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### Child and Family Welfare in Sweden

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# Partnerships for Children and Families Project

**Child and Family Welfare in Sweden**

G. Andersson

June 2002

**SOCIAL WORK**



## **Child and Family Welfare in Sweden**

Gunvor Andersson

### **Abstract**

Sweden has no special Children's Act because regulations on children are included in the Social Services Act from 1980, supplemented by an act regulating compulsory care. Child and Family welfare has a family support orientation rather than a child protection orientation. No time limit provided by the law put an end to family support or out-of-home care, but interventions are reviewed every six months. The paper presents some facts about Sweden, gives an overview of the legal framework, family maintenance services and out-of-home care. Further details are given about contact person/family as one of the most frequently used statutory support services for children and families. As an example of the decentralised social services in Sweden, the organisation of child and family welfare in the district of Rosengård in the city of Malmö is described. The paper ends with reflections and debated issues in child and family welfare in Sweden.

## **Child and Family Welfare in Sweden**

Gunvor Andersson

### **Introductory facts about Sweden**

Sweden is a country in northern Europe. In a European context it is a big country as regards the area, but it is only half the size of Ontario. With reference to the population it is a small country with its not quite nine million inhabitants. The King is the Head of the State but without political power. The parliamentary government is social democratic. Sweden is a member of the European Union but not of the European Monetary Union and there are intense discussions between people and political parties for or against membership. Considering children it is very common that reports on the conditions under which children in Sweden live start with the statement that most children in Sweden live good lives and are physically and psychologically well and are, compared to children in most other countries, on a high standard. The next step is often to point out that, nevertheless, many children have difficulties and suffer from mistreatment or neglect by adults and that too many young people use alcohol and drugs and commit crimes and that refugee children need more help, especially those coming to Sweden without their parents.

The Children's Ombudsman, established 1993, is a national authority with the commission to represent the interests of children (0-18) in the society, to have a collected knowledge of children's needs and rights, to guard children's perspective in legislation and regulations. In this work the UN *Convention on the Rights of the Child* is the value base. (In this paper, children refers to 0-18 year olds, as is stipulated in Swedish law since 2002, in accordance with the UN Convention on the Rights of the Child since 1990). Every year the Children's Ombudsman delivers a report to the Government about the state of things for children in Sweden and points out what constitutional changes would be done to realise the intentions of the

*Convention on the Rights of the Child*. The Children's Ombudsman has also published a statistical report based on children (not on households or families as in many other national reports). This report is used, *Up to 18: Facts about children and young people* (BO, 2001) to present some facts about children and families:

Parents' allowance is 80% of the salary and paid during 12 months, but the parent (usually the mother) has to let the other parent (usually the father) be at home with the child at least one of these months. An additional three months of parental leave has a lower compensation. Most children, from 15 months to six years, are entitled to a place at a day care centre (usually preferred by the parents) or at a registered child minding home. The municipalities have the obligation to offer children a place in day care, if the parents want it. From the age of six or seven most of the children go to schools administered by the local government and only a small proportion attend private schools. Eighty three percent of the mothers (with children living at home) have a paid work, but half of them work part-time. Ninety-three percent of fathers have a full-time work (in 1999). Seventy percent of the children live in a detached or semi-detached house and 30 % in an apartment. Twenty-six percent of all children (0-17) have divorced or separated parents, most of them living with their single mother (18 %), but 4% living with their mother and a step-father and 3% with their single father.

In the three big cities, Stockholm, Gothenburg and Malmoe, it is more common than in other areas to have a foreign background. In these metropolitan areas 43% of all 0-17 year-olds are either born in a foreign country or have one or two parents from a foreign country. Over the whole of the country, this proportion is 24%. The most represented foreign countries are in rank order: Finland, Yugoslavia, Iraq, Turkey, Iran, Norway, Bosnien-Hercegovina, Poland, Denmark, and Chile. I mention this to show that Sweden, from being a rather homogeneous country, has become a rather multicultural country and that many different languages are represented and that

many people adhere to Islam. In social work caseloads, children and families with foreign origins are over-represented, not least in the city of Malmö and the district of Rosengård, as will be shown later.

An official commission has recently had the task to analyse whether a Swedish welfare model still exists. In one of its first reports, *Welfare at a crossroad: The development during the 1990s* (SOU 2000:3), it was shown that there has not been a crucial shift of model for the welfare services, although there have been some changes which are problematic for the model. There were marked governmental cutbacks during most of the 1990s, because the state finances were undermined by a fast decline in labour supply and a high rate of unemployment and, at the same time, a stream of refugees. The cutbacks led to changes for the worse in service standard and in staff resources of day care and education and the publicly provided leisure time activities for children. The report shows, for example, that the mean number of children per adult in pre-school (including day-care centres) 1990 was 4.4, but 1998 it was 5.6. At school, there were 9.1 teachers per 100 children 1991, but only 7.5 teachers per 100 children 1998. It is also reported that there are signs of increasing distinctions between the well-being of the majority of children and that of children in poorer environments.

Compared to some other welfare states, the political power is rather decentralised and the municipalities have much to say. During the 1990s, there has been an even more far-reaching decentralisation, from the state and county level to the 289 municipalities or even smaller districts. The responsibility for health and social services, day care and education, and also for children with learning difficulties and psychiatric problems is transferred to a municipal level. Consequently, there are local differences in organisation and welfare services and no real overview exists. The report, *Welfare at a crossroad: The development during the 1990s* (SOU 2000:3) says that we *do* know that children of single mothers and children of immigrants and

refugees have lower material standards and more health problems and that there are signs of increasing class gaps in Sweden. But the report also states that there is a lack of knowledge about children's living conditions, especially as seen from their own perspective.

### **Child and family welfare – an overview**

With reference to children in need, the terminology of child welfare has, in some countries, clear associations with child protection. The term child and family welfare<sup>1</sup> is very convenient for Swedish conditions, because there is no dividing line between family support and child protection. Family support, when children are living at home, can protect children from neglect or abuse, but is also important when children are placed outside the home, to prepare for the children's return home or make sure that the parents keep in contact with their children in foster and residential care (Andersson, 1992). In his comparative study, the American researcher Gilbert (1997) points out that Swedish child welfare has a family service orientation rather than a child protection orientation, although mandatory reporting of child abuse exists.

This paper attempts to provide an overview of the Swedish child and family welfare system. First an overview of the legal framework and the services and interventions available in child and family welfare is given. Second, two examples of support services for dependent children (0-18) and their families are described. The first example is about contact persons/families as a statutory support service. The second example is about child and family welfare in the district of Rosengård, in the city of Malmö. The decentralised social services in Sweden do not allow far-reaching generalisations about organisation or support programs, and the city of Malmö is divided in ten somewhat autonomous districts, one of them called Rosengård. Some information is provided about this district and its local organisation of social welfare. The paper ends with reflections on child and family welfare and issues currently under debate in Sweden.

What is included in child welfare varies in different countries and may, as the American researcher Furstenberg (1997) writes, vary according to the type of balance struck between family and state in the responsibility for children. The privatised ideal of family–state relations in the USA, maximising the authority of parents, stands in contrast to the collaborative model present in varying degrees in most European nations and most fully developed in Sweden and Norway. Consequently, universal services such as day care and health care are seen as “normal” in the family–state relations in Sweden, are not included in this paper’s consideration of child and family welfare. Social services for vulnerable families and children in need, means-tested support services, as well as child protection interventions are, however, defined for our purposes as child and family welfare.

#### The legal framework

In Sweden there is no special Children Act, because children are included in the 1980 Social Services Act (SoL). This is the primary law, a goal-oriented enabling act that is based on voluntary efforts and stipulates general guidelines for municipalities concerning their social services obligations. According to section 12 in the Social Services Act, the social welfare committees in each of the 289 municipalities should endeavour to ensure that children and young people grow up in secure and beneficial conditions. The social welfare committee should be especially observant of the development of children and young people who show signs of developing in an unfavourable direction, and in close co-operation with their families, provide these children and young people with the protection and support they need. The best interest of the child shall always be taken into consideration. The child’s own opinion should be clarified as far as possible and allowance should be made for the child’s wishes, with regard to his or her age and maturity.

According to section 71, it is the duty of authorities, whose activities relate to children and young people, as well as other authorities in health and medical care and social services, to notify the social welfare committee immediately if, in the course of their activities, anything comes to their attention which may imply that the social welfare committee needs to intervene for the protection of a minor. This also applies to the employees of such authorities. People in general *should* report, but it is not formulated as a duty.

The social welfare committee shall, without delay, open an investigation of matters which have been brought to its knowledge - by application or report – and find out whether the social welfare committee needs to intervene for the protection or support of children. An investigation or assessment should not be made more extensively than is justified by the circumstances of the matters. The implementation of decisions concerning supportive measures, care, and treatment shall be documented.

The Social Services Act (SoL) is supplemented by the Care of Young Persons Act (LVU), which regulates the circumstances under which the authorities may take children into compulsory care, if such an intervention is judged to be necessary and the parents (or young people over 15 years of age) do not consent. A decision to take a child into care according to this Act is issued by the county administration court following an application by the municipal social welfare committee.

#### Family maintenance or in home supportive services

The Social Services Act provides guidance how to support children and families, but the local authorities are free to plan various activities, programs and projects. In most municipalities, there are programs for the support of vulnerable or insufficient parents in upbringing and care for the children. There may be supportive groups for young parents or single mothers, and alternatives with social workers seeing the family on a regular basis or family pedagogues

working in the home. In most municipalities, there are group activities for children with parents who are misusing alcohol and drugs. Individual arrangements can be made in co-operation with the pre-school or school and the child can get a personal assistant, if he (or she) is very disturbing for the group. There are different programs for teenagers who need support (or activities) to keep away from using drugs or engaging in criminal activities. Child psychiatric treatment for the family or the individual child is always available. There are no reliable national statistics on supportive social services; if they are not statutory services, they vary in different municipalities and parts of the country.

There is one statutory service called *contact person/family*. It is the most used statutory support service for children and families. During the year 2000, about 22,000 children and young people were subject of the contact person/family service, which means 10 in 1,000 youths (Socialtjänst, 2001:8). Contact person/family is seen as *one* service, intended to be used in a flexible way for children and young people up to 18 (or in some cases 20). However, it is common for contact families to have children staying over night regularly (e.g., every second or third weekend). It is more common for contact persons to have contact with older children or teenagers on a daily basis. Everybody has the right to ask for a contact person/family, but the local social welfare committee decides on the need for the service and appoints the contact family or person. It is also common for the social services to suggest the service, as a result of an assessment of the needs of the child and the family. The service will be discussed more fully later.

Contact families or persons highlights the introduction into social welfare legislation of the possibility of children and families receiving social support from volunteers or laypersons. Child welfare in Sweden belongs to the public sector and there is no non-governmental or voluntary organisations serving as alternatives (Lundström & Wijkström, 1997). Contact

persons/families do voluntary work but must be officially approved of and are paid and supervised by the public social services. As volunteers, they are “ordinary” people who have no special training, but the necessary spare time, a feeling of solidarity with people with social problems, and an ability to provide support to the parents and children in question. According to the Children and Parents Code, the Court can also decide on a contact person from the social services. The court might make such a decision when parents in divorce conflict over the right of access to the child, or when it is judged to be in the child’s best interest to be accompanied by a contact person on visits with his or her (violent or drug abusing) father or mother. The service contact person/family involved is reviewed every six months, but can go on for years.

#### Out-of-home care

If out-of-home placement cannot be avoided, the consent of the parent(s) is recommended and, consequently, about three quarters of children in out-of-home care are placed with parental consent under the *Social Services Act* (SoL). About a quarter of children in out-of-home care are placed without the consent of the parent(s) and in accordance with the supplementary *Care of Young Persons Act* (LVU), regulating placements under compulsion. During the year 2000, about 18,000 children (0-18/20) were in out-of-home placements (24-hour care) at some time during the year, which means 8 in 1,000 (Socialtjänst, 2001:8). Every six months, the social welfare board in the municipality (or district) is required to review all out-of-home placements. The law gives no instruction on time limits in care and does not allow statutory permanency. For children under the age of 12 or 13, out-of-home placement is typically motivated by the shortcomings of parents (neglect or abuse) and not by the behaviour of the child. For teenager, out-of-home placement often are motivated by their own behaviour to an extent, a factor which increases with the age of the child. Looking at a particular day (November 1<sup>st</sup>, 2000) around 75%

of those in out-of-home care were in foster care and 25% in residential care. For younger children, foster care is more common than for older children. For those in care by compulsion, residential care is more common. However, there are different forms of foster care as well as residential care.

### *Foster care*

In foster care, the ultimate aim is reunion and there is no fixed time limit on the rehabilitation of parents. As the US researcher Barth (1992) writes: “In Sweden, the underlying assumption of the law is that ‘every parent can be rehabilitated’” (p.39). Nothing is said in the law about how a case should be handled if reunion is not possible or inappropriate. On the other hand, a placement with parental consent could be changed to a placement by compulsion, if it is not assessed to be in the child’s best interest to return home. Although the Swedish system has no statutory permanency in foster care, there are children who cannot return home and who stay in long-term foster care (Andersson, 1999b; 1999c). They can be counted in different ways, but according to a study of five cohorts of 18-year-olds (Vinnerljung, Langlet, Zaar, & Gunnarsson, 2000), 10% of those in foster care have grown up in their foster home (after placement at an early age).

The compulsory Care of Young Persons Act (LVU, 1990) has been reviewed a proposal has been referred for consideration (SOU, 2000:77). The proposal is that, after three years, the social welfare committee should make a special assessment for the arrangements for the future to ensure that children and young people, to as great an extent as possible, can enjoy continuity in their relations and have a “family for life”. If a child has lived in a foster home for three years or more, the social welfare committee should, to a greater extent than today, take the initiative to transfer custody to the child’s foster parents. There is already a legal possibility of transferring custody of the child from parents to foster parents (as guardians), if the child has lost his or her

parents or lost contact with them. However, this possibility is seldom used. In Sweden, it is not possible for children to be adopted without the consent of their parents, and since the 1970s, very few parents or single mothers have wanted their children to be adopted. Consequently, adoption is not used as an alternative for children in the child welfare system and, if you want to adopt a child in Sweden, it has to be – with very few exceptions – an international adoption.

Legislation for foster care is rather strict in Sweden compared with other countries, as Hesse and Vinnerljung (1999) point out. Unregulated private foster care is illegal and even a grandmother is required to notify the local authorities, agree to be investigated, and submit to semi-annual inspections. Swedish child welfare professionals have tended, over the last three decades, to be suspicious of kinship care (fostering by relatives), but since 1997 the law states primary consideration to relatives (or other close adults) as substitute caretakers. It can also be noted that many local authorities use contracted foster homes for short-term or emergency placements. These families usually have a contract to care for a given number of children and are also paid for “an empty bed”. In practice, we tend to talk about three types of foster homes; traditional, kinship and emergency foster homes, but, in national statistics, they belong to the same category. The child’s continued contacts with his or her natural family are considered to be important in all types of foster care.

### *Residential care*

In Sweden foster and residential care are not wholly separated entities after the Social Services Act of 1980 brought about a change of definition. It stated that, if a foster home has four or more children, and if the foster parents’ main income comes from fostering, then the home is to be defined as a residential unit. The rationale behind this legal change was to bring professional care under stricter control; however, it also paved the way for a private expansion of care (Hesse & Vinnerljung, 1999). Some of these new private residential units would probably be defined as

“specialist foster care” in other contexts. Most of them admit teenagers. But they seem to have increased their “market share” for younger children as well (Hessle & Vinnerljung, 1999).

In addition to the above-mentioned small private institutions, there are public institutions called *homes for care and accommodation* (HVB). It is more common for younger children (0-12) than for teenagers to be received in public institutions (where the staff is usually more educated than in private institutions). It is more common for these institutions to receive children for a short time, for a time of assessment, or as an intermediate stage between home and foster home. Of the children’s homes for 0-12-year-olds, 90% admit children and parents together (Sallnäs, 2000). It is considered in the child’s best interest not to be separated from his or her parent(s) when in residential care. These arrangements also facilitate the assessment of the capacity of the family and the family work needed to prepare the child’s returning home or moving to a foster home. Most of these public institutions are small and 73% of them are designed for nine children or less (Sallnäs, 2000).

The age of criminal responsibility is 15, and younger children who are caught by the police engaging in criminal activities, use of drugs or other disturbing behaviours, are the responsibility of social services. Social services have been criticized periodically for doing nothing except talking, sometimes these youngsters get a contact person, and sometimes they are sent to a foster home or to a home for care and accommodation (HVB) for a while. Children between 15 and 18 can be involved in legal proceedings, but even if sentenced, they are usually referred to the social services. The social services can, in turn, place the youngster in a *home for special supervision*, with facilities to place violent youngsters in temporary solitary confinement. Today there are 30 homes for special supervision of this kind under the auspices of a national government agency. The expressed aim of this is to turn this form of care – traditionally punitive and confining – into an evidence-based treatment organisation (Hessle & Vinnerljung, 1999). In

his study of a home for special supervision, Levin (1998) states that “beyond the rhetoric of punishment and treatment there is a praxis which is something quite different – neither treatment nor punishment”(p. 344). He is critical that only 20% of the boys and 50% of the girls managed well or reasonable well in life after leaving the home that he studied for special supervision.

Only by way of exception, should children (under 18) be sentenced to prison and, if they are, actually serving the sentence in prison should be avoided if possible. After a sanction system reform in 1999, young people aged 15-17, who have committed serious crimes, can be sentenced to *secure institutional treatment* instead of prison. The aim of the reform is to prevent the harm, which can result from a stay in prison. The crime determines the length of sentence - although the idea of treatment is emphasised. The same government agency is responsible for both types of homes, but young people are sent to a home for special supervision according to the Care of Young Persons Act (LVU) and sent to the new secure institutional treatment facility according to the Criminal Code. As young people were rarely sentenced to prison, a great demand for such places were not expected and they were developed in connection with already existing homes for special supervision. However, it has been shown that judges are more willing to sentence young persons when there are secure treatment institutions as alternatives to prison. The number of secure places has increased from five to 60 in two years and there is a demand for more places.

### **Contact person/family as a statutory support**

A colleague and I have recently finished reviewing the evidence about the service contact person/families (Andersson & Bangura Arvidsson, 2001). There is conspicuous shortage of research on this support service for children and families. It seems to be an international phenomenon that preventive work and non-institutionalised support services are less studied than, for example, foster care and residential care. Our review is based on Swedish research reports and

on papers written by students in their sixth or seventh semester of university studies of social work. It is reported to be a positive service for all parties involved, including children and families as clients or users. The satisfaction criterion is easier to use than to finding evidence for the curative effect of experiencing a “normal” everyday life in a contact family or with a contact person, or for the process of identification with “significant others”, or for the prevention of future problems.

There are problems in the evaluation of contact person/family because it is used – and should be used – in a very flexible way and without unnecessary administrative constraints. Broadly, there are two different ways to use the service. Informally, the term contact family is used for a family being visited by a child “in need” one or two weekends per month and perhaps also a few days during the summer vacations, or when he or she has a temporary need for accommodation because of problems at home. The contact family is seen as a support service in its capacity of being a “normal” or “ordinary” family, prepared to include a child “in need” for a few days (and nights) at a time, but regularly and maybe for many years of childhood. Informally, the term contact person is used when a person, without involving his or her family, has contact with a child or a young person on a daily basis. This is more common for older children and teenagers, who need help with schoolwork or can use an adult outside the home to talk to about problems, or can benefit from company in finding constructive leisure time activities, or need support in independent living. The contact person/family is expected to co-operate with the child’s parents and to give support to the child’s single mother (or father).

The Swedish contact family has some similarities with the British respite care. According to the Children Act 1989 in England and Wales (and later in Scotland and Ireland), not only children with severe learning disabilities can get “family-based respite services” but also children “in need” because of social problems (Aldgate, 1993; Stalker, 1996; Aldgate & Bradley, 1999).

The British respite care or short-term accommodation is used much less than the Swedish contact family, perhaps because of the stigmatising association to learning disabilities (Aldgate & Bradley, 1999). In Sweden, children with disabilities have their own supplementary legislation (Law on Support and Services for People with Disabilities, LSS) giving them rights in addition to the rights in the Social Services Act. Therefore a “support family” as respite care for children with learning disabilities should be distinguished from a contact person/family according to the Social Services Act (and is not included in the national statistics for contact person/family).

In Sweden, the concept contact family does not have a history of negative associations. The meaning of contact person can, however, historically be associated to probation in the former Children’s Act (Sweden *had* a Children Act until 1980). To get rid of the association with control of teenagers with antisocial behaviour, the contact family/person concept was introduced in the Social Services Act of 1980 as a new and flexible support on a voluntary basis for families and children (0-18). The compulsory Care of Young Persons Act 1985 introduced the possibility to appoint a contact person for 15-20 year-olds without their consent and because of their behaviour, but this possibility has rarely been used.

Because there is no obligation for the contact persons/families to write reports, no obligation for the responsible social worker to exercise supervision outside of joint meetings twice a year, and no pressure from the authorities to evaluate the service, there is no reliable assessment or descriptive information. However, we see some tendencies. Class differences between contact persons/families and families as users of the support are not obvious. Differences in family composition are far more obvious, as children with a contact person/family are, to a large extent, living in households with one adult, usually a single mother; while contact families usually include a mother and a father. While the mother usually is the initiator to become a contact family, especially for young children, there seem to be more men as contact persons,

especially for teenage boys. It is common for contact families to live in a rural district and have a private house and pets which can be important for the children. On the other hand, it is common for contact persons to live in an urban environment, close to the child's home environment in order to do things outside home together.

On the whole, there are few reports about gender differences about younger children but for teenagers, there are differences in the contact persons' views about the needs of boys and girls and what activities they should do together. Although there has been an expressed intention to use the service as support for immigrant families, to make their integration in the Swedish society easier, immigrant children seem to be under-represented. On the other hand, immigrant children are over-represented in out-of-home placements, especially in homes for special supervision.

When looking at different reports on user satisfaction, most people seem to be satisfied with their contact person/family. The measure is the most requested of social service supports, according to social workers. Contact persons/families are satisfied with their work, too, believing that it serves a useful purpose. There does not seem to be as much conflict between families and contact persons/families as seen between families and foster families (Andersson, 1993; 1999a).

When young children are asked about the purpose of contact persons/families, many of them think they have a contact family because of the mother's need for relief (from the child) or need to have some spare time for herself. Positive aspects mentioned are the pets in the contact family, the opportunities to play with the children in the contact family, or with other playmates, and/or access to sports and recreational activities. Negative aspects can be homesickness and rules that differ from those at home. Some of the students' papers show that social workers do not always inform young children about the reason for the service or involve them in the planning. Students who have based their papers on client journals have found that children often described by social workers as individuals with specific needs and wishes until they are teenagers. There is

a tendency for social workers not to see the individual children until they are teenagers.

Apparently, there is more to be done here as well as elsewhere in social work to involve children and to understand their genuine experiences, to be sure that support services are supportive for the children as well as for the parent(s).

### **Child and family welfare work at the district of Rosengård**

As mentioned, the organisation of child and family welfare differs among municipalities and autonomous districts. The district of Rosengård in Malmö is one of many possible examples. It will say something of Sweden in general but, to a greater extent, it represents a suburban area in a Swedish city. In fact, Rosengård (in translation: rose garden) is an area like a few other areas in the big cities, known for the poverty of the population and the over-representation of social problems.

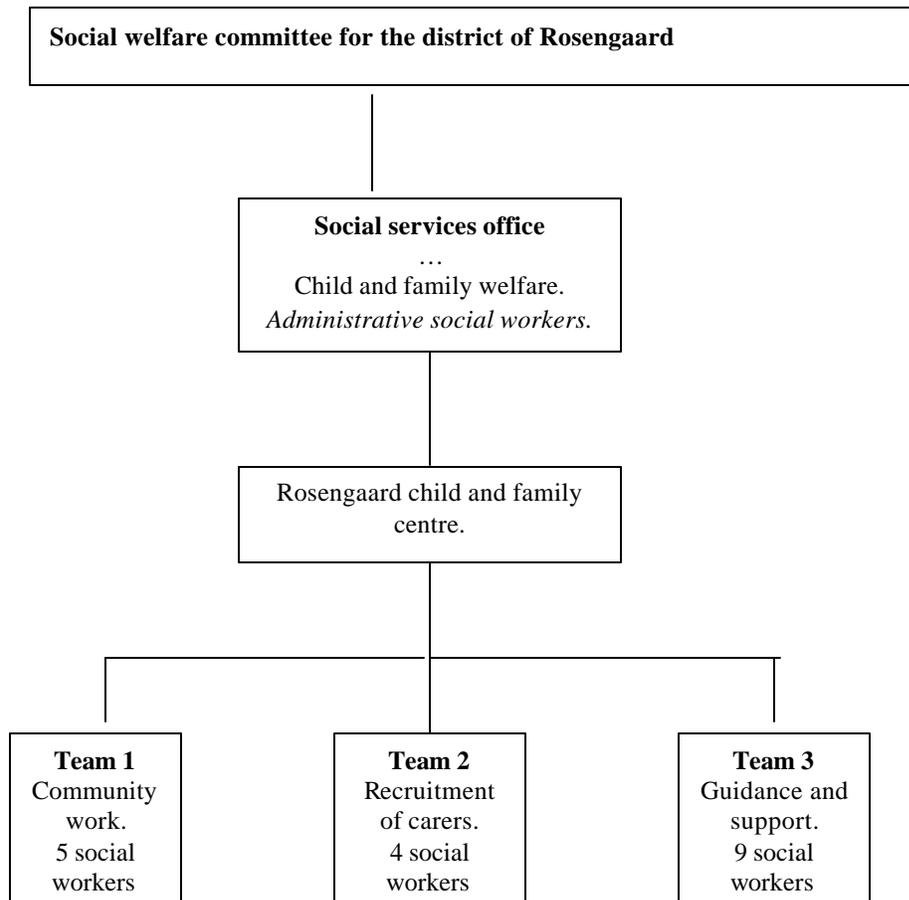
The city of Malmö is the third biggest city in Sweden with a quarter of a million inhabitants. The city is divided into ten districts and in each district there is a social welfare board, a social welfare office and an organisation for child and family welfare. As the districts are rather autonomous, they have organised their child and family welfare somewhat differently – or changed their organisations somewhat differently, because ongoing reorganisation is a distinctive trait of social services in Sweden. Rosengård, with 21,000 people, is one of these ten districts. It is one of the suburban areas built in the 1960s, when Sweden had the goal to build one million apartments to eliminate its shortage. This “million program” was later criticized for its functional but not very attractive architectural style. Today a majority (84 %) of the inhabitants in Rosengård are immigrants or children of immigrants, and about 50 languages or language groups are represented. Social workers and other professionals in the district frequently need interpreters in their professional contacts. The proportion of children 0-17 in the population in the

district is around 38% and unemployment is high, as is the dependence on social assistance (95% in some parts of the district).

In the district, there is a social services office responding to different concerns and needs. In the office, an administrative social worker meets with you if you wish to report on suspected child abuse, apply for social assistance (supplementary benefits) or social support, or ask for help to handle your child's drug abuse problem or your husband's violence. The administrative social workers exercise public authority; that is assess needs, investigate home conditions, take grant applications for supportive services, and implement compulsory care orders, although the latter is decided in the regional administrative court. If the *administrative social worker* handling your "case" finds that the most adequate help or support for the family or the child is to come into contact with the *child and family centre*, this can be arranged without problems because the two services belong to the same social services organisation.

The child and family centre acts on the principle that the needs of families, children and young people directs their work and nobody should be rejected. On the other hand, nobody should be forced to receive help from the centre against their will. The social workers at the centre co-operate with the administrative social workers at the social services office, but are not housed in the same building. They also co-operate with voluntary organisations in the district, such as immigrant organisations and women's organisations. With their flexible approach to social work, they can act as a an intermediary between the social services office and people in the district, although it is no longer possible to get help directly from the centre without a decision from an administrative social worker at the social service office.

**Figure 1. Rosengaard social services organisation for child and family welfare.**



The social workers at the child and family centre are divided in three working teams:

1. The working team for *community work* consists of five social workers that focus on general or commonplace social problems in the district. They are, for example, working at the four schools in the district and can mediate or intervene in conflicts between children or between children and adults, and they work with aggression replacement training (ART) in some classes, where there are children with particular problems in handling their aggressions. The team also has a close co-operation with the district police and takes part in inquiries about children suspected of crimes or other offences. In connection with the inquiry, they visit the family and talk with the parents at least once.
2. The working team for *recruitment and support of caregivers* consists of four social workers. Their task is to find foster caregivers and contact persons/families and assess their suitability. After these persons or families have been matched with a child, the social workers on the team are responsible for making up a contract (including payment) and for supporting the caregivers. Usually a contact person/family is recruited as a preventive service, but can also be appointed after the child has returned home from a foster home, as a follow-up support. It is also possible that a former foster family may continue to give the child support as a contact family. The continuous support of caregivers cannot be separated from working with children and parents, but in all cases there is an administrative social worker responsible for the client family. However, the administrative social worker can – and usually does – refer the continuous work with the natural family and/or a particular child to the working team for guidance and child and family support described below.

3. The working team for *guidance and child and family support* consists of nine social workers. They work with guidance, support, and psychosocial treatment in families and/or individual children and young people up to 18 years of age. Their work can have the goal of preventing out-of-home placements by supporting a family or a single mother in the upbringing of their children, especially during critical periods. They can do regular home visits and have a mandate to do whatever is supportive in the situation. They can support foster children or be helpful in conflicts between parents and foster parents or prepare the natural family to take care of the child again after out-of-home placement. They can support young people in independent living, for example, immigrant girls in severe family conflicts. In this child and family work, there is no fixed dividing line between support and protection, but if social workers discover a maltreated child, they have to report this to the administrative social worker and put the child's interests first.

In Rosengård, as in many suburban areas in the Swedish cities, you cannot talk about social problems without mentioning immigration and associated problems with unemployment and language barriers and other difficulties integrating into Swedish society. Overcrowded apartments are a problem in some suburban areas because the rented flats were not built for big families with more children than are common in most Swedish families today. There is, in some places, an educational gap between children with immigrant parents compared to children with Swedish parents. There are areas, like Rosengård, where you can talk about segregated schools, because few ethnic Swedes are living in the same area. On the other hand, many immigrants want to live where they have relatives and friends talking their language and where there is a mosque for Muslims, for example. The moving in and out of the district is high, because many immigrants leave when they know the language and get a job. It is obvious that Sweden has

become a multicultural society and that knowledge about international migration and ethnical relations is more demanded than before, not least in social work.

### **Discussion**

Does the official balance between parental rights and the rights of children has the same meaning in different countries? When comparing British and Nordic trends in child welfare, the Norwegian researcher Grinde (1996) comments: “principles and methods may be easier to generalise than concrete results and experiences, which depend more on social factors, the legal framework, and national characteristics and attitudes” (p.11).

What the British researcher Parton (1997) writes about the great tension between family support and child protection policies and practices has no meaning in the Swedish system. The intention of family support is to protect the children in the family from maltreatment or neglect or faring badly. If it is necessary to protect the children by out-of-home placement, the family need support to keep in contact with the child in care, to co-operate with the child’s foster parents or the residential staff, and to be rehabilitated and prepared to take care of the child again. There is an element of protection in support and an element of support in protection. Walker (2002) writes that the renaissance of family support in Britain is perceived as an alternative to child protection, rather than part of a connected architecture of resources to be activated as different needs emerge. In Sweden, we view both support and protection as a connected architecture of resources.

When listening to critical voices in Sweden, family services orientation has its critics, because the family orientation may lower attention to individual children and their needs. During the last decade or so, there has been paid public attention to the fact that social workers use more time to talk to parents than to children and that children’s points of view are not always seen in assessments and decisions on matters concerning them. From a gender perspective, the family

orientation is, in fact, a mother orientation: in child and family welfare, single mothers (without job and education) are over-represented and they are, to a much higher degree, than fathers held responsible for the children's well-being, as has been pointed out in the United Kingdom (Farmer & Owen, 1998).

There are problems in translating some concepts from Swedish to English. For example, in Sweden the broad concept "fare badly" (the opposite of "fare well"), includes abuse and neglect, but also more diffuse signs of problems at home. We have mandatory reporting of children who fare badly or are suspected of faring badly. When talking about voluntary services as opposed to compulsory care, it is in fact more correct to talk about services with and without the consent of parents (or young people over 15). Partnership is stressed and co-operation may result in the parents' consent to out-of-home care for the children. Parents may realise that if they do not give their consent, the social worker (through the social welfare committee) can bring the case into the regional administrative court and the child can be taken into compulsory care. By consent, they can avoid compulsory care, even if the circumstances or the maltreatment or the behaviour of the child is bad enough to warrant compulsory care.

Child and Family social workers in Sweden have space for discretion or to do what they think is best. The relation between the client and the social worker is seen as important and gives space for different solutions to problems. Of course, discretion can make families vulnerable when they have bad relations with their social worker. I am part of a network with social work researchers from eight different countries, where we have the aim to finding out about *managerialism and discretion in child welfare*. If Britain is on one end of the continuum (managerialism), Sweden is on the other end (discretion). As a (probable) consequence, Sweden has fewer demands for documentation, a situation that has been criticized, and there has been ongoing work to improve documentation. At present, there is in seven municipalities an

experiment with the British *Looking after Children System* (Ward, 1995) and *Framework for Assessment of Children in Need and their Families* (2000), which means that a lot of questionnaires are expected to be filled out in a systematic way and at regular intervals. There is as yet no evaluation of their applicability in the Swedish system, but there are some complaints from social workers that the writing takes too much time.

If you think of the space for professional discretion, as well as the decentralised social services in Sweden, it is hard to say something general that is true for child and family welfare all over the country. The law, the intentions, the ideology is the same, but the resources, the organisation, the experiences and practises may vary. Social work has only been a research subject in the university for about two decades; also, there is proportionately less research on child and family welfare in comparison with other parts of the social services. There is much less research on support services for families and children living at home than on out-of-home care, there is less research on younger children than on teenagers. Especially when young people have problems – or cause problems in society – because of criminal activities and drugs, they become more visible in the media, in political discussions and in research.

Unfortunately, research evidence is seldom used as a guide to practice. It has, for example, recently been shown that the rate of breakdown in out-of-home placements is 30-38% for young people placed in out-of-home care as 13-16 year-olds (Vinnerljung et al., 2001). A national representative sample (of 776 adolescents) was followed in local case files for up to five years from the original placement in 1991. First and second-generation immigrant children were strongly over-represented. The most common reasons for care were behavioural/antisocial problems and chronic adolescent/parent conflicts in the birth home. Sixty percent were in foster care, 30% in private or public residential care (HVB) and 10% in (state) homes for special supervision. Seventy-five percent of the placements were made with consent and 25% without

consent. Forty-four percent of all breakdowns were due to teenagers rejecting further placement and 36% were due to caregivers refusing to go on anymore. “In other words, it is a myth that teenage placement breakdowns are caused mainly by foster parents and residential staff throwing adolescents out of care” (Vinnerljung et al., 2001, p.246).

It is obvious that not only more research is needed but also a changed practice and more support services for teenagers – before, after, and instead of, out-of-home care. Residential care for teenagers with criminal activities is not only very expensive, it may also be useless in the long run. Perhaps one of the most burning questions in Sweden today is how to support families to handle teenagers involved with criminal activities and drug abuse *and* how to find a rehabilitating place for them at school and in the labour market.

If you talk to Swedish social workers in child and family welfare, they would say that they are very concerned about the shortage of time for individual children and families. They would also complain about repeated reorganisations of the social services and the turnover of professionals. They would be worried about the reduced support to children “in need” at school and the reduced preventive services for groups in risky situations or risky environments. They would, in many municipalities, be worried about the high unemployment rates of immigrants and their problems with the Swedish language, and their lack of integration to broader society, which has a negative effect on their children’s integration and well-being. There are forces outside the social services that the social workers cannot do much about, although they have to respond to the consequences.

The schools of social work or departments of social work in Sweden (after senior high school) offer a three and a half year generalist social worker education and not a specialist education (e.g., for child and family welfare workers). Some of these workers would complain that they do not have enough education for the level of responsibility in their work and would like

to have continuing training. That is, however, up to the employer (or the municipality) and practices vary. There is still a gap between social work as a research subject at the university level and as social work practice at the municipality level, and there are ongoing discussions how to improve social work education as an academic education for professionals. However, there may a gap between what works according to research and what politicians and the general public welcomed. Maybe it is as the British researchers Weightman and Weightman (1995) found in their comparison: “Essentially, Swedish culture provides far higher levels of legitimation for state intervention than exist in England” (p. 79). However, that does not mean that the interventions are more successful, and is only lately that there are serious discussions, initiated by the National Board of Health and Welfare, that interventions should be based on knowledge of effects.

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# SOCIAL WORK



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