those who do not speak Dutch, have a different nationality or/and have migration background), have to conform to Belgian 'culture' and norms, as in the case of Marie criticizing that a mother asks for help so late.

#### B. Pursuing the best education: A catalyst for school segregation

The second mechanism in boundary-making is based on parents' aim for pursuing the best education for their children. Many parents emphasized in the interviews that they want the best education for their children and that they want their children to feel good at school. In some interviews, it was noticed that the presence of children who do not speak Dutch can be perceived as problematic. Parents mention that this leads to increased workload for teachers and, according to some parents, a decrease in the quality of education for their own children.

Will, a father living in a rural area, has no contact with people with a migrant background. However, he has heard stories about classrooms with many children from migrant backgrounds who do not speak Dutch well. In these stories, he heard that Dutch speaking children fall behind because teachers have to dedicate significant attention to those struggling with the Dutch language. Will expresses concern that his child might receive a lower-quality education in these situations. He states that if he knew this to be the case, he would actively avoid such a school environment. He emphasizes that this is not about the migrant children themselves but rather about his priority to ensure good education for his child.

Marie, who lives on the outskirts of a city, shares a somewhat similar perspective. While she enjoys traveling to other cultures for leisure and for fun, she expresses discomfort with cultural diversity in the classroom. Marie explains that when a child migrates from another non-Dutch speaking country to Belgium and joins the class of her child, she does not feel positive about it. She believes it places extra demands on the teacher, which she finds concerning. Marie admits that she does not look forward to the arrival of another child from "*a different culture*", as she feels it creates difficulties for the teacher in managing the class. Marie emphasizes that there are two challenging aspects for children with migrant background : they come from a different culture, and they do not speak Dutch. These two factors mean that teachers have to spend extra time with these children, which takes time away from the time available for other students. She clarifies that although she has no personal issues with these children, the fact that they require extra attention makes it difficult for her to fully embrace the diversity of cultures within the classroom. Overall, Marie tends to exoticize different cultures: she appears to enjoy interacting with people from different cultures when it is fun and enjoyable, rather than out of a desire to learn about or understand those cultures.

Lore, a mother living in the on the outskirts of a city and is also a teacher, highlights that both parents and teachers often have reservations about cultural and national diversity in the classroom. She explains that diversity is not always viewed by the teachers as something positive or enriching. Additionally, some teachers remain convinced that Dutch is the only language that should be spoken in schools. Lore stresses that this is not due to a lack of willingness to embrace diversity, but rather often stems from ignorance and a lack of skills among teachers.

The examples show that among parents and teachers, there is the concern regarding the impact of cultural diversity on the quality of education. While the individuals in these stories may have different reasons for their views, they share a desire to ensure the best possible learning experience for their children. Will's and Marie's concerns are rooted in the belief that their child could receive less attention and education due to language barriers of other children, arising from the perceived extra workload for teachers when managing cultural and language diversity in the classroom. On a more structural level, these assumptions can lead parents to actively seek out schools where only children from majority groups (namely, children who are born and raised in Belgium and speak Dutch) are enrolled. This desire to avoid perceived challenges associated with cultural or language diversity may result in the reinforcement of segregation within the education system. For example, parents' concerns about different languages spoken in a school can drive parents to seek schools where there are only Dutch-speaking children, possibly leading to segregation within schools. In sum, the examples show that choosing the best education for their child means, in fact, avoiding (hyper-) diverse schools.

### C. Equal roles, unequal burden between mothers and fathers

The third mechanism playing a role in boundary-making lays in how fathers and mothers perceive their roles. Some mothers and fathers explain that, according to their own parents, they feel they share parenting roles equally. Compared to their perceptions of their own fathers, they feel that fathers today are more present and involved in parenting. They recognize a trend in their social circles and broader society where fathers and mothers strive to divide tasks and roles more equally whenever possible. For example, a father of two young kids living in a rural area in Belgium, Kevin, mentions that his father was always away for work and that his mother did everything in the household. In contrast to his experience as a child, he wants to make time for his children and actively wants to be involved in raising the children. He describes that he and his wife decided that certain responsibilities, such as taking their child to the doctor, are handled by the father to *"reduce the burden on the mother"*. By doing this, they want to ensure that there is an equal and fair distribution of tasks between them and also want to show this to others to make sure that others involve them equally in for example, school contexts and medical health centers. The example shows that parents strive for equal roles in parenting.

Despite parents experiencing these societal changes and efforts as positive, parents acknowledge that inequalities between mothers and fathers still persist. Parents describe a dual mechanism of inequality in parenting. On the one hand, certain roles and tasks are automatically placed on mothers—for instance, a doctor who only communicates with the mother or a kindergarten caregiver who directs all instructions to the mother rather than the father. For example, Valerie, a mother of a baby, shares that the volunteers at the medical care centers who are often *"from an older generation"*, always give the baby to her instead of to her husband. Her husband also tends to pass the baby to her when the baby needs comfort because he does not yet trust himself to provide comfort. She mentions that some clichés, like *"a baby should be comforted by the mom and not by the dad"*, are perpetuated both by caregivers and by themselves.

On the other hand, some roles and tasks are not imposed by others but are actively claimed by mothers themselves. Catherine, a mother of two young children living in a rural area, highlights that even though tasks are equally divided between she and her husband, the mental burden remains unequal. She explains that she unconsciously often thinks, *"the woman has to do this or that"*, even though she recognizes this as an illogical way of thinking. This can be explained by an internalized process where societal expectations of gender roles shape mothers' perceptions of responsibility. As a result, this sense of obligation can create mental inequality regarding parenting, leading mothers to carry a heavier mental burden in parenting.

One explanation for this could be that mothers still view parenting as their primary responsibility rather than seeing it as the father's duty. This perception may stem from societal norms, where caregiving roles are predominantly filled by women, and from their own experiences with their mothers, who often served as the primary caregivers. While both fathers and mothers aim for equality in parenting, many mothers see themselves as the main responsible parent. Kevin shared in the interview that he sometimes has to explicitly ask his wife to let him take over some of her roles because she feels it is her responsibility to handle them.

Another reason for inequality mentioned by some parents is the difference between mothers and fathers when a child is born. Thomas, who has a baby and lives in an urban area, mentions that there is significant inequality between mothers and fathers because many things, such as breastfeeding, can only be done by the mother. Additionally, he had to return to work after a couple of weeks after birth, while his wife was able to stay at home. As a result, all the struggles with the baby were primarily handled by his wife. He says that ever since pregnancy, he noticed that the impact for his wife was mentally much heavier than for him. He notes that when people ask how their child is doing, he answers very enthusiastically, while his wife often does not. In general, he experiences parenting much more positive and less stressful compared to his wife, who tends to worry more. As a result, there are sometimes tensions between them because she does not always feel acknowledged in her struggles.

Arnout and Hannes, two fathers who live in the city, stated that they sometimes felt a little ignored during the consultations at *Kind & Gezin*. They noticed that the professionals mainly dealt with the baby's mother and did not ask the father anything. Although they both understand the reasons for this, namely that it is the mother who gave birth to the child and who primarily cares for the child through, for example breastfeeding, they think this could be improved.

In sum, during the interviews, some Belgian parents feel they share parenting roles more equally today compared to previous generations, with fathers being more involved than before. Some, like Kevin, actively seek to balance responsibilities, such as taking children to the doctor, to reduce the burden on mothers and challenge some more traditional norms. However, societal and internalized expectations still place a heavier mental burden on mothers, as they are often seen as the primary caregivers, both by others and themselves. Inequalities also arise from biological factors, such as breastfeeding, and structural factors, such as maternity leave, which can make early parenting struggles fall disproportionately on mothers. An important point is that this unequal burden is recognized by both fathers and mothers, and both acknowledge that while many inequalities have improved compared to previous generations, the mental burden is still perceived as unequal. This burden can be triggered by societal expectations and internalized expectation that mothers have the main responsibility of caring for their children, compared to fathers.

#### D. Infantilization of parents with a particular perceived migration background

The fourth mechanism that occurs in boundary-making is the infantilization of parents with a particular perceived migration background, as illustrated in the examples below. Infantilization of adults means treating adults as they are childish and not being capable of making decisions and take up responsibility. The interviews suggest that certain characteristics tend to trigger this process. Important is that these characteristics are mostly socially perceived characteristics such as assumptions about someone's nationality, language skills, religion and so on. In particular, parents who are perceived as non-Western and look visibly different — for example, those with a non-white skin tone, a Moroccan or Turkish background, who are Muslim, and/or who do not speak Dutch — are considered to be at greater risk of being infantilized.

Hannes, Janna, and Marlies recounted moments when they were sitting in the waiting room of *Kind & Gezin* with their baby and saw how unfriendly the *Kind & Gezin* caregivers were towards parents who were not white and/or did not speak (proper) Dutch. Hannes said:

*“They [the caregivers] obviously sometimes had a hard time with parents who spoke little or no Dutch. I think I can say that sometimes we [he and his partner] looked at each other like 'wow'... [They] just responded a lot shorter, not always willing to repeat a question or something. Yeah, that was really annoying, or awkward. I found it uncomfortable to watch. I think it even happened once or twice that we [he and his partner] just helped to clarify things, because sometimes you have to explain it [with visuals] and it does not help to just ask the same question in the same way, just a bit louder. These people are not deaf, they do not speak the language, so you have to do it differently [laughs], so yeah, that. Yeah, I think we have actually experienced that a couple of times.”*

Annelien shared the same impression, but in the context of the hospital where she was in with her baby, where the volunteers were condescending towards some parents:

*“The way they talk to people who don't speak Dutch, that's sometimes.... [...] I find that sometimes they speak very condescendingly. That's the word I'm looking for, condescending like uh... Like they're talking to a small child”.*

Birsen, who has a migration background, has also had negative experiences with *Kind & Gezin*:

*“One of the first visits that Kind & Gezin makes is at your home, because apparently they have to come to check whether the family actually has accommodation, whether there is heating, whether there is a bed, and whether the child is safe. And that's when we also realized, both [her husband] and I, that the questions that were asked by this [care professional], the statements that were made, showed very clearly that she certainly had not expected us to have the equipment [for a baby] and to speak the language. [...] You really notice that the questions that were asked, the statements she made, the way she then went around the house and looked in the kitchen to see if indeed [the right equipment for the baby] was there, [that she had a lot of prejudices]. [...] I even remember her saying, 'I did not expect this.'”*

This was a very negative experience for Birsen. She noticed that as soon as the staff at *Kind & Gezin* heard that she could speak proper Dutch, they began to behave normally towards her.

The examples show that the biases caregivers might have, enhance the process of othering of parents with a particular perceived migration background and reinforce exclusion. The bias seems to be that certain parents do not have good capacities, skills, knowledge or equipment to care for their babies. This is illustrated in how caregivers interact with these parents: they talk to them *“as they are a small child”*, and they are sceptic towards the expertise parents with a particular perceived migration background have in caring for their child. This dynamic can especially reinforce power imbalances between caregivers and clients, in this case, parents who do not speak Dutch, are perceived as being non-Western or look visibly different, such as wearing a hijab or being non-white.

#### *4.1.2. Strategies to deal with boundary-making*

Once people perceive boundaries, the question is how they react to these boundaries or how they deal with boundary-making, which is the focus of the second part of our results.

### A. Reframing boundaries

One way to deal with the boundaries people perceive is by reframing these boundaries. In parenting, reframing boundaries is often linked to how they framed or perceived boundaries in their childhood compared to how they perceive boundaries now. Parents often referenced their own childhood experiences and the cultural norms they grew up with as significant influences on how they now approach boundaries in their own lives and for their children.

For example, Esther, who lives in a rural area with her toddler, explains why she strives to create low social boundaries between her, others, and her child and others, hoping her toddler will adopt the same mindset. Her own experience of being excluded during her school years has had a profound impact on how she now views boundary-making. She emphasizes that her toddler *"has to get along with everyone,"* and her personal understanding of the pain of exclusion makes her especially mindful of the boundaries she sets for her child.

Not only childhood experiences, but also the cultural norms parents grew up with, influence their perspectives. For example, Thomas explains that he grew up in a school where no one wore a hijab. It wasn't until he was sixteen that he began to occasionally see others wearing one. As a result, he still finds women wearing a hijab unfamiliar and something he is not used to. When his child attended daycare, most of the caregivers wore a hijab. Thomas admits that, initially, he felt hesitant about them wearing it, saying, *"I had the feeling that I would like it better if they didn't wear their hijab."* However, his discomfort quickly faded once he saw how well they cared for his baby. Despite this, his initial unfamiliarity with the hijab influenced his feelings and created a sense of hesitation towards the caregivers. Now, he hopes that his child will grow up more accustomed to differences in others, such as people wearing a hijab, and that his child won't experience the same hesitation that he sometimes feels.

Mirthe works as a teacher at a primary school in an urban area. She described the school as very diverse and also explained how the increasing diversity is a challenging work environment for her:

*"Especially because as teachers ourselves, we have had a certain upbringing and have gone to school with certain expectations. And then you decide to become a teacher. When I started teaching almost fifteen years ago, I noticed that I had very few other parents or other students [from other backgrounds] in the classroom. But now the difference is huge and I often have to speak other languages to communicate with parents."*

While Mirthe is supportive of diversity and believes it is a new social reality that we need to accept and adapt to, she also explains that it brings challenges that school staff are not always equipped to deal with, such as language and cultural barriers.

In the first two examples, it becomes clear that past experiences, such as Esther's experience of exclusion in her childhood and Thomas's unfamiliarity with the hijab when he grew up, have now shaped their approach to boundary-making. Both parents are actively using these experiences to teach their children the importance of openness and acceptance. Esther, having felt the pain of exclusion, is determined to ensure her child holds openness towards everyone, emphasizing that her toddler *"has to get along with everyone"*. Similarly, Thomas, having initially felt hesitant towards caregivers who wore a hijab, now hopes his child will grow up more familiar with differences, including people who wear a hijab, and will not experience the same hesitation he once felt. In both cases, their past experiences have become a motivation to diminish certain boundaries towards others, and fosters hope that their children will embrace the same openness. In the case of Mirthe, it shows that the

current reality of superdiversity urges people to rethink and reevaluate their position towards others, especially those not speaking the same language.

#### B. Self-protection as a coping mechanism in boundary-making

The second strategy is self-protection, which was one of the recurring themes in the interviews with the parents. The mechanism of self-protection appeared in two ways. First, in the realm of parenting, the mechanism of (self-) protection was expressed by various parents. The interviews show that parents hold their vision of raising their child close to their hearts, valuing it deeply while also seeing it as fragile and intimate. Even though they believe in their approach, they often feel uncertain about how well they implement it in practice. Due to this uncertainty, parents sometimes avoid discussing parenting, upbringing, and child-rearing with others who take a different approach. As a result, parenting style was one of the most frequently mentioned boundaries among young parents, with the mechanism of (self-)protection underlying it. On the one hand, parents wish to avoid making other parents feel uncertain or defensive. On the other hand, parents seek to protect themselves and their own parenting beliefs.

This is illustrated in the interview with Anna. Anna is a mother of a two-year-old toddler living in a rural area. She describes how difficult it is for parents to openly discuss parenting styles. She explains that her friend, who also has children, raises them in a very different way than she does. While they all respect each other's parenting choices, she has noticed that her friend is not really open to hearing about her experiences. Because of the differences in parenting and her friend's unwillingness to discuss them, Anna chooses not to bring it up. Instead, she listens to her friend but does not actively engage in a real discussion about it. Because of her experience with this friend, Anna realizes that when another parent has a different parenting style, she naturally avoids conversations about parenting with them. Moreover, without really intending to, she also finds herself forming an impression of other parents based on how they choose to raise their children. According to Anna, the hesitation to discuss parenting with other parents stems from a fear of judgment or criticism, as parenting is deeply personal. By avoiding these conversations, she observes that parents aim to protect themselves and others from difficult discussions, as parenting is something that, in some way, makes everyone feel uncertain.

Second, self-protection occurs as a mechanism in boundary-making in situations where people feel like a minority. For example, Muslim mothers and mothers in a same-sex relationship expressed in the interviews that knowing that you are part of a minority makes you acutely aware of the prejudices that exist against you. These prejudices create a sense of caution, making you reluctant to stand out too much or take actions that might risk confirming those very stereotypes in the eyes of others.

For example, Yasmina, a Muslim mother living in the city having two toddlers, shared that she is very aware that her Muslim identity, visibly expressed by wearing a hijab, sometimes causes others to look at her critically or with disapproval. When her children are loud on the tram, she feels that people stare even more and judge her not just as a parent but also based on her religious and cultural identity. Another Muslim mother, Haise, mother of three children and living in the on the outskirts of a city, explains that some Muslims hesitate to ask non-Muslims for help because they fear how they might react. As a result, some refrain from seeking help altogether, worried about asking the wrong questions or questions that might be seen as inappropriate. She adds that when Muslim individuals consciously avoid interactions with others (eg.: white people), it is often a form of self-protection—self-protection of their religious, and ethnic identity. Moreover, she believes that for some people, the hijab can heighten feelings of unease or anxiety for others. Haise mentions that this sometimes happened to her during her visits to the public medical care centers for children *Kind & Gezin*. There, she has noticed that the volunteers hesitate to communicate with her as a Muslim mother. She believes that her name



and her Muslim identity, makes them reluctant to engage with her. As a result, she experiences miscommunications. Haise feels that due to a lack of understanding and fear of her culture, people, often older people, tend to avoid dialogue with her.

For Birsen, there is also the aspect of protecting her children. She has noticed that the school her children attend has a policy on language and diversity, that Birsen believes can be improved. For example, all children are required to speak Dutch on school grounds, including the schoolyard, and speaking languages other than Dutch is criticized by the teachers. Furthermore, Birsen says, the school does not do enough to accommodate diversity in all its forms, including ethnic and racial diversity. Nevertheless, Birsen says it is difficult to criticize this, as she has the feeling that she is one of the only parents who really cares about these things. She fears that speaking up will have a negative impact on her children and that Birsen will be perceived as a difficult person who is constantly criticizing things. At this point, Birsen only speaks up when the prejudices or stereotypes she sees are too clear or explicit:

*"If we [she and her husband] see things in the children's course material [...] that we don't like, then we pass that on to the teachers too. For example, 'all Chinese eat with chopsticks, all Muslim [women] wear a headscarf', [things like that]". But Birsen also does not tolerate sexist behavior by teachers, such as the sports teacher who patronizes girls and says that basketball or soccer are not sports for girls, and she has contacted the school about this as well. "But I did emphasize that I do not want the teacher to know that [it was] parent X with my name [who complained], [and that the] children would be the victims of that, because that's one of the biggest, well, that's one of the biggest reasons why parents hold back. [...] Nobody wants their child to be a target, and that's something that makes you a lot more careful when you criticize."*

Avoiding interactions because of prejudices is also experienced by Julia. Julia has a baby and is in a same sex partnership living in a rural area. She explains that because of the judgements there are in the area she lives about mothers in a same-sex relationship having children, she avoids people with these opinions.

In sum, the mechanism of self-protection—whether driven by personal anxiety or a response to perceived prejudice—appears to function as a coping mechanism in the process of boundary-making. The mechanism of self-protection often leads to avoiding conversations with others as a way to shield oneself from potential judgment, misunderstanding, or negative experiences. Note that avoiding conversations is not limited to one group; it occurs among different actors. Both individuals who feel like a minority and those who are unfamiliar with certain cultural or religious backgrounds may engage in this avoidance. For some, it is a way to protect their identity, while for others, it may stem from uncertainty, discomfort, or fear of saying the wrong thing. This mutual avoidance can reinforce social boundaries, making meaningful interactions and mutual understanding more difficult.

### C. Creating a welcoming atmosphere for minority groups as a counter-movement

The third way of dealing with boundary-making is by creating a welcoming atmosphere. For most parents, the idea of experiencing or setting boundaries between themselves and others is not something they are very familiar with. It is often described as an unconscious process, where mechanisms such as self-defense, avoiding confrontation, and fear come into play, as explained in the previous sections.

During interviews, when explicitly asked whether they have contact with parents from different cultural or national backgrounds, most responded that they either do not or only to a very limited extent. Occasionally, parents shared an example of a brief interaction with a parent of a different background

or speculated on how they would react if their child interacted with children from another background. In these examples and hypothetical scenarios, Belgian parents often express a desire to be welcoming toward people who do not know the Dutch language, have a non-white skin color, or migrated to Belgium. In their responses, the Belgian parents emphasize that they actively try to remove barriers between themselves and those other parents by adopting a very welcoming attitude.

This is illustrated in the example given by Anna. Anna describes an experience at the playground where children with “a different nationality” were present, but she noticed that other children seemed reluctant to play with them. Wanting to encourage inclusivity, she motivated her child to engage with them and initiated a conversation with the mother of the kids. Despite the language barrier, Anna felt that the other mother appreciated the effort. She was also pleased that her own child was willing to play with the other children. Anna is unsure whether the other children deliberately distanced themselves, but she felt uncomfortable about the situation and took action by encouraging her child to engage. She sensed that the other mother was surprised when she spoke to her, but Anna enjoyed the interaction because she wanted to show that they were just as welcome as any other children and parents. However, Anna admits that she does not actually know whether the mother and children felt excluded in the first place. She unconsciously assumed they did and wanted to explicitly reassure them of their welcome, though she realizes they might not have needed that reassurance. Anna believes that parents “with a different nationality” are not often approached in such situations and may not always feel treated as equals, which motivates her to take intentional steps to make them feel welcome.

Besides some occasional encounters with minority groups in public spaces, the Belgian parents we interviewed often mention that their circle of friends and family is very homogeneous, consisting mostly of people with the same nationality. As a result, they do not have much contact with minority groups, as is the case with Will, living in a rural area with one child. Will says, *“Here, where we live, it’s not an urban environment, and for now, we don’t come into contact with people of a different skin color.”* When asked whether they focus on this aspect of upbringing, specifically on the fact that there are children with different skin colors, Will responds that it is still too early for that, and that they don’t pay attention to it.

Kevin, who lives in a rural area and has two children, says he makes a real effort to be someone who welcomes others and helps them find their way. He finds it especially important to be welcoming to people of different skin colors. In his daily interactions, whenever he meets people from minority backgrounds, he makes a point of greeting them. He believes that this simple act helps them feel welcomed. For example, at the kindergarten, there is a Black mother whom he always greets with a *“hello.”* Over time, this has led to occasional conversations between them. He emphasizes that, regardless of someone’s skin color, we should acknowledge and greet them, as this is the first step in making someone feel welcome. His wife, Lauren, adds that she thinks the mother they met at the kindergarten does not receive greetings from everyone. Because of that, Lauren wants to be open to everyone, embrace diversity and tries to incorporate it into their parenting. However, she acknowledges that because diversity is so limited in their environment, it is not always easy to do so. As to their children, Lauren observes that they do not yet notice differences in skin color, and she hopes that never changes. Still, she is very aware that, eventually, it will—and that her children’s natural openness will fade over time.

The parents in these examples express a desire to be welcoming and inclusive toward people from different cultural or national backgrounds. Through small gestures, such as greeting others or encouraging their children to play together, they aim to foster a welcoming atmosphere. They place a high value on being welcoming, as they believe that others may do the opposite, potentially making people from minority groups feel unwelcome. In the cases of Anna, Lauren, and Kevin, being welcoming



is viewed as a counter-movement. However, their actual interactions with minority groups are limited— for instance, Will has no interactions at all. Parents in predominantly homogeneous communities acknowledge that diversity is not a significant part of their daily lives, making it difficult to actively incorporate inclusivity into their parenting.

That people are often not aware of how they can interact in an inclusive way with others, is shown in the example of Debby. Debby, who lives in a mixed family in terms of ethnicity and religion, explained that she notices that some parents have a different attitude towards her family. When she, a white mother, takes the children to school or to a play date, other parents are friendly and willing to have a chat. When her husband, a Black father, brings the children, some parents ignore him or do not engage in conversation with him. Moreover, she shared an uncomfortable experience with the Sinterklaas<sup>5</sup> event that happened a few months before the interview. She described how the children were waiting for Sinterklaas in the schoolyard, while it turned out that the school had asked a Black student who was doing his internship at the school to play the role of [black] Pete. This made Debby very uncomfortable, especially as her partner is Black and they are both very critical of this tradition. For Debby, this shows that the school is not up to date with current knowledge about racial issues and the history of slavery and racial injustice.

## 4.2. Observations

In this section, we discuss the findings of our participant observations in health-care centers for babies and toddlers '*Kind & Gezin*', in a school, and in an afterschool program. In sum, the observations show that the purpose and space of the context, but also how staff/volunteers interact with parents, shapes how parents interact with each other: in a more formal or rather informal way, or in a more familiar or rather professional way.

For example, the waiting rooms of *Kind & Gezin* do not feel for parents as a space to interact with each other, as this space is used as a place 'for waiting', not 'for interacting', and as volunteers are only interacting with parents for arranging practical things. Although in one of the waiting rooms there was a playground made for children to play, it seemed not very clear that it could actually be used (dimmed light). In sum, very limited parent-parent interactions were observed in the waiting room. People were waiting for their child's medical visit, waiting for the timing after their child's vaccination, or their child was being measured. While it was a cordial atmosphere, it was not one that encouraged interaction among adults or children. Some interactions between parents and volunteers about practical things, nothing more.

In contrast, in the hallways of primary schools, parents sometimes engaged with each other, but still in rather limited ways. In two hallways, stairwell landings served as informal waiting areas where parents familiar with each other engaged in conversation, even if they were meeting different teachers. Parents exchanged polite greetings, with familiar ones engaging in longer conversations. Teachers maintained a friendly yet professional distance from parents.

The most interactions were found in the context of the after-school programs where parents pick up their children. This place made parents most comfortable to engage with each other. Reasons for this are that children are playing with each other which makes parents stay longer and makes it easy to interact with each other while watching their children play, that there are parties organized where more informal meetings are possible, and that staff were emotionally very supportive of children and parents alike. All these aspects facilitated the encounters between parents and between parents and

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<sup>5</sup> The feast of Sinterklaas celebrates the name day of the Catholic Saint Nicholas on December 6. Sinterklaas is celebrated every year, especially in Belgium and the Netherlands, by giving gifts and sweets to children.

teachers/caregivers. As the weather grew warmer, many mothers (5 to 10) of younger children stayed around, watching their children play for another 30 minutes to an hour. They chat with each other, largely along the lines of preferred languages: French, Arabic, Flemish, or something else. In this informal chat, there was certainly a mixture of religions (Muslim, Hindu, Catholic, Protestant, other) and a mixture of countries of origin (Belgium, Ukraine, Turkey, Ethiopia, Ghana, Congo, Morocco).

The observations show that there are contexts that encourage interactions between parents, and contexts that do so to a lesser degree. We observed that the factors that influence this are 1) the purpose of the context; a waiting room has another purpose than an afterschool program, 2) how caregivers/teachers interact with parents; if they interact in a low-key way, parents tend to interact also more with each other, and 3) how the space looks and if the space encourages interaction.

The observations showed that when reflecting on boundary-making processes, we have to take not only interactions between people into account, but also how these interactions are shaped by the context and the space

## 5. Conclusion and practical recommendations

### 5.1. Conclusion

This Belgian report explored the 1) intrapersonal and interpersonal mechanisms of boundary-making in parenting encounters and 2) strategies to deal with boundary-making, based on 53 in-depth interviews. The results showed how boundary-making mechanisms and strategies on a microlevel (e.g.: in social interactions) can contribute to more structural forms of exclusion and discrimination at meso- and macro-levels (e.g.: school segregation and gender roles).

In the first part, we focused on the four mechanisms happening during or causing boundary-making. Key insights from the study reveal that parenting expectations play a significant role in shaping boundary-making processes. Perceptions of what constitutes a good parent or a well-integrated family create social divisions, with parents having a migration background often facing additional scrutiny or infantilization. Furthermore, the pursuit of high-quality education among Belgian parents contributes to school segregation, as some parents consciously or unconsciously avoid diverse educational environments which is often linked to low-quality education. Gender roles also emerge as an important factor, with mothers experiencing a disproportionate mental and emotional burden despite increasing paternal involvement in childcare. As part of this, we discussed how gender roles are internalized on the one hand, and imposed by others on the other hand.

In the second part, we focused on the strategies to deal with boundary-making. Parents employ various strategies to navigate and counteract boundary-making, including reframing their perspectives based on personal experiences, engaging in self-protection mechanisms to avoid discrimination, and actively fostering inclusivity through small gestures and interactions. However, despite efforts to create a welcoming atmosphere, many Belgian parents have limited exposure to diversity, reinforcing social boundaries due to a lack of direct interaction with minority groups.

The observations indicate that, in general, interactions between parents in healthcare centers and schools are limited. Most of the time, these encounters consist of brief moments of engagement, such as exchanging smiles, offering a short greeting, or engaging in brief conversations. Although these are small acts, they can still make a difference. For some, these subtle interactions may be a source of reassurance or a first step toward building a stronger sense of community (see nodding relationships below). In the interviews, participants often referred to these small moments of

contacts with other parents, which shows that they are noteworthy to take into account in the process of diminishing boundaries between parents.

## 5.2. Practical recommendations

This Belgian report provides four practical recommendations for everyone working as a professional with other parents (caregiver, teacher, etc.). By understanding how parents interact and set boundaries, professionals can improve their own ways of interacting with parents or facilitating parent-parent encounters. In particular, these recommendations can be included in our forthcoming handbook and podcast.

First, the interviews showed that some parents try to create a welcoming atmosphere for other parents. They do that by making small gestures or having small conversations. In the interviews, parents mention that if they meet someone who seems to be unfamiliar with the context, they try to welcome them by greeting them etc. These kind of small actions and gestures are called in literature ‘nodding relationships’ (Kohlbacher, Reeger, and Schnell 2015, 449). In our podcast and forthcoming handbook, this will be included as one way to deal with diversity among parents and how to create a welcoming atmosphere in school contexts and health care centers.

Second, the interviews show that there is a high risk among caregivers (*Kind & Gezin*) to infantilize parents with a migration background. One of the reasons for this is that, due to a language barrier, caregivers feel incompetent to communicate with parents with a migration background. It shows that there is insufficient knowledge and skills among caregivers how they have to communicate with people with different backgrounds. The podcast could discuss some cases in which it becomes clear how caregivers interact with parents with a migration background, what the consequences are, and how they can become more aware of their own boundary-making process.

Third, the interviews show that for a lot of the Belgian parents we interviewed, interactions with parents with migration background is very limited. In the interviews it became clear that parents in general do not think about these topics and are sometimes surprised when they are confronted with the stereotypes and prejudices they have about people with migration background. When making the handbook and podcast, it is important to take into account that, in fact, many parents we interviewed only have limited contacts with people with migration background, which may diminish their reflection on boundary-making.

Fourth, Belgian parents often feel uncomfortable to talk about exclusion and discrimination. Moreover, they feel ashamed about the way they think or talk about others. In the handbook and podcast, this feeling of shame can be an important topic to discuss. Next to feelings of shame, we also observed that parents often talk about discrimination and exclusion in an indirect way. People also struggle to find the ‘right’ words when describing someone with a different skin color, religious background, or language. During the interviews, Belgian parents often referred to such individuals as ‘someone with another nationality’. However, it was not entirely clear what they meant by this term or what assumptions underpinned it. A non-white skin color and/or not speaking Dutch appeared to be key markers when Belgian parents used the phrase ‘a different nationality’. The term was often employed as a catch-all, revealing their uncertainty about how to articulate perceived differences between themselves and others.