

# **Therapist, Intermediary or Garbage Can? Examining Professional Challenges for School Social Work in Swedish Elementary Schools**

## **Introduction**

In this article, we highlight the professional practice of school social workers (SSW), with focus on their own experiences of being part of a pedagogic environment and an interprofessional health care setting.

The SSW is seen as the pupil health teams psychosocial expert (Backlund, 2007; 2017; Huxtable, 2022). Despite this, the role of the Swedish SSW is vaguely described. SSWs themselves (Novus, 2017; Skolkurators enheten, 2004) express that counselling individual pupils is the primary task, which is also implied in studies where the issue is being addressed (Isaksson, 2016; Backlund, 2007). Signals from the profession indicate that SSWs conclude pupils' problems with mental ill-health are the most common reason for individual contact (Novus, 2017; Socialstyrelsen, 2016; Sveriges Skolkurators Förening, 2020). SSW's work tasks with pupils are "professional counselling, such as supporting, motivating, and crisis counselling, as well as assessment and counselling with pupils and their families" (Skolverket & Socialstyrelsen, 2016).

Inter-professional teamwork has been introduced to support children who experience difficulties in managing schoolwork. In the Swedish context, so-called pupil health teams (PHT) have been organised to prevent school failure by providing assistance to children at risk (Hjörne & Säljö, 2004, 2014; Huxtable, 2022). A PHT can be seen as a "small-group-organisation" (Flaa et al, 2010; Harris et.al, 2018) within the school domain, and in which the principal leads and distributes work within the team.

In the PHT, different professions are represented: nurses, physicians, psychologists, special educational teachers, and SSWs. Municipal elementary schools are requested to work on health promotion and prevention (Law 2010:800 2kap 25§), but there are challenges in this approach because there are children enrolled in school who are already suffering from poor mental health and who need help from educators and pupil health staff to manage everyday life.

The purpose of PHT members is to build a common understanding of the child and come up with solutions to problems that exist at the school. According to a curriculum statement valid for compulsory school: "Everyone who works at the school must pay attention to and support students in need of special support, and work together to make the school a good environment for development and learning" (The Swedish National Agency for Education [Skolverket], 2011 p.14).

The way members in PHTs are employed and organised differs. They can be part of a centralised municipal health care organisation or have their employment contracts directly with the local school. Often, they share their time

between a number of schools (SKL, 2018; Partanen, 2012; Guvå & Hylander, 2017). This can create dilemmas, for example, in finding a balance between SSW's preventive and remedial intervention, and in relation to aspects such as organisational conditions, number of students, and the physical setting of the pupil health (Isaksson, Blom & Nygren, 2020).

Three out of five professions (nurse, psychologist, physician) in a PHT have a healthcare license. One out of five (the special educational teacher) has a national certification for teachers. That leaves the SSW as the only profession without any type of certification or licence. All professions in the PHT are regulated by the education act [Skollagen] (SFS, 2010:800). This article intends to describe the work that SSWs perform in a school environment, solely in the profession, and surrounded by a multidisciplinary team. The overall aim of this article is to describe and analyse critical components that influence the role and performance of school social workers in the Swedish elementary school. Special attention will be paid to aspects related to formal regulations, professional self-understanding, and SSWs' role in the interplay between professional domains involved in elementary school.

### **Theoretical framework**

The SSW is an actor who is difficult to place, in a field characterised by tensions between pedagogy, social work, and health care expertise. SSWs' tasks include both preventive and remedial work, and they operate both autonomously and jointly with the PHT. Therefore, it's relevant to use theoretical perspectives that allow viewing the SSWs as both attached to and detached from the PHT context. During the analysis, Wenger's concept Community of Practice (CoP) (1998, 2002), appeared to be appropriate to operationalise. CoP focuses on how to make organisations and professional collaborative learning useful.

According to Wenger and colleagues (1998, 2002), CoP is a group of people who share a concern, and who deepen their understanding of this area by interacting on an ongoing basis. The individuals get together because they hope to find value in their interactions. By spending time together, they get the opportunity to share information and insights. At the same time, they are able to help each other and to solve problems. They may create tools, standards, manuals, or they may just share a tacit understanding. Over time, they develop a unique perspective on their topic, as well as a body of common knowledge and practices. They can also develop personal relationships and establish ways of interacting, like a sense of identity. According to Le May and colleagues (2009), this description immediately suggests that CoP should be important for people who practice in health and social care settings because they are dedicated to learning how to care for a patient and to consider various aspects of the problem for optimal results. The learning part is actively focused on what would benefit the patient.

CoP can, according to Wenger (1998), be defined along four key concepts: community, practice, identity, and meaning. *Community* defines who

are members in the process of interacting and sharing. In a pedagogic milieu, PHT meetings could be a community where it's possible to learn from each other and develop knowledge. *Practice* refers to the way the community applies their professional skills and relates to both implicit and explicit knowledge. *Identity* refers to not only an accumulation of skills and information, but a process of becoming – to become a certain person or, conversely, to avoid becoming a certain person (Wenger, 1998 p.215) which Wenger emphasises as important for the practitioner. Applied to the field of school social work, it could be about to what degree the involved professionals see themselves as insiders or outsiders in the interaction. To create a meaningful professional trajectory means that identity and becoming are essential part of achieving a *meaning*. Meaning includes two basic processes: participation in a CoP as a complex process that combines doing, talking, feeling, and belonging (Wenger 1998, p. 56), and reification from a CoP that refers to regarding as a material thing, where a certain understanding is given form (Wenger 1998, p. 59). CoP as emerging social learning partnerships involves multiple interacting types of trajectories.

Axelsson & Axelsson Bihari (2006) focus on human interaction within and between organisations and multidisciplinary teams. Their conceptual framework on collaboration in public health outlines how organisations can be regarded as cultural artifacts that are created and re-created through human interaction. Once created, however, organisations tend to become “institutionalised” as their roles and tasks are legitimised. To deal with roles and tasks, there is a division of labour within an organisation. In the first stage in the model, the *forming stage*, they stress that the main task of the team leader is to facilitate contacts and communication between members of a multidisciplinary team. The members have to get acquainted with each other and learn how to work together. There is a challenging balance to maintain between autonomy and accountability in a multidisciplinary team, which requires communication based on knowledge of the different organisations involved. In the *storming stage*, the team has to manage conflict by finding common interests and goals. This may require difficult negotiations between team members. Such a process may, however, lead to the development of “social capital”, the *norming stage*, an increasing mutual understanding and strengthening of social bonds between the members. This may limit and ultimately override their initial differences in interests and goals. In the *performing stage*, finally, a team can concentrate on facilitating work towards goal achievement. At the same time, however, the process of trust building from the norming stage must be continued in order to sustain mutual trust among the members.



Figure 1. Alignment of CoP (Wenger, 1998) in Stages of multidisciplinary team building (Axelsson & Axelsson Bihari, 2006 p. 83)

The model described above (Figure 1.) can illustrate processes in the professional environment such as, for example, the PHT in the medical and pedagogic arena. In this model, CoP (Wenger, 1998, 2002), and Axelsson & Axelson Bihari's contextual framework (2006), can help us to understand professional structural conditions that surround the SSW profession. It has also a potential to contribute to a better understanding of professions discretion in relation to other professionals in the inter-professional team.

## **Method**

The data collection revolved around three areas that connect to the above-mentioned aspects of the study: experiences of difficulties and opportunities in school social work, interventions and performance, and collaboration with other actors. These areas were addressed through qualitative focus group interviews with SSWs conducted in the latter part of 2019. The interviews also covered other areas of the SSWs' practice that is reported on elsewhere (Kjellgren et.al., 2022). Focus group interviewing was considered an adequate qualitative method as it allows for nuanced responses and utilisation of group dynamics between the SSWs.

In order to gain access to a wide range of experiences, and at the same time cover different geographical areas in Sweden, a selection of four catchment areas was made: two metropolitan areas, one large city, and one rural countryside area. Coordinators and PHT managers were identified and contacted. Further information was provided on the website "Skolkurator.nu". All (25) identified SSWs were contacted by e-mail with a request to participate in the study and gave their consent. Of them, 22 participated in the interviews. The participants were all employed in the municipal elementary school. In the metropolitan areas, one group consisted of eight people and the other of four people. In the large city, a group of four people participated. In the rural area, six people participated. There was a range of experiences among participants, five with less than 3 years of experience as SSWs, while the ones with the most experience had worked for 18, 23, or 32 years, respectively. The average time having held a bachelor's degree in social work was 18 years, and the mean was 16 years. There was also a variation in age, basic education (bachelor's degree of social work), and further training (e.g., basic psychotherapy education). Women were over-represented, 18 out of 22.

The focus groups took place at a location decided by the participants. The interviews lasted between 75-120 minutes each and were at three sites conducted by two of the authors, and at one site by one of the authors. All focus group interviews were recorded and transcribed. All informants were given unique codes that will be used when quoting the SSWs in the result section.

The data was analysed by conventional content analysis (Hsieh & Shannon, 2005). The interview transcripts were first read several times to achieve an understanding of the material as a whole. The categorisation of data was then guided by the specific aims (formal regulations, professional self-understanding, and interplay between professional domains). Data was coded and, in the categorisation process, three themes emerged that we formulated as

“challenges” in the SSW role: *to navigate in a pedagogic and medical arena, to manage ambiguity, and to negotiate tasks at different levels.* The themes, as well as the specific aims, overlap, and thus all themes relate but in varying degrees to each specific aim. After this inductive and empirical driven phase was completed, we linked the material to theoretical concepts that we found relevant for the overall aim of the study.

The project is approved by the Swedish Ethical Review Authority (Dnr 2019-04934).

## **Result**

Through our analysis of the interview data, three main challenges in the SSW role emerged.

- To navigate within a pedagogic and medical arena
- To manage ambiguity
- To negotiate tasks at different levels.

In order to supply school settings with expertise in social work, a majority of the SSWs stated that a bachelor’s degree in social work combined with some introductory years in social welfare service provided a way to career development and specialisation as an SSW. A majority of the informants had a centrally organised group of SSWs to turn to at regular meetings about every second week.

### **To Navigate in a Pedagogic and Medical Arena**

All SSWs included in the study formed part of one or various interprofessional PHTs. In case the SSW had more than one workplace, whether they were employed directly by a school or a central organisation, this was of great importance for their time management and sense of belonging to a team.

*It’s incredibly important not to work alone, and therefore I always join someone else. It can be the psychologist, or the nurse, or anyone else. I have difficulties making good decisions or seeing things clearly unless I have someone to discuss it with to gain more insight (G:P10-11).*

The SSWs wished that PHT meetings should consist of more time dedicated to strategies regarding concrete work rather than discussing how to divide the tasks. Moreover, the SSWs claimed they often had to negotiate around task performance regardless of the principal’s ideas or competence to lead the PHT work. Furthermore, sometimes they found it challenging in situations when more than one actor ended up involved as a result of lack of communication. Consequently, the child might have found the proposed actions confusing. Therefore, the SSWs asked for awareness among team members regarding each children’s contacts in order to avoid comments such as “oh, are

you seeing her as well” (G:C25). If the decisions did not satisfy the SSWs, they could arrange their own solutions by booking individual sessions where they met the child and the parents. By taking control over their own time and order of tasks, they also set their own agenda and relationship to the child.

According to the interviewees, teachers have guidelines in the form of a curriculum. Likewise, nurses have a base programme as a health plan, and school psychologists have their own guidelines. However, the SSWs mentioned they have no such specific guidelines or base programme, instead they encounter the limits of their jurisdiction in contact with other welfare institutions such as child and adolescence psychiatry (CAP) and social services. As a result, SSWs were given all tasks that other professions did not consider theirs or covered for others in teaching or attending children during breaks.

*I offer guidance, in cases of reporting concerns for a child to social services, because I hold a bachelor degree in social work...I believe that different professions clash because we think differently...therefore the principal will receive different explanations and proposed actions...the nurses have their programme, the psychologists their programme...while we, the school social workers, end up being “the garbage can” [slasktratt] (U:C10).*

A majority of SSWs emphasised basic guidelines would facilitate the work for all parties. It would also clarify the regulations around secrecy and the responsibility of the PHT.

As described by the SSWs, all professions such as teachers, psychologists, and nurses have conversations with children about psychosocial factors. This further added to the confusion between different professions. Hence, the SSWs constantly sought to define their role and identity by reflecting on the schools, and their own expectations on their performance.

*This is also a way to be out there...we can identify issues and interpret what’s happening at this particular school...which gives us a unique perspective because the rest of the personnel are either teachers or medical staff...that is why it is important that we can also be out there. (G:I12).*

To become an involved SSW required a personal effort from the SSW. This could include promoting oneself continuously by offering services and maintaining a positive attitude. If that was not possible to achieve, the sensation of involvement soon converted into a peripheral position.

*But I really try to sell my services because I want to be a part of school activities, so my attitude is a bit “Absolutely, I can help with this” and “we can work on this topic” and “I can be present during this meeting with the parent”, in other words: a lot of marketing myself. When I’m allowed to participate, my impression is that the*

*outcome is good, and I feel somewhat included. At least it is better than not participating at all. (S:E34).*

In order to minimise the experience of solitary work, many SSWs formed alliances with other staff at school, such as teachers or PHT members. One aim of an alliance was to broaden the perspectives, especially with regard to important decisions, SSWs claimed. Further, at a large school, an alliance was necessary to cope with the workload. Where alliances occurred, inclusion in the PHT were greater and collaboration with teachers came more naturally. The effects of such work were mainly seen among pupils, specifically in order to identify different situations and to determine a different course of actions.

*We are expected to know a lot about all aspects of a child. Many times, we hold the coordinating role on the team where we see the whole picture. Therefore, we tend to focus on what is important for the child, not only from a medical or pedagogic aspect (U:E11).*

In a similar manner, the local culture of the school conditioned SSWs' positions. One SSW affirmed that one should not underestimate the informal structures of a school and the importance of adapting to that. Formally, one is expected to be there on certain days and to carry out certain duties. It is said to be a function rather than a person but informally, many SSWs agreed their role was very much about having a personality and an ability to claim space.

*In reality, the informal hierarchy is the important one. The formal one is only good for involvement but at the same time they do not count on you, you are forgotten or not even asked. Instead, the informal mandate is the interesting one, are you somebody to be counted on who contributes or not? (S:S35).*

### **To Manage Ambiguity**

According to the SSWs, it made a major difference whether an SSW was employed by a principal at a school at a central unit of PHT with a corresponding manager. In most cases, the leadership was divided, and the SSW had one work leader and one task leader. Often this would cause a heavier workload since negotiations had to be carried out with both. At the same time, there were some positive aspects since the work leader would take more work environmental aspects into account. A common difficulty was the high turnover of principals at schools. Consequently, the whole structure of PHT had to be explained and revised repeatedly.

There were different perceptions about the role and the function of an SSW. On one hand, informants stressed that teachers, the principal, and the PHT could have different opinions. On the other hand, there were a variety of conceptions among the SSWs themselves. The limits were unclear and opinions varied, making the space for interpretation and performance immense. Many SSWs asserted over the years they had developed their own structure for prevention and remedial work. Thus, they informed the principals on how they aimed to support the pupils in reaching their goals. The ripple effect, the SSWs

said, was that the child and the parents/tutors would also benefit. In contrast to the previous wish of a clearer commission, for example, by introducing a base programme, various SSWs confessed that they enjoyed the free role of being able to shape and execute the work by their own initiative.

Many of the informants claimed that sometimes the role of the SSW was simply to be some sort of stabiliser by encouraging everyone “not to rock the boat, things are not as bad as they seem”. Reducing anxiety at school was often seen as one of the major preventive measures. One of the SSWs metaphorically described the role as being “a walking Stesolid (benzodiazepine)” (G:P10).

The SSWs confirmed they assisted in collaboration with other actors, mainly social services and the CAP. Moreover, they wished to participate in most of the schools’ reports of concern regarding children to social services, and to assist the principal when writing such reports and becoming the link between the school and the social services. Furthermore, in cases when teachers felt uncomfortable issuing a report of concern, the SSWs had a supportive function. When it came to collaboration, many stated that having a personal contact within the CAP was of importance in order to obtain help. Regardless of the location, the queue and criteria to access the CAP were hard to penetrate. In addition, collaboration with social services was viewed as equally hard. According to some of the informants, both institutions claimed the school should always do more before contacting them.

Once a child was offered a contact at the CAP or social services, it was common that the child continued to participate in sessions with the SSW. Contact was not automatically paused or cancelled since there were no routines for this. In those cases where the child did not succeed in getting another counselling contact, the SSW found it difficult to end the sessions regardless of symptoms or current situation.

*A child with a specific problem will be attended at the CAP by focusing solely on that specific problem. However, at school all problems that occur around the child have to be dealt with and those problems can vary from week to week. Sometimes, counselling sessions are urgent, other times it is more about the context in which SSWs are part of. As a contrast, the CAP do not form part of the context and might even have to construct it artificially (G:D17-18).*

### **To Negotiate Tasks at Different Levels**

According to the SSWs estimation, they worked on average 60-70% with remedial work and 30-40% with prevention. Individual sessions with children were included in both categories and therefore represented an 80-90% of the work tasks. In addition, the remaining percentage of their time was dedicated to planned meetings such as PHT, SSW meetings, school staff meetings, coordination meetings etc.

A challenge was to find a way to deal with the differences in individual counselling, prevention at a group level, and social support versus

treatment/psychotherapy. So far, sessions on an individual level clearly dominated the work of SSWs. As opposed to this, many SSWs asserted that their employers wished to steer the work towards health promotion and prevention. The employers based this on their interpretation of the School Law documents and their own expectations. The SSWs themselves stated that it was difficult to find work tasks related to health promotion and prevention that were professionally adequate.

*It is very important to collaborate with the school head team as well as the PHT all the time. I agree that the focus should be on health promotion and prevention since the individual cases appear by themselves. However, the latter occupy a lot of time. In my view, it is fun to work at an overall level at the same time as it requires effort (S:M6).*

*It is difficult to divide individual sessions into prevention and remedial work. All sessions are not remedial, i.e., slashed wrists, sessions can also be preventive, but where do you draw the line? In my opinion it is hard to define (J:R10).*

Despite the SSWs meeting with children with a variety of problems during series of sessions of different lengths, they rejected classifying these sessions as treatment. The interpretation of what is permitted within the practice of SSWs varied.

*There is no clear border or definition...this is where professional assessment comes in. Our skills whether we treat or not...hopefully, by treating or not I am still preventing a worse scenario (S:M 18).*

However, some SSWs stressed they had basic training in psychotherapy and they applied an in-depth approach during sessions. Therefore, the discussions during the interviews covered both if and how individual sessions should be carried out and to what extent. One SSW explained that psychotherapy is not allowed, but rather described the work as supportive therapy.

*We are not supposed to do psychotherapy, but I believe that we use it a lot...CBT-based psychotherapy...but we are not supposed to do it. To me the difference is in the extent of the child's problem...where more qualified supportive therapy is beneficial (S:S 22).*

The SSWs asserted that whether you call the sessions psychotherapy or supportive therapy, at least they had a clear therapeutic value.

*I find that seeing the children always has therapeutic value... building relationships takes time...it is not enough to only change the superficial behaviour and then it becomes treatment and treating sessions (U:E23).*

As a consequence, the purpose and the desired outcome of the SSW sessions seemed confusing. The SSWs claimed their purpose was to achieve a healing effect as well as behavioural change for the children. For that purpose, they described the use of a variety of therapeutic and treatment techniques and they collected knowledge from traditional theoretical schools and psychotherapeutic approaches. And yet, the purpose, course of action, and result could not be classified as therapy.

The SSWs have no legal authority, yet they are faced with complex decisions every day. Sometimes, the SSWs referred children to the CAP but equally as many times the children were referred back to school. According to the interviewees, they did not diagnose the child, but they were expected to know the implications of different diagnoses and how to correctly handle this information in their daily work. Mentoring teachers with regard to different children seemed to be very common, especially in smaller schools in rural areas. The interviewees stressed the importance of clarity when dealing with teachers. It is about highlighting the social aspects of the issue, whereas teachers focus on learning and knowledge.

## **Discussion**

The results of this study can contribute to an understanding of the complex work where SSWs are expected to perform. In the following section, we will discuss some of the main findings in relation to our research interests regarding *formal regulations*, *professional self-understanding*, and the SSWs' role in the *interplay between professional domains* involved in elementary school and, when relevant, connect our observations to Wenger's concept CoP (1998; 2002) and Axelsson and Axelsson Bihari's (2006) conceptual framework for interdisciplinary work.

### **Formal Regulation**

Based on the experiences of the SSWs, one of the greatest challenges is clearly the lack of guidelines regarding the role or the execution of the SSW. Swedish school law (2010:800) requires pupil health work mainly focus on health promotion and prevention. According to our results, it could be seen that during the last decade, the interpretation of the law regarding all professions within the PHT leads in the direction of health promotion and preventative measures at the expense of remedial tasks. The results show there are challenges considering the structure of the PHT – SSWs highlight difficulties to find balance between health promotion, prevention, and remedial work. Furthermore, tension is also seen in relation to other professions in the PHT.

The SSWs have developed their own structure for both prevention and remedial work. Nonetheless, in the absence of guidelines, this work structure cannot be evaluated in the same way as, for example, school nurses' vaccinations programs and health interviews that are based on clear guidelines. The room for subjective interpretation and performance for SSWs is thus immense. Since guidelines can be considered part of the conditions for work

leadership and work distribution within an inter-professional team (Axelsson & Axelsson Bihari, 2006), bias and tensions can be expected, and negotiations are needed to decide who should carry out what and when and how. There is a wide range of actual negotiations in the storming and the norming phases (Axelsson & Axelsson Bihari, 2006) for the SSWs. The results reveal an intention and ambition among the SSWs to add the psycho-social perspective and SSW-profession-specific-performance into the PHT, but that they do not succeed in the way they want. Therefore, negotiations are considered significantly important.

The majority of the SSWs have been placed at their school, and in their PHT during what could be understood as a forming phase (Axelsson & Axelsson Bihari, 2006). In this study, there is lack of descriptions of such conscious processes i.e., phases of storming and performing phase where “Who-does-what” and “How-to-do-it” is established. When the team fails to communicate and act in unison, tensions are produced between members, like turf wars, which limits the possibility to complement, assist, and learn from each other. Oppositions and tensions constitute a breeding ground for parallel work for the SSWs and other team members, and children may receive un-synchronised measures.

We argue, thus, that there is a process going on in the group of SSWs of defining what is a reasonable contribution of the SSW. This could be seen as an attempt in a storming phase around the SSW. Our results indicate the SSWs believe they have suitable skills for helping children, but not the communication repertoire or mandate for implementation. Their skills are not accepted and approved in a storming or norming phase (Axelsson & Axelsson Bihari, 2006). According to Wenger (1998), social processes can be understood as conflicts about defining the truth, contributing to a defined goal, making a statement to the community, and getting recognition by the community. It might take a CoP in order to achieve comprehensive competence, but according to our results, such an environment is not always available for SSWs. Therefore, we argue that SSWs need in-depth knowledge not only regarding their psycho-social tasks, but also in terms of skills representing and sharing such cases in interdisciplinary teams, e.g., a PHT (that would fertilise the establishment of CoPs). Further, guidelines and reasonable conditions to perform psycho-social work are needed, in the same manner as other PHT professional members have.

The results reveal unclear distribution and performance of the work carried out by SSWs. This was most obvious regarding SSWs who meet the expectations and demands of several schools, PHTs and principals. This leads to a marginalised position compared to SSWs who only have one or two schools where they are expected to carry out school social work.

### **Professional Self-understanding**

Wenger (1998) emphasises an essential relational question of Identity – Who do we become when we are together in a group or a team? The SSWs claimed their role is a function, rather than a person, but at the same time, personality and an ability to claim space are emphasised as central skills in that

role. In spite of the SSW's personal and professional self-understanding, something powerful emerges in the interaction with the other PHT members – either the SSW is involved or ends up in a peripheral position. In order to avoid being revised or questioned, there appears to be an inclination on the part of SSWs in this study to voluntarily withdraw and go into a peripheral and solitary position. Our results indicate SSWs are withdrawn; they both leave and are left without a mandate. However, when they do receive a mandate and tasks corresponding to the professional intention, they are filled with enthusiasm and the prior withdrawal and peripheral position tends to be swept away. So, when expected to be storming, and norming (Axelsson & Axelsson Bihari, 2006), the SSWs might instead refrain. The results do not explain the decisive factor for ending up in one position or the other.

The PHTs seem to be important for the SSWs. The optimal way to achieve reliable decisions is to use mirroring (Pines, 2003; Esposito et.al, 2017), by creating alliances with other PHT members, where the team together tries to analyse and decide on different courses of action. The correlation between a task and a programme or a guideline has consequences for the thoughts, decisions, and actions of the individual SSW. Axelsson & Axelsson Bihari (2006) describe this as forming, the establishment of a group belonging, as well as storming, i.e., the beginning of a “becoming a mirror situation”. The common values could be created for the individual SSW but also for the other members and the “togetherness” of the PHT team. However, for the SSWs in our study, this phase seldom occurs.

The principal is claimed to have an important role for the SSW even though the results of our study reveal the principle is not fully trusted by them. Negotiations are continuously carried out by the SSWs and include negotiations with leaders, principals, PHT members, and teachers in order to obtain a psychosocial perspective on the situation of children in school.

Our results reveal that the SSWs end up doing all kinds of work, so called ‘Factotum’ (Anon, 1994), with ambiguity and their position can be explained in positions divided into three parts:

*Therapist* – All SSWs in our study have confirmed that individual counselling represents the major task of their work. In order to justify this task, which is sometimes questioned by the leadership, the sessions are classified as both health promoting, preventative, and remedial in nature, rather than recognising the core social work of helping the most vulnerable children with both internal and external difficulties. This strategy creates an inner conflict in the professional self-understanding for the SSWs.

*Intermediary* – SSWs work in a pedagogical arena, and they navigate between the practice of social work and the pedagogy. This occurs through pedagogical teamwork development, guidance, and consultations, but also by inviting teachers to individual meetings about specific problems and situations of individual pupils.

*Garbage can* – the result indicates that SSWs are given tasks outside the obvious boundaries of social work, e.g., supplying teachers or attendants. Such tasks could possibly be seen because of ambiguity, where the principle or PHT lacks full knowledge about what is expected by the profession. But the result also indicates that SSWs often take on these tasks in order to gain confidence, to build up social capital, and to become more involved.

### **The SSWs' Role in the Interplay Between Professional Domains**

The results show complex challenges for SSWs on the medical and pedagogical arena. CoP's key concepts (Wenger, 1998) have been applied in order to comprehend the complex environment, the functional differentiation of an interdisciplinary team, the structural preconditions which surround the responsible profession, as well as the desire of belonging. Community, the most obvious CoP key concept (Wenger, 1998), exists foremost within the group of their own profession (group of SSWs), where SSWs explain they learn by talking to each other and that communication is a vital tool for developing knowledge for their practice of social work. Bolin (2011) states this reflects technology that is generally used to create knowledge in social work as a means of becoming a better practitioner and is commonly referred to as reflective practice.

Axelsson and Axelsson Bihari (2006) describe stages of multidisciplinary team building, and our results indicate that the PHTs are formed and start performing without a synchronised and articulated storming and norming phase. Therefore, the results reveal a seldom shared or common understanding of a valid trajectory for all parties within the PHT. In order to combat such a situation, trust and culture construction, including values, and respect for common aims, is needed.

### **Limitations**

This study intended to shed light on SSWs' own experiences regarding their role and function, articulated in group interviews where they could meet as colleagues and discuss issues related to their professional work. As described, the dynamics between participants in a focus group interview can enrich the data, and lead to additional insights, foremost because people with shared experiences can help and encourage each other to elaborate on the subject for the interview. However, a group interview can also create an atmosphere where difficulties are withheld, and excellence is emphasised among participants, which can be seen as one of the limitations with the method. Another limitation with group interviews is the potential space given to individuals with strong opinions, which can lead to a so-called crawler effect, where alternative opinions are silenced. Our experience from the current study is that the interviews were conducted in a friendly atmosphere characterised by mutuality, generosity, and curiosity. With that said, it's reasonable to believe that individual interviews could have provided deeper knowledge from each individual participant.

Another limitation is the exclusive SSW perspective used in the study. The broader research question about SSWs' roles in a multi-professional environment is now investigated only through the lens of the SSWs themselves. A triangulation of data with complementary perspectives from other actors such as principals, teachers, and colleagues in PHTs, could have brought additional nuances to the results.

Finally, in this study we tried to gather groups of SSWs from different geographical areas and school districts, and with a variety of experiences in regard to aspects such as sex, age, and level of specialisation. Despite what we think is a relatively representative selection of Swedish SSWs, we have not used the mentioned variables actively in our analysis in this article, but instead considered the participants as being part of one broad group. This lack of comparison between subgroups, for example of SSWs in rural versus metropolitan areas, or participants with different degree of experience, limits the analytical range of the study.

## **Conclusions**

In order to achieve and maintain such an advanced professional foundation, the SSWs have to eliminate the current ambiguity and position by forming space in another position. By gaining a clearer professional identity, social relationships can be built within the PHT, and an exchange of knowledge can take place in a spirit of CoP. A more prominent professional role for the SSWs would entail a greater ability to take part in the negotiation of norms and values, in a norming phase. Moreover, it would include a common meaningful trajectory and the usage of inter-professional competence within the PHT, in a fully used performing phase.

On a positive note, tensions between socially defined competence and personal experience have the potential to create a kind of social capital among SSWs. This is an ongoing process that requires continued training, further education, and development. In the same manner, development of a profession occurs.

It is important that SSWs claim their space, but once obtained, it is equally important to establish certainty regarding the practical work about what is to be filled, and how, and with what. The only task specified in regulations (Skolverket & Socialstyrelsen, 2016) is supporting, motivating, and crisis counselling. That could be specified further in guidelines. Rules and programmes can limit the sphere of action, which in turn creates dependency and a fear of failure. On the other hand, without guidelines, there is a risk that SSWs become successful by chance, by merely guessing what should be done and for example trying to develop their own health promotional and preventative practice. Thus, we suggest that national guidelines for SSWs be developed, and that a common base of knowledge and education be established. Meanwhile, we would like to emphasise the importance of the role of representing vulnerable children's rights and voices, in parallel as the profession develops and possibly is redefined within the framework of the core practice of

social work. Old practices cannot be replaced until new acceptable practices are in place.

### **Declaration of interest**

The authors report there are no competing interests to declare.

### **Ethics**

The project is approved by the Swedish Ethical Review Authority (Dnr 2019-04934).

### **Funding**

This work was supported by the the municipality of Åre and Umeå University.

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