Swedish school social workers' practice choices in low-performing schools with many underprivileged children

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Abstract: School social work is established around the globe, but the organisation and services differ depending on national regulations and local priorities. This study is set in Sweden, where the school social worker (SSW) works in a decentralised educational system and assists hundreds of children, which requires them to make choices about the services they can offer. The present interview study explores the practice choices SSWs carry out in low-performing schools with many underprivileged children. It illustrates dilemmas and creativity, and it calls for reflection on the part of practitioners and policymakers.

Keywords: School social worker; school health services; low socioeconomic status areas; Sweden

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Introduction

School social work has a long history (Kelly et al, 2010), and it is now well established in more than 50 nations around the globe. The organisation and services that are offered differ depending on national regulations and local priorities (Huxtable, 2022). In Sweden, where the present study is set, school social work was established in the 1940´s and has developed much since then (Isaksson, 2016). In contemporary Sweden, there are around 3.100 school social workers (SSWs), referred to as *school counsellors* (Sveriges kommuner och regioner, w.y).

The Swedish Education Act (2010:800) accords with global recommendations (WHO, 2021) that requires that children are to have access to school health services. The SSW is part of the school health services that, according to the law, 'shall primarily work with prevention and health promotion' and involve activities 'on the individual level, group level and school level' (Education Act, 2 chapter 25 §). To help practitioners interpret the law, the National Board of Health and Welfare and the National Agency for Education provide *Guidance for the School Health Services* (2024) with examples of what the SSW *can* do. The Swedish political and professional discourse on what areas the school health services should focus on is currently under discussion. A governmental investigation has been commenced (Regeringen Dir. 2024:30), and professionals have proposed that the school health services should focus more on individual support and treatment to children (Svenska Dagbladet, 2025). However, it is common for the SSWs to assist several schools and hundreds of children (SOU, 2021), and the educational system is decentralised so that services can be adapted to local needs and resources.

The aim of the present paper is to explore the 'practice choices' (Kelly et al, 2010, p.3) that SSWs who serve low-performing schools with high numbers of underprivileged children make. We examine how the referenced activities can be understood in terms of prevention, promotion, and treatment – the latter referring to interventions aimed at individuals with a diagnosis or identified problem (Purgato et al., 2020) – and how these activities relate to the school, group, and individual levels. Children from families with low socioeconomic status (SES) (i.e. the parents have low income and a low educational level) face great risks of school failure and physical and mental health issues (FORTE, 2018). Schools that serve many underprivileged families face great challenges and often experience low performance (Statistics Sweden, 2020). To improve future opportunities

in life for children and to improve school social work, we must widen our understanding of the SSWs' practice choices in low-performing schools.

The theoretical departure of this study is that the SSW's work is much formed by his/her 'practice choices', that is, the activities that the SSW 'decides' to offer the service users (Kelly et al, 2010, p.3). These choices are affected by national and local regulations and resources, by the school leadership and other staff, by the professional's expertise and experience, and by the children and families (Payne, 2023). National legislation and guidelines are typically formulated in broad terms, making them open to interpretation (Hasenfelt, 2010; Lipsky, 2010). The inherent tension between the complexity of the SSWs' tasks, their professional experience, and the often unpredictable nature of their work presents significant challenges. These challenges frequently demand rapid and autonomous decision-making on how to prioritize, which may lead to ethical and practical dilemmas but can also foster innovative and creative solutions (Lymbery, 2003; Olaison et al, 2018). SSWs are required to make decisions and set priorities based on their own knowledge and understanding of the institutional context and the children they engage with. The SSW's practice choices can be conceptualised as reflexive processes where the constant interaction between the SSW, other professionals and clients affects the SSWs' understandings: 'social work responds to the social concerns that workers find and gain understanding of as they practise' (Payne 2023, p.90). Evans (2020) further underscores the link between such demands and professional decision-making, emphasizing the importance of engaging in reflective practice.

Previous research

Much previous research on school social work originates from Anglo-Saxon nations. Extant literature shows that school social work can involve a range of activities on individual, group, and school levels, for example, individual counselling, suicide prevention, interventions against bullying and violence, substance use prevention and promoting home-school relations and school-community partnerships (Coleman and Yeah, 2008; Kelly et al, 2021). There is a vast array of tasks that SSWs can engage in, defined as either, or a combination, of health promotion, risk prevention and/or treatment. However, although health-promoting and risk preventive

interventions directed *to groups* of children have been politically encouraged over the years, studies indicate that school social workers continue to deliver services primarily to individual children with special needs and mental health issues (Kelly et al, 2010).

Research that focuses on school social work with underprivileged children stresses that for the interventions to result in positive health outcomes, trusting relationships with children and parents must be formed (Bryan, 2005; Henry et al, 2017). The SSW must be committed to his/her work with families that face many challenges and must be ready to offer flexible and alternative interventions that engage children and parents (Gonzalez et al, 2013; Henry et al, 2017; Kim et al, 2018; Park-Taylor et al, 2007).

Swedish research that focuses on social work in low-performing schools and disadvantaged areas is scant. Recent work on school social work in general illustrates how the SSW's task is interpreted and carried out. As has been shown in international research, Swedish SSWs are involved in a range of activities. Their profession is described vaguely in policy texts (Bergnehr and Gunnarsson, 2025), and their resources are limited (SOU, 2021); what their work should involve is largely up to every SSW and/or the school leader to decide upon (Backlund et al, 2024; Isaksson et al, 2020). Several studies suggest that SSWs find it difficult to categorize and distinguish between different activities as the concepts often blur in practice (Kjellgren, 2024; Jansson, 2024; Lindblad & Backlund, 2017). However, other findings indicate that SSWs primarily associate preventive work and health promotion with activities at the school and group levels (Backlund et al., 2024; Jansson, 2024). Analyses of local official documents show that 'promotion' and 'prevention' are frequently connected to diffuse, abstract activities or to work at the organisational level aimed at supporting other school staff or the school leader rather than the children (Bergnehr and Johansson, 2023). The most regular activity that the social worker appears to prioritise is counselling individual children on mental health issues (Eriksson et al, 2024; Kjellgren, 2024; Jansson, 2024). SSWs stress that building trusting relationships with the children is of the utmost importance for the work to result in positive outcomes. To make themselves known, SSWs spend time in the corridors and try to interact with children on an everyday basis (Eriksson et al, 2024; Kjellgren, 2024; Ottosson, 2024). Little is known about how SSWs in low-performing schools refer to their practice choices (but see Eriksson et al, 2024; Ottosson, 2024). Further knowledge is therefore needed to enhance the training of social workers,

for the development of praxis, and for policymaking. The present study contributes to such knowledge.

Material and method

Official statistics from the SALSA database on performance rates and parents' education from the National Agency for Education (Skolverket, 2023) were used to find low performing schools where children score below national average. In this case, this meant that the educational attainment of the children and the parents' educational levels were low compared to the national average. To limit the sample, secondary schools (children aged 13-16) were selected from two provinces in southern Sweden. This selection included a diverse mix of urban, suburban, and rural schools. In total, 45 SSWs who worked in the selected schools were informed about the project and invited by e-mail to participate in the study: 16 of these gave a positive reply but three later declined to participate due to lack of time.

Table 1 Participants of the study

Pseudonym	Education/training	Number of students he/she served	Time employed at the school	Population of Municipality
Anders	Social worker/Socionom	800	1 year	<30.000
Bella	Social worker/Socionom	220	5 years	<30.000
Cecilia	Social worker/Socionom	220	12 years	>30.000
David	Social worker/Socionom	560	7 years	<30.000
Ester	Social worker/Socionom	600	10 years	<30.000
Filip	Social worker/Socionom	460	1 year	>30.000
Gustav	Behavioural sciencies	600	13 years	>30.000
Hanna	Behavioural sciencies	600	7 years	<30.000
Iris	Social worker/Socionom	760	5 years	>30.000
Julia	Behavioural sciences	510	10 months	>30.000
Kristin	Social worker/Socionom	330 at 80% of fulltime	3 months	<30.000
Linnea	Social work assistant	500 at 50% of fulltime	3 months	>30.000
Maja	Social work assistant	310	8 years	<30.000

Of the 13 study participants, four were men and nine were women. Six worked in cities or suburbs were many underprivileged families, often of foreign origin, resided, and seven worked in small rural municipalities where the school served children from mixed SES and national backgrounds. The schools were located in areas affected by economic disadvantage and resource scarcity, limited access to support and structural inequalities tied to housing, segregation, and policy (FORTE, 2018; Statistics Sweden, 2020). Underprivileged in this case could for example be single parent households or families with migrant backgrounds facing economic challenges, unemployment and overcrowding (Låftman, 2010; Rädda Barnen, 2019). Young girls may face different expectations or limitations due to patriarchal traditional family structures, and boys may be labelled as disruptive and disengaged in school, with a high risk of poorer physical, psychological and social wellbeing (Reiss, 2013).

The SSWs had varying but still similar training. Their work experience ranged from one year to several decades. The variety of schools provided us with a broad picture of what school social work in Sweden could involve in schools serving many underprivileged families. Although our study included only 13 informants, limiting the ability to generalize the findings, the patterns that emerged were consistent with local variations, and aligned with those identified in previous national and international research on school social work.

Individual semi-structured interviews were conducted by the first author in autumn 2023, in the SSW's office, and began with starter questions like name, education and experience from this school and of social work in general. The questions in the interview guide were the following: Explain to me what school social work is for you? What are the activities that you engage in during a week at work? How do you connect different activities to preventive work, promotion and treatment? Describe the challenges in your work that you experience due to the fact that many children in this school are from families with low SES. How do you collaborate internally and with other societal actors, such as the police or social services? Probing questions were asked. The informants appeared relaxed and interested in discussing their work. The interviews lasted 50–90 minutes and were recorded with the consent of the participants.

The data were collected and analysed according to Swedish laws and regulations on research ethics (Vetenskapsrådet, 2024; Etikprövningsmyndigheten, 2023). Sensitive data were not collected,

and therefore no approval from the national ethics board was required. Before giving their consent to participate the school social workers were informed about the project both orally and in writing and were invited to ask questions about the study. They were made fully aware of the possibility to withdraw their consent to participate at any time without giving any specific reason. In the interviews, the SSWs did not share information about any identifiable children or families. Pseudonyms are used in this text to protect their identities, and any identifiable references to specific schools, municipalities, or workplaces have been changed or excluded.

The data are protected in line with the Swedish law, like the Principle of Openness act, the Secrecy act, and the Data Protection Provision (GDPR), and the Archives act. The collected material is stored on a local encrypted and access protected storing facility at the university responsible for the project. Collected data will be stored for 10 years. Only the researchers responsible had access to the material.

Analytical approach

The interviews were transcribed verbatim. This process itself marked the beginning of the analytical work (McMullin, 2023). To organise and structure the interview data, we followed the six-phase process outlined by Braun and Clarke (2022). Thematic development began with collaborative readings of the transcripts to identify emerging patterns. The first author then systematically coded meaningful features across the dataset, forming the basis for preliminary themes. The themes were created and refined through team discussions to reduce the risk of researcher bias and to ensure a more balanced and credible interpretation of the data. In addition to the main themes, we considered whether any accounts could be seen as alternative cases that diverged from dominant patterns. While there were variations in how individual school social workers described their roles, particularly in promotive, preventive, and individual work, none of these accounts stood out as distinctly different or contradictory. As such, they were not classified as deviant cases but rather as nuanced expressions within the broader thematic framework.

Guided by Kelly et al.'s (2010; 2021) practice choice framework, and Lipsky's (2010) and others' understandings of social work under the system of street-level bureaucracy (e.g., Evans, 2020; Olaisen et al, 2018; Payne,

2023), we reflexively engaged with the data to enrich the analysis. The data were coded as either promotion, prevention or treatment according to how the practice choices referred to in the interviews were identified. Moreover, we placed the interventions that were mentioned in the categories school, group and individual level. The coding was informed by the understanding that *promotion* contains activities 'aimed at strengthening positive aspects of mental health and psychosocial wellbeing'; *prevention* is 'activities aimed at reducing the likelihood of future disorder in the general population or for people who are identified as being at risk of a disorder', while *treatment* is generally delivered to people with a diagnosis but can also be given to undiagnosed people, so called *indicated prevention* (Purgato et al, 2020). In addition, we acknowledged how the SSWs themselves defined a certain activity. Interventions offered to groups of schoolchildren were coded as either school level or group level, depending on whether the activity involved most or all children at the school or 'only' one or a few classes. Activities that were offered to individual children were defined as interventions on the individual level. The categories intertwine and can be hard to separate, as will be obvious in the results section that follows. The results are presented under the headings *Practice choices of work with children on the school and group level* and *Practice choices of work with children on the individual level*.

Results

The practice choices of work with children on the school and group level

The findings of the present study illustrate the complexities of school social work. One of the interviewed, Bella, sums it up as follows:

> *'For me, there is no ordinary week at work, and my plans are often overturned. Things happen, and I would say that my work is a mixture of trying to get ahead of things. This applies to preventive work and to work with treatment on the individual, group, and school levels. Yes, the work is very diverse, and you are the one who decides what to make out of it.'*

The analyses of the practice choices that occur in the interviews made obvious that interventions on the school level and group level intertwine

and are hard to separate. Also, it is not always easy to identify what separates prevention from promotion, and at times what differentiates treatment from (indicative) prevention or promotion. The SSWs mention comparatively little work that they do on the school level. When school-level activities are brought up, they identify these as being about prevention and promotion. Most SSWs bring up that they work with the informative and health educational programme ANDTS (alcohol, drugs, doping, tobacco, gaming), which is common in Sweden, and which has the aim of promoting healthy lifestyles and preventing risky behaviour. The programme informs of the effects of alcohol, narcotics, doping, tobacco and gaming, and involves time for discussing lifestyle choices. The programme is usually offered to the whole school or to some grades/classes, with the SSW and the school nurse responsible. This programme appears to be one of the most common and regularly implemented. Other educational initiatives that are mentioned concern issues such as equal treatment and safety, which are referred to as being preventative measures or promotional initiatives for all children, sometimes at the initiative of the headmaster, or specifically for a class when the teacher experiences problems with the social climate and contacts the SSW for support in suppressing the problems. It can also be that the SSW identifies a problem that needs to be addressed. For instance, David decided to work with the health education initiative 'Talking about emotions' as a result of experiencing that many children had mental health issues and that the staff at the school had difficulties in dealing with the children's emotions. All children in grade 7 (aged 13) took part in groups where David mentored discussions on handling and expressing emotions, self-care, and mental health.

Like David, several of the other SSWs refer to engaging in activities that can be defined as *indicated prevention*, that is, interventions that aim to 'treat' populations that are not diagnosed but where problems have been identified (Purgato et al, 2020). The SSWs mention working with groups/classes where they or other school staff had identified problems with the social climate and/or the children's general well-being. Cecilia, for instance, says:

> *'We are working with a 7th-grade class now, because things do not work in that group. We don't tell the children that's why, but the reason is that we have been having problems with that group.'*

Cecilia brings up that they chose to work with several classes to avoid stigmatising a certain group of children and as a strategy to prevent future

problems. Kristin, at another school, also brings up how she works with specific problems that arise. In her school, bullying and social exclusion were evident in one of the classes. She employed an established method using health education material; the group watched a movie, and then she and the school nurse moderated discussions in smaller groups.

Some SSWs talk with frustration about what they are asked to do when problems in specific classes/groups appear. Ester, for instance, says:

> *'Sometimes a teacher addresses you and asks you to just do something with a class. And I say like, "OK, what do you want me to do?" The effect will be quite limited, won't it, if I just turn up once in the class and say something once.'*

Ester appears to feel frustrated about teachers asking her to solve things when she has little knowledge about the situation. She points out the importance of her having close, trusting relationships with the children for any intervention to have positive outcomes. She is critical of one-off 'acute' interventions and would rather see more long-term initiatives.

SSWs who serve suburban schools with many poor families of foreign origin raise concerns about how to work with what they refer to as a growing 'macho-culture' among the boys. Iris says: 'This macho culture, it's a challenge that so many of the boys seem to believe that they are expected to act in such ways.' The 'macho-culture' involves a lack of respect towards others, especially girls, and honour-based values with negative attitudes towards ideals of equal treatment and gender equality. Iris stresses her concerns about the matter and emphasises that the macho culture affects all children's sense of safety and well-being. Cecilia faces similar problems at her school. In collaboration with other staff at the school, she conducts group discussions on how to address and listen to each other. She regards a group discussion as an activity that is about prevention and also a way to stifle apparent problems.

The activities that the SSWs say they are most engaged in on the school level, and which relate to work on the group and individual levels, are 'to move about in the corridors' and 'to keep the door to the office open'. These activities promote interaction and increased possibilities for SSWs to get to know the children better. Filip describes it the following way:

> *'I try to spend much time in the corridors, trying to be available, making it easy [for children] to approach me, as preventive work. When I have nothing scheduled, I walk around the school, have the door [to the office] open, spend time in the corridors where I check things out.'*

Filip, as well as the other SSWs, refer to walking around the school at breaks and between classes to assess, map out situations and build trusting relationships with the children. They define such activities as promoting and/or preventive. Maja also raises the importance of adults socialising with the children at school at breaks and between classes. She says:

> *'Adult attendance in the café or in the corridors results in less trouble and a sense of safety, since adults can intervene if anything happens.'*

Maja works in a small rural municipality where children attend different primary schools and hence are not familiar with each other when they start secondary school. Maja stresses how important it is for the SSW to work with the social climate, to promote safety and feelings of togetherness. The 'walking around method' is also practised outside the school. Julia, another SSW, describes that she occasionally takes a walk through the surrounding suburban neighbourhood. Sometimes she meets children who have not been attending school. She stops to talk with them and tries to encourage them to attend school. Sometimes they go back to school with her; at other times, they do not.

In different ways, the SSWs show commitment and refer to activities that they engage in that serve to build trusting relationships with the children. Two study participants state that they often have their lunch with the children, in the children's lunchroom. Ester says that 'the lunchroom is a hard place where loneliness is obvious. Some children skip lunch because they don't have any friends to have lunch with'. The activity of having lunch together with the children is intended to make all children feel comfortable, safe and included.

The practice choices of work with children on the individual level

The SSWs commonly refer to engaging in individual counselling on mental health issues, problems with stress, and social/relational difficulties at school or home. Some also counsel and support children in their thoughts about future studies and work. The informants state that children often initiate individual counselling, an intervention the SSWs define as being a type of treatment as well as a practice to prevent further health issues. As Kristin says: 'I believe you engage in both preventive and remedial work when you have individual counselling, actually.' Another example is Anders, who assists five schools. He claims that he dedicates most of his

working time to individual counselling, up to seven sessions a day. In his view, individual counselling is what many of the children need and ask for – counselling provides an opportunity for the child to open up and to deal with relations and mental health issues. This type of support also benefits the child's educational achievement, Anders argues. He stresses that 'it is important to meet with the child before the problem develops in order to reduce difficulties.' He criticises headmasters who wish him to work more with 'unspecified prevention' on the school and group level but still want him to prioritise children's needs for individual counselling; he does not have time for both.

Other SSWs, for instance Maja, also talk about not having enough time to support all children while at the same time prioritising prevention and promotion. The children have varying, often complex needs, and many of them face structural hindrances impacting their development and learning. The SSWs raise concerns about how to address and support these children in effective ways with the limited time they have. Linnea, who works in a school that serves many underprivileged families, describes the families she meets:

> *'Many of the children come from poor homes, some live with their single mum and have eight, nine siblings. They can't afford soccer practice; they can't afford to attend organised leisure time activities like their friends. They are not allowed to spend the evenings out with friends; they must stay at home to help mind their younger siblings. They face great challenges.'*

The structural problems that Linnea detects are raised by all the study participants. Hanna, who serves several schools in the countryside, says that she works with children from rich families who live 'on estates with plenty of land' as well as children from poor homes who 'wear torn clothing'. However, the SSWs do not bring up any interventions or activities that address structural problems or aim to suppress the disadvantages in health and learning that structural problems often cause. Nor do they provide examples of their work with parents and communities, despite previous research from other national contexts emphasizing the crucial role of such engagement in school social work to support underprivileged families (Gonzales et al, 2013; Henry et al, 2017; Kim et al, 2018).

Concluding discussion

The Swedish Education Act accords with global recommendations (WHO, 2021) that the school health services should prioritise *health promotion* and *risk prevention* and work with groups, individuals, and at the school level. However, the results of the present study support previous research from Sweden (Jansson, 2024; Kjellgren, 2024) as well as from other Western nations (Kelly et al, 2010) showing that the SSW appears to spend a significant portion of their time addressing individual interventions like mental health issues, stress, and social/relational difficulties at school or at home (Eriksson et al, 2024; Kjellgren, 2024; Ottosson, 2024). This individual-focused approach is consistent with the notion that building trusting relationships with children is crucial for positive outcomes of the interventions (Coleman and Yeah, 2008; Kelly et al., 2021). It also aligns with the idea that SSWs make practice choices based on their professional expertise and the resources they have at hand (Kelly et al, 2010; Payne, 2023). That is, the SSWs respond, 'to the social concerns that [they] find and gain understanding of as they practise' (Payne, 2023, p.90). This means that SSWs have considerable discretionary power and occupy a frontline position in making practice-related decisions. The SSWs in this study, working with children in low-performing schools, face distinct challenges, demands, and dilemmas. However, there does not appear to be a specific approach that these SSWs consistently follow. Instead, their work aligns closely with patterns identified in previous research (e.g., Backlund et al, 2024; Isaksson et al, 2020), suggesting little difference between working in low-performing schools and other educational settings, despite economic, social and structural challenges. Moreover, the SSWs rarely mention involving the children's parents, families or communities in their work. This may be due to the nature of the interview questions or could reflect a broader pattern – namely, the absence of specific strategies for addressing the schooling and environments of underprivileged children. Swedish schools are generally short of evidence-based methods for working with equal treatment, victimisation and honour-based violence (Skolverket, 2011; Johansson, 2020). Consequently, it is for the SSW to decide what to do, hopefully with the support of the headmaster and/or other staff, but the interviews that have been analysed here indicate that the SSWs are often left much to their own devices. The practice choices can thus differ greatly between schools, and as Evans (2020) cautions, this entails a risk of democratic inequality.

Considering the child's situation and working at the individual, group, and school levels, while also involving the family and broader network, demands reflexivity (Evans, 2020; Payne, 2023) and thoughtful consideration, especially in light of the structural challenges facing underprivileged families. Limited time and resources cause dilemmas for the SSWs in their practice choices. At the same time, their different experiences and competence, along with the vagueness of the Education Act and national guidelines, can create opportunities for creativity and individualized interventions (Evans, 2020).

The most common method for prevention/promotion that the SSWs in the present study mention is the nationally established health education programme on alcohol, drugs, tobacco and gaming. One can ask whether it would not be more appropriate for SSWs to prioritise risk prevention and health promotion that focus on mental health issues since many adolescents experience stress and anxiety which risk evolving into long-term and future problems (Reiss, 2013). Previous research suggests that SSWs in Sweden spend about 60% of their time counselling individual children, trying to remedy psychological difficulties (Eriksson et al, 2024; Kjellgren et al, 2024). This accords with what the participants in the present study say.

Several previous studies suggest that SSWs find it difficult to categorise and separate activities into promotion, prevention, and treatment, as these concepts often blur together in practice (Kelly et al, 2010; Kjellgren, 2024; Jansson, 2024; Linblad and Backlund, 2017). The present study supports such findings and also points to the challenges that the SSWs have in planning and conducting activities aimed at preventing and promoting everyday acute situations. While the SSW are expected by the Education Act (2010:800) to engage in preventive and health-promoting activities at various levels, the reality of their work often involves addressing immediate individual needs. This discrepancy raises questions about the feasibility of fulfilling the legislative intentions given the constraints of time and resources (Bergnehr and Gunnarsson, 2025) and prompts a re-evaluation of the current legislation. Moreover, it seems necessary for school leaders, policymakers, and future research to provide better support for SSWs working with underprivileged families, particularly in terms of resources and knowledge of effective methods and activities that meet their needs and help bridge existing gaps. Hopefully this will be addressed in the current governmental investigation that has been commenced (Regeringen Dir. 2024:30).

This study focuses on low-performing schools where many of the

children face challenges like low educational achievement, poverty and poor health (FORTE, 2018; Statistics Sweden, 2020). Previous research stresses that working with underprivileged families necessitate flexible and alternative interventions that engage children, parents and communities and are adapted to the specific needs of these children (Henry et al, 2017; Kelly et al, 2021; Kim et al, 2018). The findings of this paper suggest that many of the activities that the SSWs engage in are similar to support provided in average or high-performance schools that serve children from well-off families (Kjellgren, 2024; Isaksson et al, 2020). This calls for reflection among practitioners and policymakers.

References

Backlund, Å., Högdin, S and Weitz, Y. (2024) *Skolsocialt arbete: skolan som plats för och del i det sociala arbetet*. Malmö: Gleerups.

Bergnehr, D. and Gunnarsson, N. (2025). Elevhälsans uppdrag: Ett ”gemensamt arbete” med hälsofrämjande, förebyggande *och* åtgärdande insatser? *Nordisk tidskrift för pedagogikk och kritikk*, 1, 3, 18–32, https://pedagogikkogkritikk.no/index.php/ntpk/article/view/6690

Bergnehr, D. and Johansson, M. (2023) (In)visible actors? Local interpretations of the school health services and psychosocial work in disadvantaged areas. *Nordic Social Work Research,* 13, 3, 407-418, https://doi.org/10.1080/2156857X.2021.2018023.

Braun, V. and Clarke, V. (2022) *Thematic Analysis: a practical guide*. London: Sage.

Bryan, J. (2005) Fostering educational resilience and achievement in urban schools through school-family- community partnership. *Professional School Counseling,* 8, 3, 219–227.

Coleman, H. L. K. and Yeh, C. (2008) *Handbook of school counselling.* New York/London: Routledge.

Education Act 2010:800.

Etikprövningsmyndigheten. (2023) *Vägledning om etikprövning om forskning på människor.*

Eriksson, H., Helmersson, S. and Högdin, S. (2024) Skolkuratorns samtal med unga migranter i gränslandet mellan stödsamtal och behandling. *Socialvetenskaplig Tidskrift*, 31, 2, 229–248.

Evans, T. (2020) Creativity: Re-thinking professional discretion. *Social Work & Society*, 18, 1, 1-9, http://nbn-resolving.de/urn:nbn:de:hbz:464-sws-2078

FORTE. (2018) *Ungdomars och unga vuxnas levnadsvillkor i Sverige: En kunskapsöversikt med fokus på ojämlikhet*. Stockholm: FORTE.

Gonzalez, L. M., Borders, L. D., Hines, E. M., Villalba, J. A. and Henderson. A. (2013) Parental involvement in children's education: Considerations for school counselors working with latino immigrant families. *Professional School Counseling,* 16, 3, 185–193. https://doi.org/10.1177/2156759X1701600303

Guidance for the School Health Services. Accessed December 7, 2024. https://kunskapsguiden.se/omraden-och-teman/barn-och-unga/vagledning-for-elevhalsa/ansvarsfordelning/elevhalsans-personal/psykosocial-insats/

Hasenfeld, Y. (2010). *Human Services as Complex Organizations*. London: Sage.

Henry, L. M., Bryan, J. and Zalaquett, C. P. (2017) The effects of a counselor-led, faith-based school-family-community partnership on student achievement in a high-poverty urban elementary school. *Multicultural Counseling & Development* 45, 3, 162–182. https://doi.org/10.1002/jmcd.12072

Huxtable, M. (2022) A global picture of school social work in 2021. *International Journal of School Social Work,* 7, 1–25. https://doi.org/10.4148/2161-4148.1090

Isaksson, C. (2016) *Den kritiska gästen: en professionsstudie om skolkuratorer.* Umeå: Umeå University.

Isaksson, C., Blom. B. and Nygren, L. (2020) *Socialt arbete i skolan: villkor, innehåll och utmaningar.* Lund: Studentlitteratur.

Isaksson, C. and Sjöström, S. (2017) Looking for 'social work' in school social work. *European Journal of Social Work*, 20, 2, 191–202. https://doi.org/10.1080/13691457.2016.1188775

Jansson, P. (2024) School counsellors' professional practice in health promotion, prevention and remedial work in Swedish schools. *Professions & Professionalism*, 13, 2, 1–22. https://doi.org/10.7577/pp.5645

Johansson, M. (2020) Socialt arbete med kränkningar i skolan. In C. Isaksson, B. Blom and L. Nygren (Eds.) *Socialt arbete i skolan: villkor, innehåll och utmaningar.* Lund: Studentlitteratur (pp.151-164).

Kelly, M. S., Massat, C. R. and Constable, R. (2021) *School Social Work: Practice, policy, research.* Oxford: Oxford University Press.

Kelly, M. S., Raines, J. C., Stone, S. and Frey, A. (2010) *School Social Work: An evidence-informed framework for practice*. Oxford: Oxford University Press.

Kim, J., Fletcher, K. and Bryan, J. (2018) Empowering marginalized parents: An emerging parent empowerment model for school counselors. *Professional School Counseling* 2, 1b, 1–9. https://doi.org/10.1177/2156759X18773585

Kjellgren, M. (2024) *Skolkuratorns samtalspraktik: en studie om individuella samtal med barn i den svenska grundskolan*. Umeå: Umeå University.

Linblad, I. and Backlund. Å. (2017) Hälsofrämjande och förebyggande arbete – vad

innebär det och hur kommer vi dit? In Å. Backlund, S. Högdin and Y. Spånberger Weitz (Eds.) *Skolsocialt arbete: Skolan som plats för och del i det sociala arbetet*. Malmö: Gleerups (pp.57-68).

Lipsky, M. (2010) *Street-level Bureaucracy: Dilemmas of the individual in public services*. London: Sage.

Lymbery, M. E. F. (2003) Negotiating the contradictions between competence and creativity in Social work education. *Journal of Social Work,* 3, 1, 99–117. https://doi.org/10.1177/1468017303003001007

Låftman, S. (2010). Family structure and children's living conditions: A comparative study of 24 countries. *Child Indicators Research*, 3, 127–147.

McMullin, C. (2023) Transcription and qualitative methods: Implications for third sector research. *Voluntas,* 34, 1, 140–153. https://doi.org/10.1007/s11266-021-00400-3

Olaison, A., Torres, S. and Forssell, E. (2018) Professional discretion and length of work experience: what findings from focus groups with care managers in elder care suggest. *Journal of Social Work Practice*, 32, 2, 153–167. https://doi.org/10.1080/02650533.2018.1438995

Ottosson, E. (2024) *Organisering av socialt stöd till barn och unga: Samverkan mellan elevhälsoteam och fritidsgård*. Trollhättan: University West.

Park-Taylor, J., Walsh. M. E., and Ventura, A. B. (2007) Creating health acculturation pathways: Integrating theory and research to inform counselors' work with immigrant children. *Professional School Counseling* 11, 1, 25–36. https://doi.org/10.1177/2156759X0701100104

Payne, M. (2023). What is professional social work? In V. E. Cree and T. McCulloch (Eds.) *Social Work: A Reader.* New York/London: Routledge (pp.90-93).

Purgato, M., Uphoff, E., Singh, R., Thapa Pachya, A., Abdulmalik, J. and van Ginneken, N. (2020) Promotion, prevention and treatment interventions for mental health in low- and middle-income countries through a task-shifting approach. *Epidemiology and Psychiatric Sciences*, *29*, e150–e150. https://doi.org/10.1017/S204579602000061X

Regeringen (2024) *Dir. 2024:30. Kommittédirektiv. En förbättrad elevhälsa*.

Reiss, F. (2013). Socioeconomic inequalities and mental health problems in children and adolescents: A systematic review. *Social Science & Medicine*, 90, 24–31. https://doi.org/10.1016/j.socscimed.2013.04.026

Rädda Barnen (2019). *Årsrapport Välfärd – inte för alla*. Stockholm: Rädda Barnen.

Skolverket (2011) *Utvärdering av metoder mot mobbning. Rapport 353.* Stockholm: Skolverket.

Skolverket (2023). https://www.skolverket.se/skolutveckling/statistik/sok-statistik-om-forskola-skola-och-vuxenutbildning?sok=SokD&niva=S&omr=s

alsa&exp=95&lasar=2022&uttag=null

SOU (2021) *Bättre möjligheter för elever att nå kunskapskraven*. SOU 2021:11. Stockholm: Regeringskansliet.

Statistics Sweden. (2020) *Living conditions for children with a foreign background*. Stockholm: SCB.

Svenska Dagbladet. (2025) Elevhälsan bör prata med eleverna. Published April 17, 2025. https://www.svd.se/a/0Vx6Lo/elevhalsan-bor-prata-med-eleverna-skriver-debattorer

Sveriges Kommuner och Regioner (w.y). Accessed April 10, 2024, https://skr.se/skr/skolakulturfritid/forskolagrundochgymnasieskolakomvux/elevhalsaskolmat/elevhalsa/statistikpersonalgrupper.70066.htm

Vetenskapsrådet. (2024) *God forskningssed*. Accessed November 15, 2024, https://www.vr.se/analys/rapporter/vara-rapporter/2024-10-02-god-forskningssed-2024.html.

WHO (2021) *WHO Guideline on School Health Services*. WHO.