Submissions: 2021 Day of General Discussion

Children’s Rights and Alternative Care

*Clarification: the word “child” is being used throughout the document, however interventions and alternative care arrangements mentioned may include young persons up to the age of 21.*

Legislation to strengthen families and prevent separation

Parents are responsible for their child's personal circumstances and must ensure that the child's need for care, security and good upbringing is met. The municipal social services have an important task in supporting and, if necessary, complementing the parents throughout the child's upbringing. According to the Social Services Act (2001:453), the municipal social services has a specially designated responsibility to ensure that children grow up in safe and good conditions and to prevent them from being harmed. Early and broad general parental support can prevent future health-related and social problems for the child. According to the Social Services Act the best interests of the child shall be a primary consideration in all actions concerning children. The Social Welfare Board in each municipality is responsible for ensuring that there are targeted and general interventions in the municipality to meet the needs of children and their parents. The municipalities are also obliged by the Social Services Act to offer family counselling with the aim of resolving conflicts in relationships and families.

Children with disabilities

The Social Welfare Board in each municipality shall ensure that persons who, for physical, mental or other reasons, face significant difficulties in their lives are given the opportunity to participate in society and to live like others. Persons with disabilities, including children, can receive support under the Social Services Act and the Swedish Act concerning Support and Service for Persons with Certain Functional Impairments (LSS) (1993:387). LSS aims to ensure that persons with extensive and permanent disabilities receive support to overcome difficulties in daily living.

One of the basic ideas of LSS is that families should be supported by society to such an extent that children with disabilities can grow up in their parental home. Adequate support for parents may help to postpone or avoid a solution where the child is raised outside the home. Some of the most common services granted to children with disabilities are short-term accommodation and respite care, which are fully or partially to support and relieve carers in their caring role without separating the family. Parents may, however, apply for accommodation in a foster home or a home with special services for children if they need it.

Efforts to strengthen the rights of the child

On the 1st of January 2020 the Convention on the Rights of the Child was incorporated into Swedish legislation. The Government also decided to start an initiative to raise awareness of the rights of the child to increase knowledge and strengthen competence about the Convention on the Rights of the Child in state authorities, municipalities and regions.

Legislation to protect children from violence, exploitation, and other human rights violations and abuses

Employees of many authorities and professionals who work with children are obliged to report immediately to the municipal social services if they become aware of, or suspect, that a child is being harmed. The law also states that anyone who becomes aware of, or suspects, that a child is being harmed should report it to the municipal social services. The social services must act on the report by making an assessment of whether the child is in need of immediate protection and decide if they need to start an inquiry on the child’s need for care and support. The social services are responsible for giving a child who has been a victim of a crime and his or her relatives the support and help they need. According to a general recommendation from the National Board of Health and Welfare (SOSFS 2014:6) the social services should report to the police if they suspect a crime against a child. The police report should be made urgently, unless it is contrary to the child's best interests.

Children that have been abused whilst in different forms of alternative care, are covered by the general justice system, the same system as for children that have been abused in other settings.

Children and young persons in alternative care

Alternative care is offered to children who cannot live at home, either because parental deficiencies or because they need care and treatment due to their own behaviour, when it’s in child’s best interest. It is also offered to children who for some reason do not have a parent who can take care of them. Alternative care can be a foster home, group/residential care, or assisted housing for children and young persons aged 16-20.

The basic principle is that care should be provided in agreement with the child and his or her parents. However, when there is a clear risk of harm to the child’s development, and when the child and/or his or her parents do not consent to care, the court may decide that the child should receive compulsory care. Out-of-home care is a major intervention in the life of a child and has major consequences for the rest of the family. The care in foster homes or in group/residential care shall be safe and secure. It must also respond to the child’s specific needs for support and assistance. It is clear from the legislation that the municipal social services must closely monitor the care of the placed children.

Prior an intervention of alternative care, the social services must investigate the child’s network to see if there is a suitable home near the child which can become a foster home. The child’s individual needs and the best interest of the child should always be decisive for the choice of placement. Unaccompanied asylum-seeking children are covered by the same rules regarding protection and support and alternative care arrangements as other children.

The child’s participation in the decision making and the planning

When an intervention concerns a child, the child shall be given relevant information and the opportunity to express his or her views. Children with disabilities may need technical aids or cognitive support in communication situations. There is no lower age limit for children's participation. The degree of participation must be determined on a case-by-case basis, based on what it is about and the child's maturity. The child's opinions are among the factors to take into account when assessing the child's best interests. This applies throughout the process. If the child does not express his or her views, his or her attitude should, as far as possible, be clarified in another way. The need to clarify the child's attitude is particularly great in cases where the child is in need of protection. As far as possible, the content of the compulsory care should be planned with the child and his or her parents.

Efforts to support the social service professionals

The National Board of Health and Welfare and The Family Law and Parental Support Authority are responsible for issuing regulations, general recommendations and to provide competence development for the municipal social services.

Efforts to support and ensure good quality in alternative care

All foster homes must be assessed and approved by the municipal social services. In the social services’ inquiry of whether a home is suitable as a foster home, an assessment must be made of the home's general conditions for offering children care that is safe, secure, appropriate and characterized by continuity. When a certain child is in mind for a particular foster home, an assessment must be made whether the home can meet the child’s specific needs. The social services shall provide the education needed for the foster parents.

For private providers of alternative care, a permit from The Health and Social Care Inspectorate (IVO) is required before they start providing care. IVO is responsible for monitoring the work of the municipal social services and also for monitoring group/residential care for children through yearly inspections. All children in group/residential care shall be informed of the right to contact IVO, during these inspections or separately, regarding complaints or questions about his or her rights. In addition, IVO has a child and youth-line to which all children who are in contact with the social services or the health care can turn to to leave their views and to know their rights.

All caregivers within the social services are required to establish a quality assurance system to systematically and continuously develop and ensure the quality of the operation and the care given. The quality management system is required to include, among other things, risks and deviations in the operations, and how to receive and investigate complaints and views on the quality of the service from care recipients and their relatives.

There is also an obligation in the legislation that regulates employees' obligation to report malpractice and significant risks of malpractice in the care which constitutes or has constituted a threat to, or has had consequences for the life, safety or physical or mental health of individuals.

Children’s experiences and views of quality in alternative care

It is important to listen to children’s own experiences before, during and after out-of-home care. In studies and reports by IVO where children have been consulted, the children emphasize the following as important for the quality of the care:

* The child feels safe in the alternative care, with other children and the staff
* The alternative care has available staff who care about the child
* The child has a social worker who cares and meets the children
* Continuity between the child and adult contacts
* Foresight

The Ombudsman for Children in Sweden emphasize that children they have interviewed with experience of alternative care, describe that they want to be treated with respect. The children describe different challenges, for instance matching the right type of care according to the child’s needs, repeated breaks in their care and education and experiences of various forms of coercive measures and violence.

Help and support in family reunification after out-of-home care

According to the Social Services Act, the social services shall meet the individual needs for help and support that may exist after out-of-home care. The assessment should take into consideration the child’s need for continued contact with the foster care or group/residential care. If the child is to return to his or her own home after the out-of-home care, the social services should also meet the parents’ need for support in the parental role.

# Efficacy of child welfare intervention

When a child is in risk of harm, intervening in that child and family’s lives does not necessary decrease the risk. Sometimes a report on possible child maltreatment results in a loop of child protection investigations, interventions, a new child maltreatment report and so on during all or a substantial part of childhood[[1]](#endnote-1). The reasons are partly that child welfare investigations seldom are supported by scientifically sound instruments[[2]](#endnote-2), and that interventions are not tested in outcome research. The absence of robust evidence for interventions targeting the child welfare population does not necessarily imply that they are ineffective, rather that the empirical evidence fails. In sum, the rights of the child require an increased number of outcome research of high trustworthiness, that use similar design and outcome measures that makes synthesis possible[[3]](#endnote-3).

What works in noninstitutional/in-home services?

There are several in-home interventions to support maltreated children. Few of these are evaluated, and even fewer are associated with strong research evidence. Two interventions that has proved to be effective are Project Support and Parent Child Interaction Therapy that help reduce parental abuse and neglect. Attachment and Biobehavioral Catch-up improve attachment behavior among young children which decrease the risk of future poor mental health and difficulties with peers later[[4]](#endnote-4).

What works in foster care?

Although best intentions, children in foster and residential care typically display more educational, behavioural, and mental health problems than do their peers. It is unclear whether this results from the placement itself, the maltreatment that precipitated it, or inadequacies in the child welfare system. Kinship foster care is an alternative to traditional foster care that enhances children’s behavioural development, mental health functioning, and placement stability, a risk factor in itself[[5]](#endnote-5).

Most interventions to children in foster care and their foster parents are not evaluated. There is evidence that three specific interventions are effective: Attachment and Biobehavioural Catch-up targeting foster parents can improve children’s attachment behaviours, Incredible Years can improve parenting abilities of foster parents, as well as decrease children’s externalizing behaviours, and Take Charge can improve young people’s self-determination skills, high school completion and increase their likelihood of future employment[[6]](#endnote-6).

What works in group/residential care?

Research has repeatedly shown that group/residential care for youth with a serious behaviour problem has little rehabilitation success and can lead to detrimental effects[[7]](#endnote-7). A review of the nine interventions used in residential care in Sweden revealed that only one, Adolescent Community Reinforcement Approach, was effective, in that it decreases the risk for relapse in marijuana abuse[[8]](#endnote-8).

An alternative to residential care is Treatment Foster Care Oregon, TFCO (previously called Multidimensional Treatment Foster Care). In TFCO, the treatment is delivered by a professional team, only one or two juvenile delinquents at the time is placed in a specifically prepared foster home, and that the treatment includes family therapy for the adolescent’s family of origin. The result of the systematic review is that TFCO reduce the risk for future criminal behaviour and consequently decrease the number of days in locked settings compared to when adolescents are placed in residential care.[[9]](#endnote-9)

1. *Sundell, K., Vinnerljung, B., Andrée Löfholm. C., &Humlesjö, E. (2007). Child protection in Stockholm. A local cohort study of childhood prevalence. Children and Youth Services Review, 29, 180-192.* [↑](#endnote-ref-1)
2. # *SBU (2019). Risk- och behovsbedömning av ungdomar avseende återfall i våld och annan kriminalitet. En systematisk översikt och utvärdering av ekonomiska, sociala och etiska aspekter.*

   [↑](#endnote-ref-2)
3. *Ioannidis, J. P. A. (2005). Why most published research findings are false. PLoS Medicine 2.8: e124.* [↑](#endnote-ref-3)
4. *SBU (2018). Öppenvårdsinsatser för familjer där barn utsätts för våld och försummelse.* [↑](#endnote-ref-4)
5. *W*[*inokur M, Holtan A, Batchelder K. (2014). Kinship care for the safety, permanency, and well-being of children removed from the home for maltreatment: a systematic review. Campbell systematic review 2014:2.*](https://onlinelibrary.wiley.com/doi/abs/10.4073/csr.2014.2) [↑](#endnote-ref-5)
6. *SBU (2018). Behandlingsfamiljer för ungdomar med allvarliga beteendeproblem - Treatment Foster Care Oregon. En systematisk översikt och utvärdering av ekonomiska och etiska aspekter. Stockholm: Statens beredning för medicinsk och social utvärdering.* [↑](#endnote-ref-6)
7. *Strijbosch, E. L. L., Huijs, J. A. M., Stams, G. J. J. M., Wissink, I. B., van der Helm, G. H. P., de Swart, J.W., & van der Veen, Z. (2015). The outcome of institutional youth care compared to noninstitutional youth care for children of primary school age and early adolescence: A multi-level meta-analysis. Children and Youth Services Review, 58, 208–218.* [↑](#endnote-ref-7)
8. *SBU (2016). Program för ungdomar med antisocial problematik inom institutionsvård. En systematisk översikt och utvärdering av ekonomiska, sociala och etiska aspekter. Stockholm: Statens beredning för medicinsk och social utvärdering.* [↑](#endnote-ref-8)
9. *SBU (2018). Behandlingsfamiljer för ungdomar med allvarliga beteendeproblem - Treatment Foster Care Oregon. En systematisk översikt och utvärdering av ekonomiska och etiska aspekter. Stockholm: Statens beredning för medicinsk och social utvärdering.* [↑](#endnote-ref-9)