

School Counsellors' Professional Practice in Health Promotion, Prevention and Remedial Work in Swedish Schools

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Abstract

According to the *Swedish Education Act*, schools in Sweden must provide comprehensive student health services to foster an inclusive and conducive learning environment, promoting students' well-being and knowledge development. As part of a multi-professional team, school counsellors are essential in achieving these goals. However, national guidance lacks details on the role of school counsellors in health promotion, prevention and remedial efforts. This study addresses this knowledge gap by examining aspects of school counsellors' professional work using theories of professions. Open-ended answers in a survey distributed to school counsellors in Sweden were analysed through content analysis. Findings show that remedial work primarily focuses on individual students' social issues through conversation-based interventions. Preventive work targets groups and the broader school environment, often involving tasks like policy development. Health promotion work stands out with its educational component, where school counsellors are involved in Life Competence Education, often in collaboration with other school professionals.

Keywords

School counsellor, school social work, health promotion, prevention, remedial work, professional jurisdiction

Introduction

According to the *Swedish Education Act* (Skollagen, 2010), all schools in Sweden at the primary and secondary level must have access to comprehensive student health services. The overall goal for student health work is the same as for the entire school — to create an equal and inclusive school with a good learning environment that prevents illness and strengthens both the student's well-being and their knowledge development (Hjörne & Säljö, 2021). The school is expected to provide students with high-level knowledge and skills to enable them to shape their health actively (St Leger, 2001). School counsellors, together with other professionals such as teachers, nurses, psychologists and special educators, are part of a school-based multi-professional team: the student health team. According to the Education Act, the student health team shall work to promote students' learning, health and development towards the goals of education. The student health team and its professions are expected to primarily work on health promotion and prevention to achieve the overall goal. Health promotion aims to strengthen or maintain students' physical, mental and social well-being, with the intention of strengthening their opportunities for participation and confidence in their abilities. Preventive work aims to reduce the risk of ill health by reducing the influence of risk factors on the individual and, at the same time, strengthening the protective factors (Socialstyrelsen & Skolverket, 2016). Health promotion and prevention efforts can be individual, group or structure-oriented and should be characterised by a salutogenic perspective. Student health services and the work of school counsellors can also be remedial.

Remedial work refers to efforts to deal with problems and situations in school, in a group, or with an individual student. In the Education Act, the student health professions are described as a group of professions with different jurisdictions but with the shared task of working together around the students' health. The school counsellor is responsible for the school's psychosocial efforts. The Education Act is formulated as a framework law and does not provide detailed descriptions of the concrete contents of the school counsellor's work or how it is to be conducted. In the national guidance documents for student health services (Socialstyrelsen & Skolverket, 2016), school counsellors' work and tasks are painted in broad strokes and do not contain concrete descriptions of their duties. Despite a statutory welfare policy mission with a focus on health promotion and preventive work, research (Akademikerförbundet SSR, 2021; Kjellgren et al., 2023; Linblad & Backlund, 2017) shows that school counsellors work focuses more on remedial work rather than to fulfil the Education Act's intentions regarding health promotion and preventive work.

Aim

The aim of this article is to examine the work of school counsellors in promoting health, preventing issues, and providing remedies. Specifically, the study focuses on the performative aspects of their work (Brante, 2014; Molander & Terum, 2008), which includes the central topics or problems that prompt their professional efforts and the actions or activities they take to alleviate problems and promote positive development (Abbott, 1988). The study also

looks into the recipients of their interventions (Molander & Terum, 2008) and the extent to which school counsellors can independently and actively make decisions based on their competence (Abbott, 1988; Freidson, 2001).

Background

In the middle of the past century, the Swedish state began to link health-related goals to the school's mission. Teachers became essential for conveying society's message about healthy habits to children and to the home (Guvå, 2009; Hammarberg, 2014; Isaksson & Larsson, 2012). In addition to the teachers' pedagogical role, school health care was introduced with a clear medical focus, which became part of a national programme for increased public health. During the 1950s, the idea emerged that interventions of a more social character were needed; people began to talk about socially-oriented student care focusing on psychosocial problems, where the counsellor's main task was to be an intermediary link between school, home and child welfare authorities. Socially-oriented student care would contribute to facilitating the work of the school's teachers. The increased attention to mental and relational ill health in children meant that the number of school counsellors increased at the country's schools (Guvå, 2009; Hammarberg, 2014; Isaksson & Larsson, 2012).

During the 1970s, discussions about the tasks and duties of school counsellors intensified. Social anxiety was increasing in a society where such issues as social life, abuse and integration received greater attention than before (Isaksson & Larsson, 2012). It was emphasised that the school counsellor's work would be preventive, while at the same time, there was an idea that the students' health and well-being were a concern for everyone who worked in the school (Isaksson & Larsson, 2012).

Since the turn of the century, attention has been drawn to the need to coordinate and integrate medically oriented school health care and psychosocially oriented student care, as well as to link the school's special educational efforts more closely to the activities of school health care and student care. These ideas resulted in an amendment to the Education Act in 2010. The schools were now required to integrate and coordinate medical, psychological, psychosocial and special educational interventions and to have access to the relevant competence. The law covers preschool classes and primary and secondary schools, that is, large parts of the Swedish education system for children and young people (Skollagen, 2010). The previous organisational division between school health care and student care was thereby abolished. In its place, the new *student health services* were established (Guvå, 2009).

Traditionally, school counsellors in Sweden have had training in social work and a degree of Bachelor in Social Work (Isaksson & Larsson, 2012; Jansson et al., 2022; Skolverket, 2022). School counsellors in Sweden are predominantly women (92%) who work full-time (77%) and are employed in public schools (89%) (Akademikerförbundet SSR, 2021). Since the introduction of the School Act in 2010, the number of school counsellors has more than doubled to 3,120 positions in Swedish public schools (Sverigers Kommuner och Regioner (SKR), 2023a).

School counsellor is an organisational title indicating a specific position within the school's organisation and thus does not fall within the scope of the definition of a classic profession (Brante, 2013). Unlike a traditional definition of profession, social workers, including school counsellors, can be described as a semi-profession or a welfare profession (Brante, 2013; Stichweh, 2008). Regardless of the debate about a specific definition of the concept of professions and its content, in this article, school counsellors are meant as a professional group that is primarily active in the service sector and is knowledge-based, sometimes with several years of higher education, vocational training and practical experience and can therefore be equated with a profession and is studied from a professional theoretical perspective.

Theoretical framework

Based on Abbott's theory (Abbott, 1988), this article considers the student health services and school as a "system of professions" where jurisdictional boundaries are drawn. Professional studies have traditionally taken a static view of the occupational system and have mainly focused on identifying the characteristics that distinguish occupations from other occupational groups and how these characteristics relate to their economic and social power. Abbott provides a more complex analysis of the relationships between professional occupations and the forces that shape these relationships over time. Although Abbott's theory is based on classical professions and has been criticised for overemphasising its global generality, the theory has had an enormous scholarly impact (Brante, 2014) and has previously, albeit sporadically, been used in studies of teacher and school counsellor professionalism (Hordern, 2024; Isaksson & Larsson, 2017).

Jurisdiction refers to the specific niche in the labour market that a profession operates in and claims to control. In a metaphorical sense, jurisdictions can be likened to the plot boundaries of the professional landscape in that they separate different professions' domains of tasks and expertise from one another. Jurisdiction constitutes the assignments, tasks and control that a profession maintains and claims in the societal division of labour (Abbott, 1988). Jurisdiction also means that a profession has control over specific knowledge and certain tasks and strives to monopolise these. Professions articulate their jurisdictional claims in competition with other professions in the workplace. The claims are also made in what Abbott (1988) terms public and legal arenas. The public arena consists of public opinion, in which politics forms an important part. In the legal arena, which Abbott equates with the administrative, planning and legislative structures of the state, professional groups try to win legal recognition from the state. The legal arena can provide formal control over work, which means that the state controls the jurisdiction of professional groups through legislation and administration. For the school counsellor, the provision of a statutory requirement of access to school counsellors and a focus on health promotion and prevention work can be examples of formal control.

Another central aspect of jurisdiction is that it points out the content of the tasks to which the profession's efforts are directed. A distinguishing feature of professional work is that professionals provide services to solve human problems (Abbott, 1988). The problems may concern individuals, such as individual students or teachers, or groups and organisations, such as classes or school organisations. Built into the concept of jurisdiction are notions that professions claim "problem areas" or a specific "theme" to maintain the jurisdictional boundary.

Jurisdiction can also be linked to the profession's knowledge, methods, and interventions. *Interventions* can be understood as actions or activities carried out to solve or alleviate a specific problem or promote positive development. Problem-solving occurs through the application of specialist knowledge (Abbott, 1988) and professional judgment or discretion (Molander et al., 2012). According to Abbott (1988), problem formulation and problem-solving can be understood in terms of diagnosis, inference, and treatment, which are fundamental activities in professional work regardless of profession. Diagnosis can be understood in terms of the profession acquiring an overall picture of the client's problem to decide whether it is a legitimate area of work for the profession. Abbott uses the term inference to refer to the reasoning that is made and the time that passes between diagnosis and treatment. Carrying out diagnosis and treatment, and thus succeeding with inferences, gives professionals control.

An important aspect of jurisdiction is professionals' freedom of action or autonomy. From a sociological perspective, the study's analytical concept of *professional autonomy* can be understood as room for manoeuvre and be defined as the professional's ability to independently and actively make decisions and act based on their competence (Freidson, 2001), their organisational context (Evans, 2013), and the prevailing laws and regulations (Dworkin, 1977). In other words, freedom of action is not entirely free of limitations, but is affected by society and by organisations' structures and organisational conditions. These limitations may mean that specific actions or alternatives are difficult or impossible to implement, while others appear more prominent or may be implemented more easily. These theoretical assumptions can be used to analyse school counsellors' professional practice in health promotion, prevention, and remedial work.

Method

The study collected data via a web-based survey consisting of 91 questions addressed to Swedish school counsellors. The survey contained questions with fixed and open-answer options. In the present study, the data consisted of responses to the following three questions, which were analysed through qualitative content analysis: *What health-promoting interventions do you make? What preventive interventions do you make? What remedial interventions do you make?* The questions had open answers where the respondents described their efforts in their own words.

The ambition of the survey was to reach all school counsellors in Sweden. At the time the questionnaire was distributed, there was no register of school counsellors in Sweden. According to statistics from Sweden's Municipalities and Regions (SKR, 2023b), when the survey was sent out in 2019, there were approximately 2,600 full-time positions as school counsellors in Swedish municipal schools. There were, however, no statistics on how many school counsellor positions there were at independent (private) schools in Sweden. It was also unknown how many persons were actually employed as school counsellors. The survey was therefore distributed via email to members of the trade union organisation Akademikerförbundet SSR, which has approximately 1,400 individuals in its member register who have stated that they work as school counsellors. Respondents were also recruited through the Association of School Counsellors' Facebook group and a profession-specific Facebook group for school counsellors, "Bollplank för Skolkuratorer". The chosen distribution channels ensured that a significant majority, although it is unclear how large, had been invited to respond to the survey. When the survey ended in October 2019, 451 responses had been received. Of the 451 respondents who answered the survey, the three open questions were left unanswered by 78 (health-promoting), 66 (preventive) and 59 (remedial).

Data analysis

Although the data collection tool generated both quantitative and qualitative data, this study is mainly based on qualitative data. Data analysis was performed based on directed content analysis introduced by Hsieh and Shannon (Assarroudi et al., 2018; Hsieh & Shannon, 2005). The analysis focused on manifest content (Graneheim & Lundman, 2004). The first step was to read through the data material several times to create an understanding of the whole of the material. Then, a categorisation matrix was created based on the theoretical concepts of the purpose: *problem*, *recipient of interventions*, *interventions*, and *professional autonomy* and a test coding of the material was carried out to reinforce the understanding of the material and validate the categorisation matrix. Units of meaning were identified, guided by the theoretical assumptions and condensed, categorised, and sorted under the theoretical concepts. The categories were assessed according to internal homogeneity, that is, how the categories interrelate, and external heterogeneity, namely the degree to which differences between categories are apparent (Patton, 2015). Finally, the categorisation was reviewed, moving back and forth between the empirical data and the theoretical system to verify the meaningfulness and accuracy of the categories and the placement of categories within themes (Patton, 2015).

Methodological reflections

To achieve reliability, the study has considered transferability, dependability and credibility (Graneheim & Lundman, 2004). To facilitate the transferability of the study's results, the contextual conditions, selection, characteristics of the respondents, and the analysis process are clearly described (Graneheim & Lundman, 2004).

The respondents

A total of 451 school counsellors answered the survey. Of these, 91.8 percent were women and 8.2 percent were men. The age distribution was slightly skewed, with a typical value of 32 years and a mean and median of 43.7 and 43 years, respectively (standard deviation 10.71). Of the respondents, 77.5% worked full-time. It is somewhat more common for male school counsellors to work full-time (86.5%, as compared to 76.7% of women). The difference seems significant but should not be over-interpreted due to the small percentage of men. To summarise, the typical school counsellor is a woman in her 40s who works full-time and holds a Bachelor in Social Work.

Ethical considerations

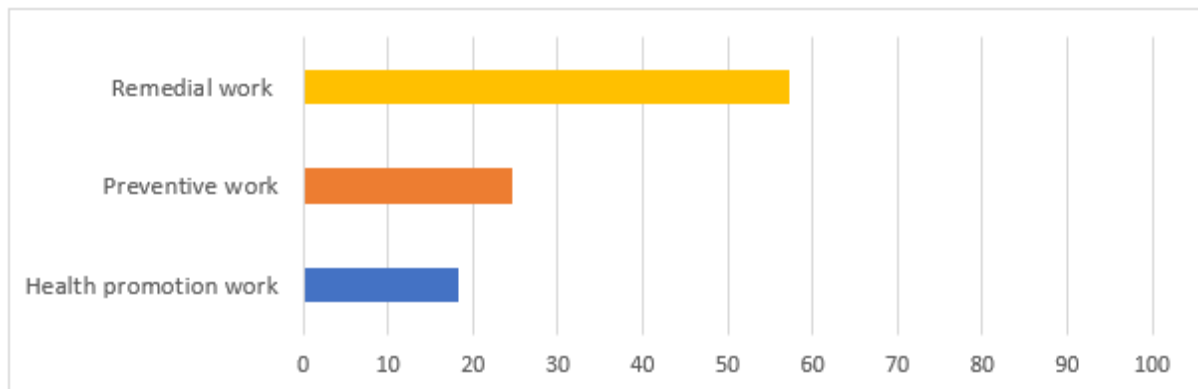
In Sweden, research involving human subjects is regulated by the *Act Concerning the Ethical Review of Research Involving Humans* (Lag om etikprövning av forskning som avser människor, 2003). Exceptions are made for research that does not involve sensitive personal data, and that does not involve physical intervention or damage. The current study is non-interventional and does not require ethical approval, as it does not handle sensitive personal data, and respondents cannot be identified in the survey. Due to the selection procedure, the authors never had access to any register to identify respondents. The research has followed ethical guidelines according to standard codes and the Swedish Research Council's recommendations for good research (ALLEA All European Academies, 2017; Swedish Research Council, 2017). Ethical considerations have permeated the entire research process, from providing respondents with information to assuring confidentiality and disseminating results. The research process has been handled with openness, sensitivity, honesty and scientific impartiality (Cohen et al., 2011).

Results

The results are based on the analysis of the school counsellors' descriptions of health promotion, prevention and remedial work. Initially, the respondents were asked to what extent they engaged in health promotion, prevention and remedial work. The school counsellors' estimate of the division of labour shows that almost 60 percent of the working time is devoted to remedial work (Figure 1). The remedial work thus takes up the most significant part of the school counsellors' work and permeates the school's social work.

Figure 1

Time Spent by School Counsellors on Health Promotion, Prevention or Remedial Work



Note: Measure of central tendency calculated on the extent and percent of working hours per week.

Remedial work

Problems

The problems and tasks that school counsellors encounter in their professional work tell us something about the measures they later apply. In connection with the remedial work carried out by school counsellors, conflicts and incidents of harassment in various forms appear as prominent themes in their descriptions.

I help in various crises, including fights between students and trying to resolve them, contacting parents and more. (No. 309)

I investigate, remedy and follow up harassment. (No. 86)

Conflicts appear between students, meaning that a large part of the school counsellors' remedial work is to deal with these conflicts in different ways.

Conversations based on incidents of harassment between students. (No. 423)

The conflicts sometimes seem to be between students, but can also be between students and teachers.

Conflict resolution between students and teachers. (No. 255)

Incidents of harassment are also a recurring theme in the remedial work of school counsellors.

[...] work with cases of harassment and bullying. (No. 199)

Overall, school counsellors' descriptions highlight a multifaceted role in addressing interpersonal conflict, harassment and bullying within the school community.

Recipient of interventions

Within the school counsellors' remedial work, it is clear that the focus is on offering support and services to individual students. The school counsellors, for example, provide individual support and conduct motivational talks to motivate students for support and empowerment.

Individual support/motivational talks, participate and motivate students for support and change. (No. 414)

Targeted interventions at the individual level in complex situations, motivational conversations, [Cognitive Behavioural Therapy] CBT-talks. (No. 293)

The remedial work of the school can involve counsellors, parents or guardians and teachers, but the emphasis is still on meeting the individual needs of each student. It means that the student is still the recipient of the intervention.

Support for individual parents and/or students is often in the form of guidance counselling and collaboration with teachers and other staff at the school. (No. 316)

The remedial efforts of the school counsellors are designed to support and help the students with their individual needs. In addition to having contact with the students, their parents or guardians and other school staff regarding the student's problems, the school counsellor also works with other authorities.

Contact with social services, BUP [Child and Adolescent Psychiatry] and other authorities in student matters. (No. 439)

In summary, the school counsellors offer individually adapted support and motivation efforts. This takes place primarily with individual students but can also include other actors. Whether it is individual conversations or contact with other authorities and other people, the individual student's situation and needs are always at the centre of the school counsellors' remedial efforts.

Interventions

The individual-oriented perspective, where the counsellor seeks "solutions" to the individual student's problems, is also clearly visible in the descriptions of interventions. The school counsellors describe that the counselling effort can have different purposes, orientations and constellations. However, it is counselling with individual students that is the dominant and preferred effort.

Counselling with individual students who wish to meet with a counsellor (investigative, supportive, advisory, motivational) of different nature. (No. 286)

Counselling in other forms and constellations may include parents or guardians, mentors, or other school staff, but the individual student's situation is still the focus.

Counselling with students and guardians, as well as many cases the principal and other professionals in the student health team. (No. 35)

Other interventions in the remedial work include those that, in the analysis, were categorised as initiating contact with other social institutions. *Initiating contacts with other social institutions* means that the school counsellors report, forward information or refer individual students and their need for support to other authorities such as social services or Child and Adolescent Psychiatry (BUP). In addition to conversations and activating other social institutions, other social support for individual students seems to be common.

I accompany [students] to meetings with social services, meetings to plan care efforts, to the job centre, treatment units, sampling [of specimens], rehabilitation, etc. (No. 75)

Social support for individual students means that the school counsellors provide more general and sometimes practical support in difficult and complex situations. This can mean supporting students subjected to abusive treatment, or more practical support for students in different situations.

Professional autonomy

The results show that in their remedial work, the school counsellors have considerable room for manoeuvre and power when assessing and implementing interventions for the students. An indication that school counsellors have significant professional autonomy is that their descriptions contain few references to collaborating or obtaining support from other professions in the student health services or the school's pedagogical professions. They obtain information from others but do not collaborate or receive support. This can be interpreted as professional autonomy. Their professional collaborations are outside the school's world, and they do not need to obtain anyone else's approval to seek these contacts. In other words, in their remedial work, the school counsellors have considerable room for manoeuvre and power when it comes to assessing and implementing interventions for the students. The school counsellors have a role in offering support and help to the students and often have contact with various authorities, give advice and support, and handle student matters.

[...] contact with health centres and psychiatry, contact with social services, [...] (No. 396)

The results indicate that the school counsellors are the primary actors in the remedial work and take on the overall responsibility for coordinating and implementing the efforts. Although collaboration with teachers, principals and other staff may occur in meetings and conversations, it is clear that the school counsellors are primarily responsible for implementing the efforts.

In summary, the results show that school counsellors have responsibility and considerable room for manoeuvre when assessing and implementing interventions for students. They play

a central role in offering support and assistance to students and are the main actors in contacts with authorities and providing advice and support. Although collaboration with other staff may occur, it is clear that the school counsellors are responsible for implementing the interventions and meeting the student's needs.

Preventive work

Problems

The school counsellors' descriptions of the preventive work highlight problems or themes with a broader and more comprehensive focus than in the remedial work. In preventive work, the problems shift from conflicts and incidents of harassment between individual students to questions about values, safety, equal treatment, and school attendance and absence. These themes characterise most measures within the preventive work and appear to be a significant part of it. The preventive work could be characterised as work with the school's psychosocial environment. A concrete example is the school counsellors' work with fundamental values in the school by informing students and teachers about the school's work with these values.

I hold presentations on the school's policy against discrimination and harassment. (No. 169)

In the classroom and talk about lots of different ethical issues. (No. 325)

Another example of interventions in preventive work is school climate work.

School climate council with students and school safety group with staff. (No. 275)

The preventive work within the school counsellors' activities aims to create a safe and inclusive student environment. By focusing on values, safety, equal treatment, and attendance, and participating in parent meetings to manage conflicts, the school counsellors strive to prevent problems and promote a positive school environment.

Recipient of interventions

In preventive work, there is a shift from the individual student's situation and needs to addressing groups or classes of students as recipients of interventions. One might think that this strategy aims to act preventively and reduce the risk of problematic situations arising.

I work with specific classes where you can see early on that there may be problems in the future. I work with collaboration, strengthening the group, etc. (No. 194)

In preventive work, unlike remedial work, the efforts are directed at students in groups or students in general. The school counsellors work actively with specific classes where problems can be identified early on. They try to prevent problems and promote a positive school environment by focusing on cooperation and strengthening the group.

Although the students are the main focus of the school counsellors' preventive efforts, the efforts are only sometimes directly aimed at the students themselves. This work may also include administrative tasks, such as creating and maintaining plans or collecting information via safety surveys.

I participate in the work of annually revising and working according to the school's plan against discrimination and harassment. (No. 141)

I design surveys for safety and security, map safety and security at the school, identify risks or problems and find ways to prevent them. (No. 86)

These efforts can be seen both as targeted at students and as a method to provide the school management with relevant material for systematic quality work. In this way, the school management can be regarded as a recipient of the school counsellors' efforts. Although students are the focus of these preventive efforts, they are not always directly aimed at the students but at the school management. Other professions in the school also become recipients of the school counsellors' services in preventive work. Teachers are recipients of services such as tutoring.

Consultation/guidance for teachers to handle their assignments as a teacher/mentor. (No. 125)

Interventions

In contrast to the remedial and health-promoting work, the school counsellors describe the preventive work as more administrative. This may include well-being or safety surveys, classroom observations, and mapping of learning environments or specific classes.

...surveying the students' well-being and sense of safety and security. (No. 122)

Analysis of attendance five times per semester together with local student health services. Subsequent interventions can sometimes be of a preventive nature. (No. 328)

Observations in different learning environments, compiled and forwarded to school management. (No. 114)

Another administrative task is to create and maintain school policy, which means that routines or policies are formed to handle different situations within the school.

I participate in the work of designing various school policies. Crisis policy, issues related to alcohol, tobacco and narcotics, policies against harassment and discrimination etc. (No. 87)

In a similar way to remedial work, counselling is described as a central effort in preventive work. However, the counselling's nature and focus differ somewhat from how it is described

in the remedial work, where it was clear that the conversations focused on individual students' need for advice and support. In the preventive work, there is also individual counselling, but the school counsellors' descriptions show that they have a clear orientation towards being preventive.

...conversations with students to identify risks such as unnecessary stress, places in the school where you can feel unsafe, and practice alternative ways of handling conflicts. (No. 25)

It should be noted that the school counsellors do not describe precisely what makes the conversations preventive. Instead, the descriptions seem to suggest that the conversations, regardless of their nature, can also have a preventive effect.

Professional autonomy

In preventive work, the profession of the school counsellor appears as collaborative rather than actively acting independently and on its own. It is emphasised that the school counsellor participates in various activities to promote the safety and well-being of the students.

I participate in safety walks with students, I participate in parent meetings with information, I especially monitor groups of students who, from our experience, end up lagging behind in their studies and get high absenteeism, etc. together with others in the student health team. I participate in sex education, work on values and equal treatment. (No. 7)

In addition to participating in various meetings and events, school counsellors point out that they also participate in sex education, work on fundamental values, and anti-discrimination work.

I participate in the work with action plans, for example around "routines, documentation and responsibility", "Secrecy and non-disclosure in school", crisis policies and support in connection with reports to the social services. (No. 114)

The school counsellors collaborate with various actors within the school to implement preventive measures rather than leading the work independently. They also appear to delegate assessments and decisions to others within the school based on investigations they have conducted themselves.

Health promotion work

Problems

The school counsellors' descriptions of the health-promoting work elevate the more concrete questions about values and the psychosocial environment to more general life competence-oriented questions. For example, it may include sex education led by nurses, or teaching about stress and mental health.

Sex education groups together with a nurse. (No. 330)

I hold lessons on emotions, life competence. (No. 384)

Life competence education is not a coherent concept with a clear definition, but put simply it can be said that it is the schools' way of organising values-based work and promoting students' well-being (Aldenmyr, 2012; Landahl, 2015; Löf, 2011). As life competence education is not a subject but instead consists of several related ones, it is difficult to clearly distinguish, in addition to the concept of knowledge of life, any specific theme related to it in the health promotion work.

The life competence theme can also be reflected in, for example, various activities that promote social community, physical activity and knowledge about health in general. It can include topics such as diet, sleep, rest/relaxation, stress management, relationships, drugs and sexuality.

...various activities that promote a sense of community, physical activity and knowledge about diet, sleep, rest/relaxation, stress, relationships, drugs, sexuality, etc. (No. 52)

Life competence in health promotion work plays a significant role in the work of school counsellors. The school counsellor's work aims to strengthen students' physical, mental and social health by offering teaching and activities that promote knowledge and awareness of these subjects.

Recipient of interventions

Unlike remedial work, which aims to deal with specific problems or challenges in individual students, health-promoting work is aimed at classes or students in general. A respondent who describes a psychosocial programme on the island of Gotland presents an example of general health promotion work. This programme aims at students in grades 2, 5 and 7 and provides them with knowledge and insights about health.

On Gotland, we have a psychosocial programme that we run in grades 2, 5 and 7, which, among other things, deals with what to think about regarding health. (No. 442)

In addition to specific programmes and efforts, the health promotion work can include collaboration with external organisations. School counsellors can, for example, have contacts with associations outside the school to offer students information about and participation in various activities. This aims to broaden students' horizons and give them opportunities to get involved in various association activities outside of school.

Activities outside school, for example the opportunity to try playing padel tennis, football. Inform about organisations that offer activities, also that organisations and clubs visit the students at the school. (No. 219)

In addition to the above, specific interventions, such as the relationship-building approach described earlier, are also aimed at students within the school. By being visible and accessible to all students, the school counsellors in the study strive to create a safe and supportive environment for students' well-being and development.

Specifically for my role, this means, among other things, having a respectful and low-affective attitude and building good relationships with students and colleagues. (No. 86)

The health promotion work within the school thus underlines the importance of work that aims to promote the health of all students and appears to be focused on supporting students' health and well-being in a broad sense. This distinguishes health-promoting work from preventive work, which focuses more on the school's work environment and the student's behaviour.

Interventions

The school counsellors describe that efforts in the health promotion work emphasise teaching, building relationships with students and supervising other staff within the school. Of the three efforts, it is, above all, teaching that stands out, which is carried out in different forms. The teaching can be informative:

I inform [students] about what you can do to feel good, create good routines, sleep better, and create less conflict. (No. 371)

The teaching can also have more educational starting points:

Class teaching about integrity, emotions, good and bad behaviour on the internet, good and bad secrets, mental health. (No. 33)

The school counsellors describe that the teaching was primarily carried out based on their knowledge base or as ready-made methods or programmes such as DISA (Depression in Swedish Adolescence), MHFA (Mental Health First Aid) or HASP (Health — Work Environment — Confidence — Performance). Some school counsellors referred to the teaching as "psychoeducation".

Creating relationships with the students also appears to be essential to health promotion work. The school counsellors describe that the relationship work occurs both in teaching situations in the classroom and during visits to classrooms. Relationship building is also done outside the classroom and on the school's other premises.

I participate in outdoor days, study trips, parent meetings, open house, Lucia, graduation, school start, etc. I take every chance to meet students in more arenas. (No. 141)

The school counsellors also considered it important to be present during breaks and participate in school meals. They also stated that in the health promotion work, they supervised

other professions within the school. The concept of supervision does not have a clear definition but can be regarded as “a complex concept that seems to be able to mean different things in different contexts” (Skolverket, 2015). It can instead be seen as an umbrella concept that includes other pedagogical methods such as teaching, information and advice (Tveiten, 2014). In the health promotion work, providing guidance to the school's other staff was, for example, described as consultation with educators.

Consultation with educators to discuss protective factors, promote attendance and safety, and peace and quiet for studying. (No. 342)

The school counsellors also describe that they participate in and contribute to comprehensive student health work within the school. This can mean assisting other staff and the school's management with psychosocial skills and being part of professional and organisational meetings within the school, such as student health team meetings.

Professional autonomy

The school counsellors' work and role in health promotion is characterised by collaboration rather than independently leading and carrying out the work. Their descriptions show that the health promotion work is a common concern within the school, rather than one that individual professionals run and carry out. This may involve collaboration with other professions' indirect efforts. The school counsellor often collaborates with the school nurse, not least in what is referred to above as life competence or sex education.

...in collaboration with teachers/the school nurse I participate in lessons about sex education [...] (No. 51)

Health promotion is a common concern that can also be seen in the school counsellors' more general and comprehensive work.

I participate in more extensive discussions at school about health promotion work. Very little concrete health promotion work as such. (No. 162)

This means that the school counsellors describe that they contribute on an overall and general level to develop the organisational aspects of the health promotion work together with the school's staff. This happens in various organisational meetings with educators and the school's management.

Discussion

This article aimed to study school counsellors' health promotion, prevention and remedial work based on four analytical categories: *problem*, *recipient of interventions*, *interventions*, and *professional autonomy*. A summary of the results is presented below, followed by a discussion of an expanded understanding of school counsellors' professional practice.

The results show that the remedial work appears to be oriented toward the individual, with individual students' social problems and needs in focus. The preferred method of intervention for remedial work is conversations. An interesting observation is that the remedial work cannot be planned or standardised in the same way as preventive and health-promoting work. The remedial work has more of an "on-call duty" character where school counsellors, for example, deal with conflicts in the school environment. Notably, remedial work is characterised by a high degree of professional autonomy and what, in Abbott's terms, could be described as full jurisdiction. In contrast to individual remedial work, preventive work is focused on groups and the overall school environment (Abbott, 1988). The preventive work is also more administrative, including creating and maintenance of policies (crisis policy, security policy, etc.).

The outcomes suggest that professional autonomy in preventive work is less extensive than in remedial work. The school counsellors describe their role in this work as more collaborative than independently driven, which means they need to adapt their work to the interests of other professionals. This means that one can argue that professional autonomy is more limited in preventive than in remedial work. The low degree of adaptation to individual students' needs is distinctive for health promotion and prevention work, which instead has a more collective focus on students in groups. The work is addressed to all students within the school or the school environment. Unlike the remedial work, the health promotion work is standardised, pre-planned and cyclically recurring. Specific to health promotion work is that it includes an element of teaching. The school counsellors teach subjects related to life competence to convey information about various health-related areas. The health promotion work is also primarily based on collaboration with other professions within the student health team and other professions within the school. The school counsellors' professional practice is coordinated and contrasted with other professional groups, and their competence becomes one of many. In other words, there appears to be an overlap of tasks and areas of knowledge within health promotion work, which is thus characterised by what Abbott (1988) would call a divided jurisdiction.

Based on the school counsellors' descriptions, the study results show that a significant part of the school counsellors' time, almost 60 percent, is devoted to remedial work with a focus on individual efforts. Compared to health promotion and prevention work, it also appears to be clearer which interventions are given and who the recipient is. The results also show that the school counsellors have clearer professional autonomy in the remedial work than in the other areas. In other words, the remedial work seems to represent the school counsellors' "heartland of work" (Abbott, 1988, p.71). In what Abbot (1988) calls a "system of professions", the Education Act establishes a professional division of labour for the school counsellor and other professions. According to the Education Act, the various professions within student health must cooperate and work towards common goals to promote and prevent health issues. Even if the health promotion and preventive work is both diffuse and subordinate to

the remedial work, it ties the work of school counsellors closer to the intentions of the Education Act. In addition, the school counselling connection to the school, its educational mission, and other professions within the world of the school is strengthened. However, there seems to be a duality or tension in the professional practice of school counsellors. On the one hand, their work involves adapting to the intentions of the law, while on the other hand, it emphasises remedial work.

Welfare professionals, such as school counsellors, preferably work within public organisations where work areas and tasks are characterised by vagueness and changeability. This vagueness and changeability also bring unpredictability, where professional practice requires local and situation-based assessments and adaptations. This means that the responsibility to handle these vaguely formulated problems and tasks rests to a large extent on the organisation or the profession (Hopmann, 2003).

According to Abbott (1988), professions strive to preserve their unique position vis-à-vis other professional groups that claim to be able to deal with similar issues. That is, they seek to maintain full jurisdiction. The school counsellors' descriptions of the remedial work testify to a full jurisdiction. In contrast, as noted above, the health promotion and prevention work is mainly characterised by a divided jurisdiction where school counsellors, in certain parts of their work, need to be more aware of areas of both work and knowledge overlapping with other professions within the school. To maintain one's status and full jurisdiction, one can gradually transform professional services from routine to more sophisticated tasks (Abbott, 1988). In the case of school counsellors, it could be argued that incorporating health promotion and prevention work is a way of expanding the jurisdiction.

It can also mean tensions between the state's goals and the work carried out in practice. A characteristic feature of welfare professions is their close connection to the state (Brante, 2013; Evertsson, 2002; Rothstein, 1987). By providing their services and expertise to the welfare state, these professions have been given the opportunity to shape professional standards and requirements in connection with the state's commitments to welfare policy. The public sector mainly functions as a workplace and source of income for these professions, and the state tries to regulate and influence its dependence on these professional groups through political measures (Bertilsson, 1990; Evertsson, 2002).

This study shows that school counsellors manage this tension between the intentions of the welfare state's policy and how the work is carried out in practice by adapting to a greater extent the requirements that remedial work "requires". At the same time, the remedial work means greater professional autonomy. By examining different aspects of school counsellors' work, this study has revealed the intricate balance school counsellors must maintain between individual-focused support work and collective health promotion and prevention efforts. The study provides an opportunity to reflect on the changing landscape of this profession, where a balance between autonomy and external regulation shapes professional practice.

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