

Governing school social work: Youth health issues or learning objectives in school/student health policy?

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Instructions to the reader

This paper is a draft of an article that will be included in my thesis. My thesis aims to describe and analyse the professional practice of Swedish school counsellors in relation to the statutory goals and guidelines prescribed by the School Act. In this draft, I aim to study how the role of school counsellors has been established as one of the solutions to the school's problems in Swedish student health policy since the introduction of the School Act 2010:800. Although the text still needs to be completed. I would appreciate assistance in further analysing policies and more clearly establishing a post-structuralist perspective.

Introduction

School health services are provided in many countries worldwide, primarily providing vaccinations, health education, and various screenings, whereas mental health issues and prevention are more scarce (Baltag et al., 2015). However, youth mental health and well-being have gained increased attention globally. Approximately 20 percent of Nordic children experience mental health challenges (Hagquist, 2015), a statistic in line with findings from global surveys (OECD, 2015). Mental health, as defined by the World Health Organization (WHO), extends beyond just the absence of mental disorders. WHO envisions mental health as a state of well-being in which individuals independently navigate life's typical stressors, succeed in their work, and participate actively in community life. This perspective on mental health represents a shift from a pathogenic approach, centred on illness, to a salutogenic perspective, emphasising well-being (WHO, 1986, 2001).

Attention to youth mental health and wellbeing spurs different policy solutions. These policies, be they increased mental health literacy among youths (Bjørnsen et al., 2019) or reorganisation of school social work, etc., shape the phenomenon of psychosocial issues as a particular problem of a specific sort. Most research in this field focuses on investigating best practices and finding evidence-based solutions to improve and prevent psychosocial issues that can inform health and

school policy. However, policy and policy problems are not given, as policy (solutions, proposals, recommendations, and guidelines) produces specific knowledge of what the “problem” is and how it should be understood as a particular problem. Taken-for-granted categories and concepts such as “well-being”, “youth”, “skills”, and “psychosocial health” in governmental practices that produce them need to be scrutinised (Dean, 2010). How problems are constituted within policy is how governing takes place.

Internationally, a variety of models for school social work are used. Within school settings, professional groups are dedicated to addressing students' various support needs related to their education and well-being. This may involve assisting with academic guidance, addressing social and psychosocial issues, and promoting overall well-being. Widely recognised terms for these endeavours, both in academic research and practical school applications, include “school social work” or “school counselling”. Consequently, the professionals engaged in this work are commonly referred to as “school social workers” or “school counsellors”. Despite the linguistic distinctions, establishing a clear demarcation between school social work and school counselling is challenging. Any such distinctions are often shaped by historical factors and traditions or reflect professional delineations. In this article, we study school social work in a Swedish context and, therefore, name the profession that works with social work in schools as a school counsellor (*skolkurator*).

School counsellors have existed in Swedish schools since the middle of the 20th century. Initially, there were school counsellors to supplement medically oriented student health care. However, during the latter part of the 20th century, socially oriented student care was developed, focusing on psychosocial problems where school counsellors' main task was to mediate between school, home, and child welfare authorities. Behind the ideas of socially oriented student care was an increased awareness that the students' health was not only about medical problems but also psychological, social, and relational problems. Socially oriented student care would also contribute to facilitating the work of the school's teachers. Increased attention to mental and relational ill health in children also meant establishing school counsellors (Backlund, 2007; Guvå, 2009; Hammarberg, 2014; Isaksson & Larsson, 2012).

With the revised Education Act (SFS 2010:800) implemented in 2011, schools were responsible for providing a multi-professional healthcare team consisting of medical doctors, nurses, psychologists, school counsellors and special educational needs staff. These national regulations were further strengthened and clarified in 2023, stating that student health should be part of the

schools' quality work, that the professional health care team should cooperate with regular health care and social services, that the work should be conducted on both individual, group and school level, and clarified regulations on access to special education needs teachers.

We argue that the changes in Swedish student health policies over the last decade pose questions on the particular set of “problems” represented in Swedish policy on student health, how school health policy (or student health policy?) constructs the role of school counsellors, the “problems” they are meant to “solve” and the implications of such problem representations in terms of what can and cannot be said, how “subjects” are constituted and the lived effects emanating from them. In this paper, we draw on the lines of reasoning about policy and problematisation from Bacchi (2009) and the What’s the problem represented to be approach (WPR) with an aim to analyse how and with what effects school social work and school counsellors is produced as a political “problem” and operates as governing practice.

- How is the meaning of school counsellors produced/constructed in school/student health policy?
- What are the political implications and constitutive effects of these problem representations and meaning-makings?

Methods

Conventional approaches to policy analysis assume that policies represent governments' best efforts to solve ready-made “problems” (Coveney, 2010). In this article, we devote ourselves to, based on Bacchi (2009) “What's the problem represented to be?” (WPR), critically analysing government policies regarding school counsellors' tasks within the context of school and student health services. According to this analytical approach, policy issues are not seen as objective and predetermined but as products of a discursive context in which they are embedded in social and cultural contexts. By critical analysis, we do not mean to criticise the studied as something wrong or bad but rather to examine the kind of problems, assumptions and unexplored ways that the government policies are based on (Bacchi, 2016; Foucault, 1994 [1981], p. 456).

The policies analysed in this study should be understood as governing the school's operations and as part of governing the professional work of school counsellors. Governing or to “govern” is meant in this article “to control the possible field of action of others” (Foucault, 1982). According

to Bacchi (2009), public power plays a privileged role in determining which problem representations receive the most attention and ultimately influence the instruments used to implement policy decisions. The perspective raises questions about what is taken for granted in formulating policy problems and what effects can arise from treating problems as taken for granted. Examining how a problem is represented reveals the assumptions and beliefs that underlie the problem representation and how it has derived (Bacchi, 2016; Bacchi, 2009).

This stance also means it is insufficient to draw attention to so-called problems. Actions presented as solutions to problems are checked and interpreted because they say something about what is considered a problem. In what is implicitly and explicitly said about the formulated problem and its solution that appears in the problem itself, in what Bacchi (2009) calls discursive problem representation. Policy and discourse are intertwined because discourses influence what can be formulated in policy practice, while policy influences what is possible to think and formulate within discourse (Bacchi, 2000; Bacchi, 2009). Furthermore, Bacchi (2009) believes that the state actively participates in the construction of stereotypes and subject positions and that the construction of the problem has consequences for the individuals to whom a policy is directed. This means that discourses make specific subject positions available, influencing how individuals understand the world and their place in it.

By analysing the proposals and solutions in the policy documents that address a problem, we can learn how that “phenomenon” is structured. This approach involves asking what implications these representations of the problems might have. Bacchi (2009) reports three effects of problem representations. Discursive effects focus on how problem representations contribute to shaping knowledge about a “problem”. Subjectification effects, which means that policies contribute to constructing subjects, such as, for example, psychosocial experts or students. Lived effects focus on material consequences, such as the content of the professional practice or the opportunity to receive help as a student based on need.

Material and analytical approach

To analyse the exploration of how “problems” are represented in policies and policy proposals, combined with analyses of the underlying assumptions, genealogy, silence and potential effects, Bacchi (2009) provides a set of questions of which we have used questions 1–5 as outlined in Table 1.

Question 1	What's the "problem" of (e.g., "discrimination," "problem gamblers," "drug use/abuse," "domestic violence," "absenteeism," "anti-social behavior") represented to be (constituted to be) in a specific policy or policies?
Question 2	What presuppositions—necessary meanings antecedent to an argument—and assumptions (ontological, epistemological) underlie this representation of the "problem" (problem representation)? This question involves a form of Foucauldian archaeology (Foucault, 1972).
Question 3	How has this representation of the "problem" come about? This question involves a form of Foucauldian genealogy (Foucault, 1971/1977).
Question 4	What is left unproblematic in this problem representation? Where are the silences?
Question 5	What effects (discursive, subjectification, and lived) are produced by this representation of the "problem"?

Table 1. WPR questions.

The starting point in this article is the introduction of collective student health in the School Act 2010:800 (SFS 2010:800). In order to answer the article's question/s, national policy documents, including the Swedish National Agency for Education and the National Board of Health and Welfare's knowledge support for student health services, which both investigate and develop the issue of collective student health, have been analysed. The following documents are included as material in our analysis:

- The Swedish Government Official Report titled "Elevvårdsutredningen: Från dubbla spår till elevhälsa: I en skola som främjar lust att lära, hälsa och utveckling" published in 2018 (SOU 2000:19).
- The Swedish Government Official Report titled "Skollag för kvalitet och likvärdighet" (SOU 2002:121).
- The Government Bill titled "Hälsa, lärande och trygghet" (Prop. 2009/10:165).
- The National Board of Health and Welfare and the Swedish National Agency for Education joint guidance for student health services titled "Vägledning för elevhälsan" (Socialstyrelsen & Skolverket, 2016).
- The Government Bill titled "Elevhälsa och stärkt utbildning för elever med intellektuell funktionsnedsättning" (Prop. 2021/22:162).
- The Swedish Government Official Report "Bättre möjligheter för elever att nå kunskapskraven – aktivt stöd- och elevhälsoarbete samt stärkt utbildning för elever med intellektuell funktionsnedsättning" (SOU 2021:11, 2021).

Initially, all authors read through the policy documents. The documents were then read through again by one of the authors with the specific aim of identifying parts of the policy document that related to the purpose of the study. Based on Bacchi's analytical questions, these sections were then coded using QRS NVivo 12 software. Bacchi (2009) does not propose a strict use of the WPR method but believes that the questions overlap and that a more integrated rather than a step-by-

step analysis is used. The authors then discussed the reading of the policy documents and the coding several times. Through the discussions, the group agreed on the overarching themes identified in the policy documents.

Results and discussion

All policies require problematisation work. The starting point of this study is that problems are not formed independently but are actively constituted and shaped. As a result, all policy is made of implicit representations of what the problem is represented to be. The problem representations analysed in this article mainly come from the representations translated through the essential preparatory work and policies around student health and the work of school counsellors.

The starting point in our policy analysis is the introduction of collective student health in the School Act 2010:800 (SFS 2010:800). The overarching proposed solution that the Education Act 2010:100 emphasises involves a collective multi-professionally organised student health that includes medical, psychological, psychosocial, and special educational interventions. Student health aims to create as positive a learning situation as possible for the student, responsibility for monitoring that the school contributes to creating good and safe growing up conditions, and responsibility for removing obstacles to each student's learning and development.

According to Bacchi (2009), it is crucial to start the analysis from the proposed “solution proposal” (the policy) and ask: “If the proposal is that this form of change or intervention is required, then what is represented as the 'problem' (constituted to be)?”. The result shows that the problem represents a lack of governance, a lack of professional health and psychosocial knowledge in the school and a lack of a holistic view and a collective view of the individual's health.

Throughout the policies studied, problem formulations are written concerning the school counsellors' work, problem formulations about lack of governance of the school and student health and its professions, the health condition of children and young people, lack of order in the school, low study results, and lack of access to professions such as school psychologists and school counsellors. Collaboration between the school's professions and collaboration with other external societal institutions is also a recurring theme in the texts. The result shows a complex network of problem representations, presented below in three themes – governance, professionalisation, and health.

Governance

The Swedish education system has been an essential part of the welfare system and has been regarded as a decisive instrument for creating social justice (Blossing, 2021; Lundahl, 2016). The welfare political intention has been to provide education and schools of high and equal quality to all citizens regardless of social class, gender, geographical origin or place in order to build an equal society (Boli et al., 1985; Lundahl, 2016). During the social changes of the 20th century, the Swedish education system also fundamentally changed. According to Lindblad et al. (2002), post-World War II school reforms were characterised by egalitarian aspirations and ideas of social balance and equal opportunity through education. Education policy has been dominated by the political understanding that the education system should imitate culture and function as a tool for progressive democratic societal development (Lindensjö & Lundgren, 2014).

The public debate about Swedish schools for the past 30 years has been about differences between children, teachers, and schools. The debate has also been about differences in school management and that school management is increasingly being put into an international comparative perspective, not least in comparisons in the guise of results from studies such as PISA and TIMSS (Hultén & Ideland, 2020; Stoltz, 2009). Since the 1990s, the Swedish welfare state has incorporated some neoliberal governance and management ideas and market-inspired solutions. These ideas have, to some extent, changed Swedish education policy, for example, the municipalisation of schools, the opening to privately owned schools and the introduction of free school choice for students (Imsen et al., 2017; Lundahl, 2016; Lundahl et al., 2013).

The introduction of the School Act 2010:800 can be seen as a way for the state to collect and adapt the governance of Swedish schools to a goal- and result-driven system. The state has also needed to adapt the management to the division of responsibilities between the state and the municipality after the municipalisation of the school (Prop. 2009/10:165). The need to review the school legislation and the effort to strengthen target management was already stated in SOU 2002:121.

Skolan har under de senaste decennierna genomgått betydande förändringar. Strävan har varit att i allt högre grad överlämna frågor om hur skolan skall organiseras till huvudmän och de professionella på varje skolenhet. En reformstrategi med avreglering och decentralisering hade börjat tillämpas inom den offentliga förvaltningen. Syftet var att effektivisera verksamheten genom minskad detaljreglering, ökad decentralisering, ökad målstyrning och ökad lokal frihet. Enligt direktiven skall kommitténs arbete med översynen av skollagstiftningen bl.a. syfta till att åstadkomma en förstärkt målstyrning. En förstärkt målstyrning kan, anser kommittén,

tolkas på två sätt. Å ena sidan kan det betyda att målstyrningen skall förtydligas på de punkter och i de avseenden den visat sig inte fungera tillfredsställande. Å andra sidan kan det betyda att målstyrningen skall renodlas och rester av den gamla regelstyrningen rensas ut (SOU 2002:121).

In the final report of the Student health investigation from 2000, "Från dubbla spår till Elevhälsa" (SOU 2000:19), it was indicated that there were also challenges in the governing and management of Student health. A substantial variation in organisational conditions and content and a deficient overview of costs and results were stated as background.

"Den bild som växer fram ur mitt material bekräftar andra utredningars bilder av elevvården (inklusive skolhälsovården) som en verksamhet med starkt varierande organisatoriska förutsättningar och innehåll. Det är inte så att man i kommunledningar och skolor tycker att den är mindre viktig, snarare framhålls starkt behovet av en väl fungerande elevvård. Samtidigt har de kommunala huvudmännen bristfällig överblick över kostnader och resultat av insatserna. Det saknas ofta mål och tydlig ledning, vilket bl.a. innebär att verksamheten ofta är situations och individstyrd." (SOU 2000:19)

The investigation stated that well-functioning student care required effective governance at various levels, from municipal management to schools. It was seen as essential to establish clear and measurable goals for student and school health care and provide resources and guidelines to achieve these goals. Furthermore, it was believed that the lack of goals and precise management meant that the activities were situationally and individually controlled. The fact that activities within pupil care are often situationally and individually controlled could indicate that there was room for self-management and that the regulation was more decentralised. The investigation can be seen as a criticism of the lack of effective governance within student health, and there appears to be a need for more precise regulation, control, and communication of goals and guidelines to govern better and improve operations. In other words, in the same way as the school, it was considered that pupil care needs to be adapted to new management methods and implemented in the state management to gain control over it in a more straightforward way and, by extension, create better conditions for an equal school.

In order to improve student care, clearer goals, documentation, evaluation and increased legal support for various professional categories within the area were proposed. It is emphasised that comprehensive planning and well-thought-out quality work are needed to create effective and targeted student care. With the introduction of the School Act 2010:800, the former student care

was brought together in a new form of activity called student health. The new School Act meant statutory access to student health professions.

För eleverna i förskoleklassen, grundskolan, grundsärskolan, sameskolan, specialskolan, gymnasieskolan och gymnasiesärskolan ska det finnas elevhälsa. Elevhälsan ska omfatta medicinska, psykologiska, psykosociala och specialpedagogiska insatser. Elevhälsan ska främst vara förebyggande och hälsofrämjande. Elevernas utveckling mot målen ska stödjas (SFS 2010:800, 2 kap 25 §).

With student health and the school counsellor becoming legislated, student health is also incorporated more clearly into the government's goal management of operations. On the other hand, one can think about whether student health results and goal management have made the task more transparent and qualitatively better. In a report from 2015, the School Inspectorate was critical of the work of student health in schools and stated that the objectives of health promotion and preventive work are not being met (Skolinspektionen, 2015). Research also shows that student health and the specific work of school counsellors are perceived as unclear (Kjellgren et al., 2023) and too focused on remedial work with individual students (Linblad & Backlund, 2017).

Professionalisation

The state's commitment to health, care and social services has successively developed throughout the 20th century, often to address challenges linked to unemployment, financial security, and care and care for children, the sick and the elderly. These solutions have often been institutionalised as comprehensive welfare programs involving various professions in health, care, and service. In parallel with the rise of the welfare state, a new category of professional groups has been established – welfare professions. A characteristic of the welfare professions is their close relationship with the state. As a result of making their services and expertise available to the welfare state, they have been given the opportunity to develop professional standards and requirements in connection with the state's commitments to welfare policy. The public sector is mainly the workplace and source of income for these professions. The state tries to influence and regulate its dependence on these professional groups through political measures (Bertilsson, 1990; Evertsson, 2002). One of the professions that has emerged in close connection with the state's welfare policy commitments is the school curator profession. The state has several times since the 1940s had the school counsellor's role in the school investigated. It is important to note that initially, the state did not set up counsellor positions in schools. Instead, it happened following local initiatives by

municipalities, individual schools, or parents' associations. In other words, the expansion of school counsellors primarily happened “from below” (Isaksson & Larsson, 2012).

The development of the school counsellor profession over time shows apparent changes. Initially, various knowledge bases, such as pedagogical, psychological, or social, were discussed during the initiation period. There seems to be a shift in the description of the school counsellor's role in the texts, from being historically described with a clear connection to a practical social work aimed at preventive work parts to the profession being downplayed in favour of a more robust projection of psychosocial competence.

One could say that the state is not so interested in pursuing professional issues but is somewhat interested in solving the school's problems via a discourse on health and subjectivity and decentralising the implementation to the principals and the professions. It aligns with what Rothstein (1987) refers to as the profession model. A model where the state entrusts the professions and their knowledge as implementation carriers of political ideas.

Health

During the 1970s, the educational policy discussions about the school counsellor's mission and duties intensified. Behind the increased interest was an increased social concern in a society where, among other things, issues around coexistence, addiction and integration received greater attention than before (Isaksson & Larsson, 2012). During the 1970s, the view on how student health work should be conducted also changed. There was an increased emphasis on the fact that the school counsellors' work should have a preventive nature, while at the same time, there was a growing idea that the health and well-being of students matter to everyone who works within the school (Guvå, 2009; Isaksson & Larsson, 2012). From an organisational perspective, this change meant that student care was no longer considered a matter for the principal and headmaster but would permeate the entire school.

A consistent theme in the policy texts is the children's and student's well-being and its relationship to the school. Despite predominantly good physical health, it is noted in SOU 2000:19 that during the 1990s, there was an increasing demand for mental child and youth care, which is attributed to social factors such as increased unemployment and thinning of competence within municipalities and schools. The school faces the challenge of rowdy and troublesome children who lack alternative tools to deal with conflicts. Despite their challenging behaviour, the need for a learning

environment created by professional adults who understand it is not the children's fault is underlined. The school must also have the competence to offer a positive school environment for these children. It is emphasised that children and young people face increasing emotional, psychological, and social difficulties, and society lacks sufficient resources to meet these challenges. The author advocates strengthening the school's student health through legal support for specialists in areas related to social, psychological, and psychosomatic health problems among children and young people.

It is health in the narrow sense referred to in the documents. By narrow, it is meant that it is primarily health within the school environment that is meant, and not health in the broader sense. This means that health does not primarily mean that the school counsellors or student health professionals should work with individual students' individual health, but that they are expected to work for a generally healthy environment within the school and the individual's opportunity to acquire health. Health becomes an individual project, and the school's task becomes preparing students to handle subjective projects. Dahlstedt (2007) believes that the result of the significant school reforms of recent decades, decentralisation and freedom of choice, has transformed the Swedish school from a distribution policy tool to an individual springboard for entering the labour market. Principles of equivalence have replaced principles of equality. The school nurtures an ideal citizen as an active, self-aware, and responsible subject who puts himself first, continuously updates his qualifications and learns to make well-founded independent choices (Dahlstedt, 2007).

Nikolas Rose has shown that the construct of the “self-regulating subject” is central to modern liberal governance technologies (Rose et al., 2006). These subjects can be both collective and individual. The individual is expected to take his own initiative and not be a burden on society (Hall & Löfgren, 2006). Individualisation, in the form of “freedom” to lifelong learning, choice of welfare services and a “consumer” or “customer” role, is seen as a control mechanism. The individual is seen as an “entrepreneur of himself” with the responsibility to constantly develop and adapt to liberal governance technology (Hall & Löfgren, 2006). The freedom to behave however one wants is thus limited in this specific form of governance.

In summary, contemporary governance models are characterised by a paradoxical freedom, where the individual's responsibility and freedom are used to govern and control. The “free” individual is expected to conform to the system and take responsibility for his own development, which in turn reinforces the power of liberal governance.

Reference

- Bacchi, C. (2000). Policy as Discourse: What does it mean? Where does it get us? *Discourse (Abingdon, England)*, 21(1), 45-57. <https://doi.org/10.1080/01596300050005493>
- Bacchi, C. (2016). Problematizations in Health Policy: Questioning How “Problems” Are Constituted in Policies. *SAGE open*, 6(2), 215824401665398. <https://doi.org/10.1177/2158244016653986>
- Bacchi, C. L. (2009). *Analysing policy : what's the problem represented to be?* Pearson.
- Backlund, Å. (2007). *Elevvård i grundskolan : resurser, organisering och praktik* Stockholm : Institutionen för socialt arbete, Stockholms universitet]. Stockholm.
- Baltag, V., Pachyna, A., & Hall, J. (2015). Global Overview of School Health Services: Data from 102 Countries. *Health Behavior and Policy Review*, 2(4), 268-283. <https://doi.org/10.14485/HBPR.2.4.4>
- Bertilsson, M. (1990). The Welfare State, the Professions and Citizens. In M. Burrage & R. Torstendahl (Eds.), *The formation of professions : knowledge, state and strategy*. Sage.
- Bjørnsen, H. N., Espnes, G. A., Eilertsen, M.-E. B., Ringdal, R., & Moksnes, U. K. (2019). The Relationship Between Positive Mental Health Literacy and Mental Well-Being Among Adolescents: Implications for School Health Services. *The Journal of School Nursing*, 35(2), 107-116. <https://doi.org/10.1177/1059840517732125>
- Blossing, U. (2021). The Origin and Development of Comprehensive School Reforms in Sweden and other Nordic Countries. *Oxford Research Encyclopedia of Education*. <https://doi.org/10.1093/acrefore/9780190264093.013.1679>
- Boli, J., Ramirez, F. O., & Meyer, J. W. (1985). Explaining the origins and expansion of mass education. *Comparative education review*, 29(2), 145-170. <https://doi.org/10.1086/446504>
- Coveney, J. (2010). Analyzing Public Health Policy: Three Approaches. *Health promotion practice*, 11(4), 515-521. <https://doi.org/10.1177/1524839908318831>
- Dahlstedt, M. (2007). I val(o)frihetens spår: Segregation, differentiering och två decennier av skolreformer. In (Vol. 12, pp. 20).
- Dean, M. (2010). *Governmentality : power and rule in modern society* (2. ed.). SAGE Publications.
- Evertsson, L. (2002). *Välfärdsolitik och kvinnoyrken : organisation, välfärdsstat och professionaliseringens villkor*. Univ.
- Foucault, M. (1982). The subject and power. *Critical Inquiry*, 8, 777-795.
- Foucault, M. (1994 [1981]). So Is It Important to Think? (R. H. a. Others, Trans.). In J. D. Faubion (Ed.), *Power: Essential Works of Foucault 1954-1984* (Vol. 3, pp. 454-458). Penguin.
- Guvå, G. (2009). Professionellas föreställningar om elevhälsans retorik och praktik. In Linköping: Linköping University Electronic Press.
- Hagquist, C. (2015). *Skolelevers psykiska hälsa* (9789198080063).
- Hall, P., & Löfgren, K. (2006). *Politisk styrning i praktiken* (första upplagan ed.). Liber.
- Hammarberg, L. (2014). *Skolhälsovården i backspegeln* [Book]. Skolverket.
- Hultén, M., & Ideland, M. (2020). Skolan som ideologiskt slagfält. In A. Fejes & M. Dahlstedt (Eds.), *Perspektiv på skolans problem : vad säger forskningen?* (Upplaga 1 ed., pp. 39). Studentlitteratur.
- Imsen, G., Blossing, U., & Moos, L. (2017). Reshaping the Nordic education model in an era of efficiency. Changes in the comprehensive school project in Denmark, Norway, and Sweden since the millennium. *Scandinavian journal of educational research*, 61(5), 568-583. <https://doi.org/10.1080/00313831.2016.1172502>
- Isaksson, & Larsson. (2012). Skolkuratorsyrkets framväxt och utveckling i Sverige. *Socionomens forskningsupplement*, 32(6), 24-33.

- Kjellgren, M., Lillichorn, S., & Markström, U. (2023). Therapist, Intermediary or Garbage Can? Examining Professional Challenges for School Social Work in Swedish Elementary Schools. *International Journal of School Social Work*, 8(1). <https://doi.org/10.4148/2161-4148.1102>
- Linblad, I., & Backlund, Å. (2017). Hälsofrämjande och förebyggande arbete - vad innebär det och hur kommer vi dit? In B. Åsa, H. Sara, & W. Ylva Spånberger (Eds.), *Skolsocialt arbete : skolan som plats för och del i det sociala arbetet* (pp. 53-66). Gleerups Utbildning AB. <http://urn.kb.se/resolve?urn=urn:nbn:se:sh:diva-33755>
- Lindblad, S., Lundahl, L., Lindgren, J., & Zackari, G. (2002). Educating for the New Sweden? *Scandinavian journal of educational research*, 46(3).
- Lindensjö, B., & Lundgren, U. P. (2014). *Utbildningsreformer och politisk styrning* (2. uppl. ed.). Liber.
- Lundahl, L. (2016). Equality, inclusion and marketization of Nordic education: Introductory notes. *Research in Comparative and International Education*, 11(1), 3-12. <https://doi.org/10.1177/1745499916631059>
- Lundahl, L., Arreman, I. E., Holm, A.-S., & Lundström, U. (2013). Educational marketization the Swedish way. *Education Inquiry*, 4(3), 22620. <https://doi.org/10.3402/edui.v4i3.22620>
- OECD. (2015). *Improving Schools in Sweden. An OECD perspective*. Paris: OECD
- Prop. 2009/10:165. *Den nya skollagen – för kunskap, valfrihet och trygghet*. Stockholm: Regeringskansliet
- Prop. 2021/22:162. *Elevhälsa och stärkt utbildning för elever med intellektuell funktionsnedsättning*. Stockholm: Regeringskansliet
- Rose, N., O'Malley, P., & Valverde, M. (2006). Governmentality. *Annual review of law and social science*, 2(1), 83-104. <https://doi.org/10.1146/annurev.lawsocsci.2.081805.105900>
- Rothstein, B. (1987). Välfärdsstat, implementering och legitimitet. *Statsvetenskaplig tidskrift*(1), 21-37.
- SFS 2010:800. *Skollagen (2010:800) : med lagen om införande av skollagen (2010:801)* (7., [uppdaterade] uppl. ed.) [Non-fiction]. Wolters Kluwer. <http://search.ebscohost.com/login.aspx?direct=true&AuthType=shib&db=cab02894a&AN=hig.19541489&lang=sv&site=eds-live&custid=s3912055>
- Skolinspektionen. (2015). *Elevhälsa- Elevers behov och skolans insatser (Rapport 2015:05)*. Retrieved from <https://www.skolinspektionen.se/globalassets/publikationssok/granskningsrapporter/kvalitetsgranskningar/2015/elevhalsa/elevhalsa-slutrapport>
- Socialstyrelsen, & Skolverket. (2016). *Vägledning för elevhälsan* ([3. uppl.]. ed.). Stockholm : Socialstyrelsen : Skolverket.
- SOU 2000:19. *Från dubbla spår till elevhälsa i en skola som främjar lust att lära, hälsa och utveckling : slutbetänkande*. Stockholm: Stockholm : Fritzes offentliga publikationer
- SOU 2002:121. *Skollag för kvalitet och likvärdighet. Betänkande av 1999 års skollagskommitté*. Fritzes Offentliga Publikationer.
- SOU 2021:11. (2021). *Bättre möjligheter för elever att nå kunskapskraven – aktivt stöd- och elevhälsoarbete samt stärkt utbildning för elever med intellektuell funktionsnedsättning*. Elanders Sverige AB Retrieved from <https://www.regeringen.se/492cd0/contentassets/77f91fad3ff4e9f85bc560b1e5c34d9/battre-mojligheter-for-elever-att-na-kunskapskraven-sou-202111>
- Stoltz, P. (2009). Styrning, barndom och skola. *Educare*(2-3), 17.
- WHO. (1986). *The Ottawa Strategy*. Geneva: WHO Regional Office for Europe
- WHO. (2001). *Strengthening mental health promotion. No. Fact Sheet no. 220*. Geneva: WHO Regional Office for Europe