Combating child abuse and neglect in Sweden

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**Introduction**

“The negative attitude to corporal punishment in Sweden…..is rooted in a variety of favourable historical and structural factors. Of course, not all the problems have been solved. There are still children in Sweden who are being maltreated and neglected. But we have made a good deal of progress towards children being treated with respect for their physical and mental integrity and regarded as full members of the community.”

(Ending Corporal Punishment 2001)

Research on the prevalence of corporal punishment against children in Sweden has been undertaken since 1954. Throughout the last 50 years there have been very positive changes in the statistics. In a study from 2006, 88 % state that they have never been beaten by their mother and 87 % that they have never been beaten by their father. (Jansson, Långberg and Svensson, 2007)

The Swedish Governmental Strategy in order to strengthen the rights of the child establishes that violence against children should be prevented and combated with all possible means. (Socialdepartementet 2010) Many of the actors such as schools, health care, social services, and the police have a responsibility to give children the protection they are entitled to. In order to effectively combat all forms of violence, coordination of all responsible actors is also required, according to the principle of serving the benefit of the child.

This report describes the Swedish national and regional strategies in policy and practice in addressing child abuse in Sweden.

**Background**

Orebro Regional Development Council is participating in a project led by The Netherlands Youth Institute, NJI. The NJI has been granted a two-year project (2011 – 2012) in the framework of the Daphne III programme: “Combating Child abuse and Neglect (CAN). The aim of the project is to generate relevant knowledge on current strategies for the prevention of child abuse and neglect in Europe. It will focus on interventions and strategies that are targeted at preventing and the treatment of child abuse. It will compare the strategies of 5 European countries.

This report is part of the first workstream, in which the national approaches of combating child abuse and neglect in the five countries are described and compared to each other. The output of the project will be a manual with data on what works in preventing and the treatment of child abuse and it also has a research strand with the experiences of parents and children regarding their experiences with programmes. The project is a collaboration with the Swedish Orebro regional council, the Hungarian Family child Youth Association, the German Youth Institute, CESIS from Portugal and Verweij-Jonker from the Netherlands.

**Set-up of the report**

This report contains six chapters. The first chapter describes the definition and prevalence of child abuse and neglect, the child welfare system in Sweden and the main governmental policy on child abuse and neglect.
Chapter two, three, and four describe the continuum of care: from universal and preventive services, to the detection, reporting and stopping of child abuse and neglect and the treatment services.
Chapter 1: Definition, policy and child welfare system

Within the Swedish welfare system, the local municipal authorities play a decisive role in the offering of important parts of the welfare services. This is valid especially for social services and schools. The local municipal authorities are independent in relation to the State and decide for themselves to a great extent in what way those services should be designed. Every municipality has a politically nominated social welfare board which is in charge of the activity of the social services. At its disposal it has one or more public administrations responsible for the execution of the decisions made by the politicians. Sweden is made up of 290 municipalities.

On the regional level there are 25 county councils responsible above all for health care and medical issues.

The State, made up of Swedish Parliament and the Government, draws up laws designating what rights to support and help the citizens are given in their social situation, such as educational support or medical support. The National Swedish Board of Health and Welfare is the governmental authority which through regulations and guidance endeavours to ensure that all citizens, irrespective of municipality, may receive the same level of services. Moreover, the Swedish Board of Health and Welfare is responsible for service development through stimulating the municipalities in the further development of their services. The Board is also responsible for a system of supervision in which they verify that the municipalities carry out their obligations. Individual citizens may submit complaints to the Board which on the basis of the complaint examines the activity of the municipality in question. They also supervise various areas on their own initiative. The municipalities and the county councils in many of the Swedish regions have merged and formed regional federations with the task of supporting the development of their own work. The Swedish welfare system is mainly carried out under public management through an interaction between local, regional and national authorities where the main part of the services is accomplished by the local municipal authorities.

What definition of child abuse and neglect do you use in your country?

Child abuse is at hand when an adult subjects a child to physical or mental violence, sexual abuse, and violation or neglects to satisfy the child’s fundamental needs. (SOU 2001:72)

The definition focuses on the child, does not differentiate between intentional or unintentional acts, does not differentiate between active or passive neglect, addresses a situation in which the adult does not fulfil her/his responsibility towards the child, and elucidates the harmful effect of the violation and the neglect on the child.

Physical child abuse is at hand when an adult inflicts corporal injury, illness or pain on a child or provokes unconsciousness or some other similar condition.
Mental child abuse is at hand when an adult systematically or more often for a long period of time subjects a child to depreciatory judgments, destructive treatment or intentional emotional suffering. In serious cases also occasional occurrences may be qualified as abuse. (SOU 2001:72)

Sexual abuse against children comprises all forms of sexual acts forced upon the child by an adult. Sexual abuse is at hand when the adult person exploits the child’s state of dependence, when the act is based upon the needs of the adult, when the act violates the child’s integrity, when the act is committed against the will of the child or when the act is one that the child cannot understand, is not mature for or cannot give an informed consent for. (Socialstyrelsen 1999)

Violation is at hand when an adult, mostly for a long time, harms or jeopardizes the mental health of a child by treating the child, with words or acts, in a condescending way or by attacking the personality of the child.

Physical neglect is at hand when an adult, mostly for a long period of time, harms or jeopardizes a child’s physical health or development by neglecting to guarantee the child an acceptable standard of physical care.

Mental neglect is at hand when an adult, mostly for a long period of time, harms or jeopardizes a child’s mental health or development by neglecting to satisfy the child’s basic needs of e.g. attention, belonging, education, guidance, stimulation and schooling. (SOU 2001:72)

The expression Children having witnessed violence carried out by – or directed towards - a closely related adult refer to that the child has seen or heard the criminal act being accomplished. When it comes to violence or other abuse witnessed by children an even wider range of possible victims or perpetrators of violence is implied. The act of violence may have been committed by or towards a closely related adult, or a person who is not closely related to the child. (Socialstyrelsen 2011)

Are there any research findings that show the prevalence of child abuse and neglect?

Research on the prevalence of corporal punishment against children in Sweden has been undertaken since 1954. Throughout the last 50 years there have been very positive changes in the statistics. The research in 1960-80 was based on information from parents. The research 1990-2006 is mostly based on information from children.
This diagram shows the rate of positive attitudes towards corporal punishment (light blue) and the prevalence of corporal punishment (dark blue).

Decade: 1960 - 2000
Light blue: attitude
Dark blue: prevalence

In the last decade, since 2000, there has not been any major change concerning children who have been subjected to corporal punishment by their parents. There has however been a small decline in the share of children who have been beaten by their parents occasionally. The 1994-95 figures are based on a survey of children in school year 7-9, the 2000 figures are based on a survey carried out among children in school year 4-6, and the 2006 figures are the result of a survey carried out among children in school year 4 and 6. In Sweden school starts the year the child turns seven.

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<tr>
<th>Beaten by mother answer</th>
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<th>Beaten by father answer</th>
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The study was repeated in 2011 in the form of a national survey of children in school year nine. 14 % of the children reported that they at some occasion during their childhood have been beaten. Three percent reported being beaten on more than one occasion. This study does not show any increased extent of the beating of children compared to previous years. Compared to others, children born abroad, especially boys, report to a significantly greater extent that they have been beaten. The greatest risk factor though is that there is violence occurring amongst adult family members. This increases the risk of beatings ten times compared to families where violence is not occurring. (Jansson, Jernbro & Långberg 2011)

**Prevalence and characteristics of child physical abuse in Sweden – findings from a population-based youth survey**

Annerbäck, Wingren, Svedin & Gustafson (2010) have carried out a study concerning the prevalence of child physical abuse in Sweden. The study targeted children who had been subjected to physical abuse by a parent or another caretaker. The aim of the study was: To examine prevalence rates of child physical abuse perpetrated by a parent /caretaker, abuse characteristics and the extent of disclosures.

The study was based on a population-based survey that was carried out in 2008 amongst all the pupils in three different grades (n = 8494) in schools in Södermanland County, Sweden. The pupils were asked about their exposure to violence and their experiences of parental intimate-partner violence. Data were analyzed with bi- and multivariate models and a comparison between means of accumulating risk factors between three groups were performed.

The result shows that out of the total sample of 8494 children, 1294 (15.2%) reported that they had been hit by a parent or a caretaker and 542 (6.4% of all children) reported that they had been hit more than once. In grade 7, 12.1% of the children reported that they had been hit, in grade 9 18.6% and in grade 2, in upper secondary school 16%. The girls reported slightly more often that they had been hit than the boys did, but the difference was not significant in the adjuste analysis. Biological parents were the most frequent perpetrators of physical violence. Some children reported that they had been hit by more than one person (n = 556). The distribution according to gender amongst the perpetrators was almost equal even though there was a greater percentage of men who had hit more than once.

The youngest children in grade 7 in compulsory school reported CPA (Child Physical Abuse) to a lesser degree than the older did. The figure of prevalence in this study is somewhat higher in comparison with two other studies performed in Sweden during the last decade. One possible explanation of this might be that there are slightly worse socio-economic conditions in this particular county than in Sweden as a whole. However, there was no continued decrease of prevalence between the 2000 and 2006 surveys as there had been between 2000 and the study in 1994. Whether there is a trend of increasing prevalence of CPA in Sweden or not is an important issue for future research to follow up.
The prevalence rate of CPA is lower in this study as well as in previous Swedish studies compared with the rate reported in studies from other western European countries; for example in Denmark and England, the corresponding figures for prevalence were 24% and 25%, respectively.

Children witnessing violence
In a representative Swedish study among teenagers, barely eleven percent of the young people stated that there had been violence between adults in the family. 58 percent of these young people stated that they themselves had been beaten once or several times, nearly as often as by women as by men. (Annerbäck 2010)
International as well as national studies indicate that there is greater risk for children living in families where abuse is present to be subjected to physical abuse. According to different research surveys this happens in 30-75% of the cases. It could be a question of violence either from the parent who is violent towards the other parent, or by the parent who is subjected to violence. (Socialstyrelsen and Länsstyrelserna 2005)
In a third of the close to 600 police cases related to partner violence against women examined by the Crime Prevention Council – (Sw.Brottsförebyggande rådet - Brå) one or more children had been present in the lodgings at the moment of the crime. (Brå 2008)

Sexual abuse of children
The present research in relation to the existence of sexual abuse of children in Sweden is not very extensive. According to crime statistics, totally 2 530 rapes of children aged 0-17 were reported in Sweden in 2010. Approximtely the same number is valid for 2009. The statistics are not comparable with those of previous years since the legislation has been changed. (Rädda Barnen 2011)

Children at risk
In a report published by Save the Children, Frenning (2008) states that there are around 200 000 children (aged 0-17) living with a parent who abuses drugs or alcohol. Approximately the same number of children experience violence in the family and around 100 000 have a parent suffering from a mental disease. This means that there are approximately half a million children within this group of children at risk of being exposed to child abuse and neglect. These figures are based on estimates and there are probably several children who belong to more than one of the three groups mentioned above.

Are there any research findings that show the attitude of the citizens of your country towards child abuse and neglect?

According to the studies undertaken in Sweden during the 20th century there has been a substantial and continuous decrease in relation to positive attitudes towards corporal punishment. On the whole, a greater number of children than of adults indicate that they have a positive attitude to corporal punishment. In surveys carried out in 2006, every tenth pupil answered that they were positive to corporal punishment whereas seven percent of the parents answered in that way.

The Parents’ questionnaire also showed that parents with a low level of education were more positive to corporal punishment than other parents.
In comparison with the surveys made in 2000, carried out by The Committee against Child Abuse, there have not been any major changes, but the result indicates however a continued decrease of positive attitudes to corporal punishment among both adults and children. (Jansson, Långberg & Svensson 2007).

A national survey of parents from 2011 finds that 3% of the parents have beaten their children during the last year. Nine out of ten parents expressively negative to corporal punishment of children. A positive result of the survey is that it shows that no parent to a child below one year of age has shaken his or her child. Several cases where infants have been severely injured after being shaken by their parents have been highlighted in recent years. This has lead to special efforts being made to inform parents of the serious consequences this can have for the children.

The figure shows the number of parents in percent that are positive to corporal punishment in the purpose of child rearing, by year.

(Jansson, Jernbro & Långberg 2011)

Is combating child abuse and neglect part of the universal governmental strategy towards parents and children?


One part of the strategy deals specifically with violence against children and the child’s right to integrity in this field. “The physical and mental integrity of the child should be respected in all contexts”. In the proposition the right is described in the following way:
The Child Convention and other international instruments for Human Rights grant the child the right to security and protection, to human dignity and physical integrity. In accordance with the Child Convention the child should be protected against all forms of physical or mental violence, and it should also be protected against exploitation, neglect or negligent treatment. The Children’s Rights Commission has highlighted the duty of the nations to safeguard the protection of all children against all forms of violence. (General Comments No. 8, 2006).

Violence against children can take place in the child’s relations with closely related people, with other adults and with other children. It happens to children of all ages, from infants to young people. It may occur in different contexts such as at home, at school, in spare time and through different social media.

Violence against children should be prevented and combated with all possible means. Several actors such as schools, medical care, the social services and the police have a responsibility to give children the protection they are entitled to. In order to effectively combat all forms of violence, coordination between the responsible actors, focused on the benefit of the child, is required.

It is essential to detect abuse at an early stage and to offer support both to the child and to the family. It is also important that children who are subjected to violence in different contexts may receive the support, the rehabilitation and the protection they need. Also the perpetrators need supportive interventions. This is valid both for children who abuse other children or who expose them to violence and to adult perpetrators.

The strategy contains a number of different measures which are already in use, or are being planned, for its implementation. Those measures will be described below especially in chapters 2 and 3. The drawing up of an overarching strategy in which many different instances converge in order to attain it is a new way of working. This could be seen as an example of good practice from a national level. Previously, there was no coherent policy comprising interventions from a multitude of different national, regional and local authorities.

Is there a specific formal governmental policy concerning child abuse and neglect?

In 2001, the Swedish Ministry of Health and Social Affairs and the Ministry for Foreign Affairs published the booklet “Ending Corporal Punishment” which describes the development in Sweden in relation to legislation against corporal punishment. (Socialstyrelsen 2001) In this booklet some conclusions are formulated concerning the historical background explaining why Sweden became the first country in the world in which corporal punishment became illegal. Studies undertaken have proved that there is massive support in the Swedish population in relation to this alteration of the law; on the whole Swedes have a very negative attitude towards corporal punishment.

“The negative attitude to corporal punishment in Sweden…..is rooted in a variety of favourable historical and structural factors. Of course, not all the problems have been solved. There are still children in Sweden who are being maltreated and neglected.
But we have made a good deal of progress towards children being treated with respect for their physical and mental integrity and regarded as full members of the community.”

The report from 2001 describes how the new legislation was followed by information campaigns:

“The Ministry of Justice did in fact take vigorous action to publicise the new law. It initiated and funded an information campaign on television and in other mass media. Information was printed on milk cartons and a brochure entitled Can You Bring Up Children Successfully without Smacking and Spanking? was distributed to all households with children and was translated into English, German, French, Spanish as well as various other languages.

“The information supplied to the general public when the law against corporal punishment was first passed has since been followed by parental support/education. Expectant couples and persons who have just become parents are offered parental education in groups at the mother and child health clinics. Topics dealt with include aspects of child education and corporal punishment.

**What legislation is dealing with child abuse and neglect in the family?**

The caretakers’ duty to assume responsibility for their children is regulated in the Children and Parents Code. There a general prohibition of abuse and violation of children is also stated.

**Social Services Act (SoL)**

English version Social Services Act attached to this report!

The Social Services Act (SFS 2001:453) is the legislation which primarily addresses child abuse and neglect. The Social Services Act contains dispositions for the whole social spectrum including financial assistance, support of addicts, and support of handicapped and elderly people. The children’s needs constitute an important part of this legislation. In the introductory part of this law the child’s rights are established as a fundamental principle for the application of the law:

“When measures are related to children, special attention should be given to what is considered best for the child. By “child” is meant every human being below 18” SoL1:2

The legislation is a law of rights which means that the person who cannot provide for her/his needs in any other way has the right to receive assistance from the municipal social services.

“The person who cannot herself/himself provide for her/his needs or can have them provided for in some other way is entitled to assistance from the social welfare board for her/his provision (provision support) and for her/his life.” (SoL 4:1) The assistance could related to a number of areas in life such as special forms of housing for disabled and elderly people, financial support, placing of children in family homes, support in the parental role, treatment of addicts and home-help service.
Children above 15 have the right to hand in their own applications, otherwise children are represented by their caretakers.

In the law there is also a disposition in relation to the social services’ duty to report if a child is in need of protection. The general public is encouraged to report whereas the staff at the authorities involved with children is obliged to report and to provide information to the social services. (SoL 14:1)

When the social services are informed about a child in need of protection, an investigation/assessment must be initiated. This investigation/assessment may last for maximally four months. (SoL 11: 1-2)

In 2006 a change came into force in the Social Services Act stipulating that children witnessing violence or other forms of abuse by or against a closely related adult is the victim of a crime. On the same date other law changes came into effect implying that children witnessing a crime which is intended to damage the child’s security and trust in relation to a closely related person shall have to right to crime victim compensation from the State. (SoL 5:11)

**Law with special dispositions in relation to care of young people (LVU).**

Interventions for children should be undertaken with the consent of their parents and themselves when above 15. If consent is not given, a trial of the specific legislation can be undertaken, equipping the social services with the authority to intervene for the protection of the child, Law with special dispositions in relation to care of young people (LVU – SFS 1990:52). LVU is a specific law, but referring to the Social Service Legislation (SFS 2001:453).

In the law, two type cases are indicated when care may be given against the will of the child and/or the parents:

“Care should be decided upon if there is an evident risk of damage of the young person’s health or development related to physical or mental abuse, inappropriate exploitation, deficient care or some other circumstance in the home.”  (LVU § 2)

“Care should likewise be decided upon if the young person exposes her/his health or development to an evident risk of damage through abuse of addictive drugs, criminal activity or some other kind of socially destructive behaviour.” (LVU § 3)

The first regulation covers children up to the age of 18, whereas the second one covers persons up to the age 20. If a child should be taken care of with the support of LVU, a court decision must be passed. In the legal process, the child is being represented by a legal agent and the parents have the right to a legal assistant.

**Does the legislation in your country contain a ban on family related corporal punishment? If yes, is it integrated in a civil code or a criminal code?**

Since 1979 the Children and parents code (FB § 6:1) regulates this, “…Children are to be treated with respect for their person and individuality and may not be subjected to corporal punishment or any other humiliating treatment.” The prohibition is part of the civil law legislation within the framework of family law.
The criminal code contains dispositions criminalizing mental, physical and sexual violence against children. Legislation became more rigorous in 2005, insofar as all sexual intercourse with children below 15, irrespective of whether there had been violence or threat involved, was regarded as rape whoever had taken the initiative. In connection with the sharpening of the law the period for limitation of sexual crimes against children was prolonged.

What’s the impact of the legislation on the practice?

As has been shown above, exercise of violence directed towards children has decreased considerably since this legislation was introduced, something which has been proved through research. The rhythm of the decrease of violence against children has however slowed down in the twenty-first century.

Can you give a short overview of how the child welfare system in your country works? Who is responsible for preventing and tackling child abuse and neglect?

Level 1:
- General interventions in order to provide financial support to families with small children in the form of parental leave comprising altogether 16 months’ allowance (Government)
- From the age of one year until school start at six, all children are entitled to nursery school (Municipality)
- During the childhood and adolescence of the child, the parents are entitled to financial compensation for staying home from work at a child’s illness (Government)
- Child allowance is given for all children up to age of 15. In the case of several children, special supplements are given. (Government).
- Families with low income may receive special allowances for their housing costs – accommodation allowance. (Government).
- Before the child is born all parents are offered antenatal care. (County Council)
- All children are covered by child health care. (County Council)
- All school children are covered by school health care. (Municipality)
- All children are entitled to free medical care. (County Council)
- Many municipalities have set up family centres in cooperation between social services, open preschool, and child health care. (Municipality and County Council).

Level 2:
- Interventions for families and children with special needs are undertaken within the framework of the same interventions as the ones presented at Level 1. The idea is that general interventions directed towards everybody will make it easier to detect families with more significant needs. Persons who apply for assistance should not feel accused and caretakers should be able to identify children with needs in a simple way.

Level 3:
- The social services organize visiting activities as well as preventive activities in open forms directed to children with multiple needs. These activities are designed locally and may comprise group activities for children and for parents. Parental support. Counselling. (Municipality)
- Supportive interventions in different forms, stipulated by the law, are given to disabled children. (Municipality)
- The social services can give assistance to children and families with special needs e.g. in the form of a contact person/contact family, parental pedagogic interventions, cooperation agreements for support of separated parents in their cooperation in relation to children, family counselling (Municipality). Parents and children themselves may apply for support or support could be given as the result of a report submitted to the local social authorities.

**Level 4:**
- The social services place children for alternative care outside their own home at institutions or in “family homes”. (Municipality) This can take place either in accord with the caretaker or as the result of a compulsive court decision. If the child is 15 or older, consent is also required from the child itself for a voluntary placement to be made.
- Child and Adolescent Psychiatry interventions (County Council)
- Specialized interventions for disabled children in the form of facilities, counseling, training. (County Council)
- Cooperation in so called Children’s Houses with the aim of coordinating interventions for children having been subjected to crime. (Government, County Council, Municipality).

The Government regulates the majority of the interventions through legislation. The municipalities and county councils are responsible for the implementation and financing. The interventions can be implemented by private enterprises or publicly financed NGO’s.

**What is the child welfare model in your country? Is it a dualistic or a holistic system?**

The Swedish system is built on a holistic view with a strong emphasis on preventive and early interventions. When the good of a child so requires, special measures may be taken to protect the child.

**Is the primary principle of the system statism or subsidiarity?**

The Swedish system is mainly built on the public authorities’ interventions. The state regulates the interventions through legislation whereas these interventions are principally carried out close to the inhabitants in the municipalities by local governments. Sweden has 290 municipalities. NGO’s complement the public activity but are not as developed as in many other countries.
Summary and conclusions
Ever since the 1970’s, corporal punishment for educational purposes has been prohibited in Sweden. The legislation in combination with active lobbying has led to a situation where the number of children who are exposed to violence by their parents has decreased considerably over time. The Swedish policy in this field has been very successful even though the development during the past decade has slowed down.
In 2010, the Swedish Government elaborated a strategy for the strengthening of the rights of the child in which interventions for the prevention of and attending to abuse and neglect of children is an integrated part. The strategy contains a number of different measures in the form of legislation, financial support, and counseling. Trying to apply a holistic political approach in relation to the child’s situation and welfare is a new course of action in Sweden.
The Swedish welfare system is based on the distribution of responsibility between national, regional and local levels. The State legislates and establishes goals for the local authorities, which in their turn offer the majority of the existing interventions in order to protect and prevent child abuse and neglect. The regional level offers certain specialized services, above all within medical care, and gives support to the development of the local activities. Compared to many other European countries, NGO’s have a weaker position in the Swedish system.
The chapter also contains definitions of Child abuse and Neglect and its different forms as well as a survey of legislation within this field.

Chapter 2: Universal and preventive services
In Sweden the State, the County Council, and the municipalities – all three - have great ambitions to create a structure that offers all children and young people the support and the services they need. This attitude characterizes the laws and strategies presented below. The two most important activities directed towards all children are the child health care services and the public preschool. These activities will be described below.

Is the prevention of child abuse and neglect part of the governmental policy concerning child abuse and neglect?
Yes; below will be presented both the important legislation in relation to the field in question and the main existing national strategies.
In your country, what are the main governmental strategies and actions on the level of prevention?

**Legislation within the field in question**

**Social Services Act**

In the Social Service Act (SFS 2001:453), there is a special chapter describing the responsibility for children and young people. Chapter 5, section 1 describes the responsibility of the Social Services on the basis of the whole chain of universal prevention – early interventions – treatment.

**The School Act and the extent of school health service**

A new School Act (SFS 2010:800) takes effect during the year 2011. This new school law involves an extended responsibility to be assumed by the school for children with special needs. In this new law the responsibility of the municipalities for school health service is regulated. For the pupils in all various types of schools there should be school health service. School health service should comprise medical, psychological, psychosocial and remedial interventions. School health service should above all be preventive and health promoting. The pupils’ development towards the goals of the training should be supported.

Where medical, psychological and psychosocial interventions are concerned a school doctor, a school nurse, a psychologist and a school welfare officer should be available. Furthermore there should be access to professionals having the required competence to provide the remedial interventions necessary for pupils with such needs.

**The Health Care Act**

On January 1st 2010, dispositions were introduced in the Health Care Act (SFS 1982:763), implying that children’s needs of information, advice and support should be especially observed by the Health Care and its professionals if the child’s parents or some other adult person with whom the child is permanently living

- has a mental disorder or a mental or a mental impairment;
- has a serious physical disease or injury;
- is addicted to alcohol or some other addictive drug or
- unexpectedly dies.

**Important national strategies within the field**

**Strategy in order to strengthen the rights of the child**

http://www.sweden.gov.se/sb/d/1919/a/147276

**Universal prevention**

The Swedish Government decided in 2010 about a new *Strategy in order to strengthen the rights of the child* (Socialdepartementet, 2010). The child right strategy is made up of a number of principles. These principles express fundamental conditions for the strengthening of the rights of children in Sweden. The purpose is that this strategy should serve as a basis for public actors at the governmental and municipal levels who in their activities are meant to guarantee the rights of the child.

The strategy establishes that knowledge about children’s life conditions should be at the basis of decisions and priorities in relation to the children.
This is an important element for the facilitating of the shaping of the society’s universal actions in relation to children.

The strategy establishes that violence against children should be prevented and combated with all possible means. Many of the actors such as schools, health care, social services, and the police have a responsibility to give children the protection they are entitled to. In order to effectively combat all forms of violence coordination of all responsible actors is also required, according to the principle of serving the benefit of the child.

**Directed actions**

The strategy also establishes that it is important to detect abuse and to offer support to the child and the family at an early stage. This is described more in detail in Chapter 1.

**Strategy for a developed parental support**


**At the national level**

In the national strategy for parental support (Socialdepartementet 2009) the goal is to increase the coordination of those actors whose activity is oriented towards the parents. Cooperation between actors at a local level is described as being necessary for the resources of the society to be used in a more effective way than today. The actors identified are the municipalities, the county councils and NGO’s. It is further observed that cooperation may be facilitated if there is a coordinating function at the local level.

**At the regional/local level**

In the Örebro region a project has been going on for nearly a year focusing upon the development of the parental support. The aim of the project is to increase the coordination of actors working with parental support in the county so that even more parents may be offered the general parental support and also may be able to take part of it.

The target group of the project is the activities/centres within the municipalities of the county, adult educational associations, NGO’s, county councils and other strategic actors working with parental support before the birth of the child and up to the age of 17.

The first part of the project deals with mapping out and identifying actors, forms of cooperation and the offer of general parental programs, activities and centres. The work also comprises invitations to various meetings with the aim of discussing the regional needs and desires in connection with coordination, competence development, and exchange of experience.

It is also a question of coming up with suggestions for the development of cooperation structures and ways of communication for cooperation addressing joint learning and exchange of experience.
Coordination Strategy
Strategy for coordination – in relation to children and young people who fare badly or who are at risk of doing so:

At the national level
The national strategy for coordination in connection with children and young people at risk for child abuse and neglect (Socialstyrelsen, 2007), has been drawn up by the Swedish National Board of Health and Welfare, the Authority for School Development and the National Police Board. The strategy emphasizes that coordination must come about not only in relation to the situation of individual children and young people but also at an overall level.

At the regional/local level
In the Örebro region there are structures for coordination of different actors within the field in question. Extensive cooperation has long since existed between the county council and the municipalities within health care and social services. The aim of this cooperation is to carry on good health care with high quality and an effective use of the resources for the benefit of the inhabitants of the county who are in need of help and support. There is a special group for issues connected to children and young people working in favour of a well-functioning cooperation between the county’s municipalities and the county council so that children and young people may receive the interventions they need in the best possible way. The task concerns a universal preventive work and interventions for the children and young people who fare badly or who are at risk of doing so.

Are there any products of the main strategies and actions on the level of prevention?

The Government’s initiative for developing the work in municipalities and county councils in relation to the children’s rights
During the period 2010-2013, the Government and the Swedish Association Local Authorities, SALA, cooperate in order to strengthen the children’s rights through different activities in the municipalities and county councils. Among other things, the SALA will make a survey of the needs and demands for further education and supportive interventions and thereafter draw up a plan of action containing measures and carry out and follow up these measures. The plan of action should be based on the strategy of strengthening the children’s rights in Sweden. The Children’s Ombudsman also participates in this work.

http://www.skl.se/vi_arbetar_med/halsaochvard/folkhalsa_1/barnets_rattigheter

The Government’s actions taken in order to combat violence against children
Combating violence against children is a high priority issue for the Government. Therefore the Government has taken the following initiative, on the basis of the new national strategy for children’s rights (Socialdepartementet, 2010):

- Survey of parents’ attitudes towards - and experiences of - corporal punishment In order to follow the development during the past years the Government has granted means to the Foundation Allmänna Barnhuset for the carrying out of new national studies on children’s and parents’ attitudes
towards – and experiences of – corporal punishment and other punishment methods.

- **Study of reasons for the increase of child abuse reported to the police**
  Since the number of reported cases of child abuse directed towards children in the age group 0-6 has increased during the period 2000-2009, the Government has commissioned the Crime Prevention Council – (Sw.Brottsförebyggnadsrådet - BRÅ) to make a survey of the extent and development of child abuse during that same period.

- **Actions in favour of increased knowledge among professionals concerned**
  In order to give professionals within health care, dental care, social services, nursery schools, and schools greater possibilities to detect child abuse and other forms of violation of children at an early stage, the Government has granted means to the Foundation Allmänna Barnhuset for the drawing up of a publication about early signs of neglect and child abuse. The Foundation Allmänna Barnhuset will then distribute this publication e.g. at regional conferences.

- **Informative booklet for parents about children’s rights**
  The Government has commissioned the Children’s Ombudsman to draw up and spread an informative booklet about children’s rights intended for parents and expectant parents. This booklet will especially address the relationship between children and parents and the children’s rights to protection against violence such as corporal punishment.

- **Pilot project for the prevention of violence against infants**
  The Government provides financial support for a pilot project intended to prevent violence against infants run by the Karolinska University Hospital and the city council of Stockholm.

**Grants: Funds for the development of drug prevention offered by the County Administrative Board**
For a number of years the municipalities have had the possibility to apply for means from the County Administrative Board for the development of activities in relation to drug prevention.

One preferential activity has been to give professionals competence to be in charge of supportive groups for children and young people with parents having addiction problems and/or mental ill-health. Such group activities have now been established in most municipalities. Children’s groups are divided into age groups from the age of four and upwards. The group activity is based on the programme Children Are People Too (CAP) and has its origin in the AA family programme for children of alcohol addicts in Minnesota, USA. It has then been adapted to different forms of family problems. The groups have a pedagogic content and preventive intentions. The group activity aims at increasing the children’s and adolescents’ knowledge of the family’s problems and their capacity to handle the difficulties.

**Grants: The Swedish national institute of Public Health funds for stimulating assessment and development of parental support**
During 2010 it has been possible to apply for means for developing parental support in the municipalities. The means for stimulation are meant to contribute to the development of parental support in accordance with the definition of parental support given in the National Strategy for parental support. The overarching goal of the
strategy is to offer all parents parental support during the years when the child is growing up. Furthermore there are three partial goals:

- Increased coordination in relation to parental support between actors whose activity is intended for parents.
- Increased number of health promoting arenas and meeting places for parents.
- Increased number of parental support actors who have received further training in health promoting methods and universal evidence based programmes for parental support.

**Grants: The Swedish national institute of Public Health funds for directed parental support**

During 2010 it has been possible to apply for means to develop, follow up and assess directed parental support. The task is meant to complement the universal parental support which is developed within the framework of the National strategy for parental support.

**Are there any research findings that show the results of the main strategies and actions on the level of prevention?**

**Child Health Care undergoing change**

Swedish Child Health Care finds itself at the crossroads. Should one be content with the traditional medical elements or should one make a serious attempt at enlarging the task and make it comprise an increasing psychosocial support and measures aiming at strengthening the parents? During recent years, the Child Health Care attitude and goals have been widened, but at the same time they have become more indistinct, not the least because of more or less apparent discrepancies between on one hand ambitions and on the other hand resources and competence.

Child Health Care undergoing change (Sw. BIF) is an intervention project run with support from the Swedish Council for working life and social research (FAS), the County Council of Uppsala and the Foundation Allmänna Barnhuset ( Lagerberg D., Magnusson M., Sundelin C., 2008 ). New methods in the preventive work with children at a number of Child Welfare Centres in the County Council of Uppsala have been compared with Child Welfare Centres in other parts of the country at which those methods have not been used.

The report also describes how parents of small children from different social and psychological strata view their parenthood and life conditions.

**What are ‘good practices’ from your country concerning the prevention of child abuse and neglect?**

**Swedish Child Health Care**

The main task of child health care is to enhance all children’s health and all-round development. In the daily work it is a question of implementing the methods and practices which best serve this purpose in the meeting with families with children.
The main goals of Child Health Care are;

- Reduction of mortality, illnesses and function impairment.
- Reduction of harmful strain on parents and children.
- Support and activating of parents in their parenthood and thereby contribute to favourable conditions for an all-round development of children.

Modern child health care is a many faceted activity the first goal of which is to enhance health and development among all children, to identify problems at an early stage which are related to children’s growth and development, and to prevent ill-health among children.

Child health care reaches practically all children and parents in Sweden at a critical point in their lives. By being in contact with nearly all families having children at the age of nursery school, and by having reached a high level of acceptance throughout all social strata, mother and child health care has become “a resource for everybody” which has played an important role for public health. Repeated studies show that the child welfare centres are used for both minor and major problems, also by groups which are otherwise difficult to reach and which risk falling outside all support because of their general fear of authorities. When comparing with international figures the attendance at child health care centres – practically 100% - is more or less unique. Within the county of Örebro there are around 20 000 children of nursery school age, 0-6, and approximately 3 000 children are born yearly. More than 99% of these children frequent the child welfare centres.

The book “To live with children” (Sw: “Leva med barn”)
All parents in Sweden receive the book “To live with children” via Child Health Care, a book written by the paediatricians Lars H Gustafsson and Marie Köhler. (Gustafsson L.H., Köhler M. 2008) This book first appeared in 1983 and has later on been revised eight times in order to make it up to date. It is a book for parents and it deals with the care of the child, its health and illnesses as well as its development and the interplay within the family. The UN Child Declaration runs like a red thread through the whole book. In the chapter entitled ”Never ever violence!” there is a description of Swedish legislation against corporal punishment, its historical background as well as alternative strategies for handling one’s anger.

Swedish pre-school policy
The ministry of education has published the booklet The politics of pre-school – intentions and decisions underlying the emergence and growth of the Swedish pre-school (The Ministry of Education and Research, 2007). In the introduction of this publication it is made clear that “...never have so many children in Sweden attended pre-school as now. The vast majority of families with children have access to and use pre-schooling – close to ninety per cent of all 1-5 year olds spend parts of their day there.”

The Swedish pre-school is part of the general welfare system and obviously an important part of the prevention of child abuse and neglect.
Family centres
The family centres are based on the idea that there is a connection between how the parents are getting on and the wellbeing of their children. Preventive work with children must therefore include parents.

The activities of a family centre are focussed on parents and children. They are health promoting, supportive, universal and preventive at an early stage. A family centre is a fully integrated supportive environment with at least antenatal health care, child health care, open pre school, and social welfare activities. At a family centre different professional groups work together with the families. In addition to midwives, paediatric nurses, paediatricians, pre-school teachers, social workers and psychologists, sometimes also librarians work there.

The family centre is a meeting place for all families with children in a given housing area. The goal is to promote good health for children and parents by

- being accessible as a meeting place
- strengthening the social network around families
- creating forms of work where children and parents can participate.
- offering easily accessible support, individually and in groups
- being a centre for knowledge and information
- encouraging equal parenthood
- developing good service

The Family centre is based on - and develops - what is unique for Swedish antenatal clinics and child health care, namely to offer services that are universal, voluntary and free of charge. At a Family centre antenatal health care, child health care, social counselling and open nursery school are all under the same roof. The Family centre reaches people with children from all walks of life in a given housing area, and is not only a meeting-place for children and parents but also a place where different professional groups meet and cooperate. At the same time as parents and children go there to see each other and play, they have access to health care and social counselling if and when needed.

Project Pinocchio
The overarching goal of the project:

- To reduce the number of children who run the risk of developing a permanent norm-breaking behaviour;
- To develop working methods and forms of cooperation between nursery school/school, social services and Child and adolescent psychiatric care which may contribute to an offer of interventions at an early stage;
- To investigate if the Breakthrough method is applicable within this field and if it could also be applied within similar problem areas;
- To promote an extended use of evidence based methods.

The SALA invited municipalities and county councils to participate in a pilot project intended to improve the work in relation to children up to 12 who are at risk of developing a permanent norm breaking behaviour. (Sveriges Kommuner och Landsting, 2010). A number of municipalities took part in the project. The so called Breakthrough method was used in these projects. Breakthrough is an approach for
spreading knowledge and practices modelled upon the "Breakthrough series" (BTS) elaborated by The Institute for Health Care Improvement (IHI) in Boston, USA.

**Website - Barnperspektivet (the Child Perspective)**
The Government has offered the organization The Children’s Rights in Society (Sw.Barnens rätt i samhället - BRIS) financial support to design an interactive web site, Barnperspektivet.se, (the Child Perspective), for advice and support to parents and other adults. The aim is to give parents quick advice and help e.g. in case of conflicts with their children or if the child is subjected to bullying. If the parents get support in critical situations this might prevent children from being exposed to violence or from being violated in some other way. The web site and the BRIS Adult Telephone Line – On Children are meant to complement each other.

http://www.barnperspektivet.se/

What are problems in your country concerning the prevention of child abuse and neglect?

**Methods – What Works?**
Since the 1970’s, group activity and parent training have been accessible within maternity welfare and child health care. One problem today is that these activities have not been evaluated or submitted to research. There is now a trend to replace “old” forms of support by new evidence-based methods, e.g. “Parent Power” and “Comet”. The question whether this is a good thing or not, whether the new methods fit in with the Swedish context, is currently being discussed.

**Challenges offered by the development of society**
The Swedish society has undergone considerable change during the past 20 years. One great change has been the important immigration; today a quarter of all children have parents who were born outside Sweden. Adapting our Swedish system in order to suit these new groups constitutes a challenge.

There is also discussion going on about the development of parental support on the basis of the desires and needs expressed by the parents themselves; e.g. to offer parental support via Internet programmes.

**Coordination**
In spite of strategies and legislation in relation to coordination the issue of cooperation between different activities like child health care and nursery schools is an issue which needs to be continually addressed and improved.

In Sweden there is a great need of developing coordination with NGO’s.

**Summary and conclusions**
In Sweden the State, the County Council and the municipalities, all three, have great ambitions to create a structure which offers all children and young people the kind of support and services they need from a preventive perspective.
This chapter accounts for the laws and national strategies which are of importance for this area. As for legislation, Social Services Legislation, School Legislation, and Health and Medical Care Legislation are accounted for. Important national strategies for this area are:

- Strategy in order to strengthen the rights of the child
- Strategy for a developed parental support and
- Strategy for coordination.

Swedish Child Health Care is well functioning and statistics indicate that nearly 100% of all children make use of this service. The public preschool is another important part of the universal services offered which is exploited by a majority of all parents.

Family Centres are now being developed in many Swedish municipalities. The Family centre is based on - and develops - what is unique for Swedish antenatal clinics and child health care, namely to offer services that are universal, voluntary and free of charge. At a Family centre antenatal health care, child health care, social counselling and open nursery school are all under the same roof.

**Chapter 3: Detection, reporting and stopping of child abuse and neglect**

The main responsibility for the protection of children exposed to child abuse and neglect devolves upon the social services. The social services are part of the activity of the local municipalities. Sweden has 290 municipalities. All other authorities (police, criminal care, etc.) and activities (school, preschool, medical care, etc.) which come into contact with children have an obligation stated in the law, to report suspected cases of child abuse and neglect to the social services. The social services investigate the case and decide upon measures to be taken in order to protect the children. Possible crimes in connection with children are investigated by the police and are attended to by the legal system.

**Is the detection, reporting and stopping of child abuse and neglect part of the governmental policy concerning child abuse and neglect?**

**In your country, what are the main governmental strategies and actions on the level of detection, reporting and stopping? Is there an official reporting agency where suspicions of child abuse and neglect can be reported?**

As has been described above in Chapter 1, there is within the legislation a recommendation given to the general public to submit reports about children who are in need of protection to the local social services. The authorities and those employed by authorities engaged in work concerning children have a legal duty to report. The report should be submitted at suspicion and should be done immediately. The duty to report is personal. A report should be submitted to the social services of the municipality. The municipal social services have the duty to inform the general public and other professions about the duty of reporting. At failure by those with a legal duty of reporting, an inquiry may be done to find out if a breach of duty has been committed according to the provisions of the penal code.
Professionals and the general public can also report child abuse to the police. This is also an opportunity for the social services. It is an option and not a duty as in the case of reporting to social services. The police investigation focuses upon the establishing of whether a crime has been committed and on taking legal proceedings against the person who has committed a criminal act. The investigation/assessment made by the social services has a child focus and highlights the protection and care of the child. If the police gets a report they have a duty to make a report to the social services.

If the child’s caregiver is suspected of having committed a crime against her/his own child or lives in a relationship with the person having abused the child, a special legal representative is appointed for the child who may make decisions in relation to the investigation of the crime. This representative is nominated by the prosecutor.

There is no agency, neither on a regional nor on a national level, to receive or compile data about children exposed to abuse or neglect.

**What organisations/professions/volunteers are involved? What are their tasks? Whose accountability is the detection, reporting and stopping of child abuse and neglect?**

The social services in the local municipalities have the main responsibility for the issue of children’s need of protection and care. The Police authorities and the office of the public prosecutor are responsible for the investigation of suspicions of crime. Forensic investigations at suspicions of abuse or sexual abuse are carried out by the women’s clinic or children’s clinic of the public medical services. All authorities involved in children have a reporting duty to the social services.

“BRIS – The children’s rights in society (“Sw.Barnens rätt i samhället”) is a voluntary organization which is above all engaged in providing contact by telephone for children ("Children’s Help Telephone") which is an emergency telephone connection to which children may phone and where they may speak anonymously about their situation. The organisation HOPP (Hope) is an umbrella organization engaged in the creation of public opinion and spreading of knowledge in relation to children having been exposed to abuse. HOPP covers a number of different national organizations. Save the Children is yet another such organisation which is however engaged in children’s situations from many different angles.

The organizations which are in concrete contact with parents and children where violence is at hand are local Women’s associations against violence who provide protection for women who have been exposed to violence in close relationships and for their children and Crime Victim associations which offer protection for crime victims, also including children.
Are there in your country advisory and/or reporting centres?

Are there any products of the main strategies and actions on the level of detection, reporting and stopping?

Does your country have a reporting code or a reporting duty for citizens and professionals when they suspect or identify a case of child abuse or neglect?

**Reporting code**
The reporting duty is well known among the professionals who are subjected to this duty. Cooperation between the reporting person and the social services is obstructed by secrecy legislation which does not give the reporting person the right to obtain a clear insight into the investigation/assessment which might be the result of a report. The social services are often criticized for lack of feedback to the reporting person, something which may lead the reporting person to hesitate about submitting a report. The social services’ investigation duty may have as a result that investigations/assessment are initiated also in cases which are not very serious such as cases where needs can be satisfied by different direct supportive interventions. According to a governmental review every third report does not lead up to the initiation of an investigation (SOU 2009:68).

**National board -handbooks**
The National Board of Health and Welfare is a governmental authority in charge of the implementation of the national policy in relation to social services and medical care. The Board also supervises the local activities, it works with development issues and publishes handbooks in order to support and guide the local authorities’ implementation within different fields. For the handling of cases related to children and young people they published a handbook 2006 (Socialstyrelsen 2006). This handbook provides guidelines for the social services and is based on the content of the BBIC system (see chapter 6). Within the system there are regulations in relation to how to receive reports, what information to inquire about and how to handle it. At an initial stage there is always an assessment of risks and protection which results in statements concerning the urgency of the situation of a given child. Normally the social services should take up a standpoint in relation to the initiation of an investigation within two weeks after the submission of a report. In certain cases a quicker handling may be required.

In 2004 the National Board of Health and Welfare published the handbook ”Reporting duty in case of bad living conditions for a child” (Socialstyrelsen 2004) directed partly to the social services and party to all the authorities covered by the reporting duty. The aim is to give guidance and support to the authorities in relation to this task.

**BBIC-system**
In the middle of the 1990’s the National Swedish Board of Health and Welfare was commissioned by the Government to strengthen and develop the Swedish family home care. A national survey carried out by the county administrative boards revealed serious shortcomings especially in relation to the fact that the children in alternative care seldom got the chance to speak with their social workers and that plans were often lacking for children in alternative care. In order to find better working methods the Board decided to try part of the material having been used in ”Looking After Children..."
System” (LACS), a system developed in England in order to follow up children and young people in family homes or at institutions. In 1998/1999 an adaptation of the whole LACS to Swedish conditions was initiated; this was the beginning of the BBIC programme. BBIC is a short for “Barns Behov I Centrum” in English “Children’s Needs in Focus”.

The BBIC is a system for handling and documentation of investigations/assessments, planning and follow-up of child protection within the social services. It provides structures for a systematic obtaining of data, of documenting and of follow-up of children’s and adolescents’ needs of interventions. Apart from a set of structured questionnaires covering the whole chain of the case, the BBIC offers a theoretic base of knowledge for the child protection within the social services. The questionnaires are based upon fundamental principles which sometimes imply the development of good cooperation with children, parents, and different groups of professionals having the child in the centre.

The work with investigations/assessments, interventions, and follow-up of children within the BBIC system is guided by nine fundamental principles, namely:

- Children and young people in the centre
- Theoretic starting points; ecological development theory and other theories about children’s and young people’s development.
- Knowledge and tested experience
- Identifying resources and difficulties
- Equal possibilities for all children
- Cooperation with children and their families
- Coordination between authorities at investigations and assessments of interventions
- Interventions during the course of the investigation/assessment
- The investigation as a starting point for planning and follow up of interventions

Thus working with the BBIC system does not solely imply following a system for documentation, investigation/assessment and follow up, but it also implies acquiring and applying theoretic knowledge, having a well thought-out attitude towards children and families and towards cooperation partners. The BBIC system is built on a vision of children which is founded on the UN Child Convention.

**Are there any research findings that show the results of the main strategies and actions on the level of detection, reporting and stopping?**

There are no national statistics in relation to submitted reports. In a municipality of approximately 10 000 inhabitants, 30-40 reports are yearly submitted concerning children at risk for child abuse or neglect. Of these children the majority are aged 13-17. A governmental review from 2001 (SOU 2001:72) observes that there is no extensive research having been done on reports and the consequences of submitted reports.

It appears that the Swedish child care system mainly concerns older children in their teens (Wiklund. S. 2006). The extent of the reports about bad living conditions for children can be placed in an intermediate stratum when compared with other European countries, but having a lower degree of serious reports. Wiklund is of the opinion that this can be seen both as a strong point and as a weakness. On one hand one can detect
problems early before they have become too serious. On the other hand there is an ethical problem in relation to the situations in which the society has a right to intervene in the family’s private affairs. Wiklund’s thesis is built on interviews with social workers in 100 Swedish municipalities. The study was carried out in 2000. In the age group 0-12, 24.5 children per 1000 were implicated in a child care case. The corresponding figure for the age group 13-17 was 88.2.

In January 2008 a law SFS (2007:606) about investigations of children having died owing to crime etc. came into force. According to this law an inquiry should take place if a crime has been committed against a child and the child has died in connection with the crime or if there are special reasons to investigate the death, and if there are special reasons to believe that the death is connected to the fact that the child was in need of protection. The purpose of the inquiry is to form the basis of the proposition of measures preventing that children are abused or neglected. The inquiries should try to elucidate the conditions implying that the deceased child has been in need of protection and what measures have been taken or could have been taken in order to protect her/him. Every second year, the National Swedish Board of Health and Welfare submits a report to the Government containing analyses of the inquiries carried out. A first such report was submitted in 2010 (Socialstyrelsen 2010) comprising seven inquiries. On the basis of the report no propositions concerning changes of the legislation are raised but it discusses different measures in relation to how children’s needs are observed, reported and investigated. The need for early interventions and coordination between different authorities is also brought up.

What are ‘good practices’ from your country concerning the detection, reporting and stopping of child abuse and neglect?

As has already been mentioned above, research in this field is scarce. Experience however indicates that the social services must be made accessible directly for those families where there is a risk for lack of care for a child or where a child may run the risk of being abused. Therefore efforts directed outwards in so called family centres (see chapter 4) is an important step in this direction. Social services must be present in all contexts which are universal and which involve all children and young people and their parents. Cooperation with primary health care offered by the medical services and with schools/nursery schools is therefore also significant. In cases which are really complicated and serious, cooperation must be strengthened between all authorities. Here work is being accomplished to develop the so called Children’s Houses (see chapter 4).

The development of the BBIC-system has been a national success. Even though the municipalities have the liberty to join or not, all but two municipalities in the country have joined this system. This is a sign of a clear wish to develop and improve the work in relation to child abuse and neglect. So far there is no assessment made showing whether BBIC leads to an improvement of the activity.

What are problems in your country concerning the detection, reporting and stopping of child abuse and neglect?

See above. The problems are related to fear from other authorities of hurting a family and/or a child if the report is submitted. The result of the lack of feedback from the social services is
that possible reporting persons find it difficult to discover the use and the outcome of the report submitted. The investigation duty of the social services in relation to a submitted report risks leading up to a position where the exercise of the authorities prevails upon a work addressing the change of the child’s and the family’s situation. To be able to use the investigation context in order to create a work of change constitutes a challenge for the administrators of the social services.

**Summary and conclusions**

The social services are responsible for children having been exposed to abuse and neglect or who are at risk of doing so. There is an extensive reporting duty for all staff working with children. Reports should be submitted to the local social authority which in its turn has the obligation to investigate and take measures. The police and the legal authorities are responsible for the investigation of crimes against children and for legal procedures being taken against the perpetrators of the crimes. There is a certain hesitance among reporters vis-à-vis the social services and to a certain extent also a lack of confidence in their work. The main strategy for improving these attitudes lies in an extended cooperation with the so called Family Centres and Children’s Houses where different authorities create joint activities on shared premises. In addition, we have the important development intervention which is being carried out in order to implement the BBIC system within the social services.

**Chapter 4: Treatment services**

The social services have various possibilities to offer or decide on interventions in cases where abuse or neglect is present. As an initial measure family interventions of some kind are proposed. Often the social services have their own staff in this field. Gryningen (The Dawn) is one such example of interventions. Trappan (The Staircase) is another example of programmes addressing children.

In serious cases the social services may place the child/children in a family home or at an institution. There are also institutions where children and parents may live together. These institutions are often run by private persons and the social services buy places there.

Child and adolescent psychiatric care has the responsibility for children’s treatment of crisis and trauma.

**Are treatment services for victims and perpetrators of child abuse and neglect part of the governmental policy concerning child abuse and neglect?**

Part of the national strategy to strengthen the rights of the child (Socialdepartementet 2010) concerns the necessity of showing respect for the child’s physical and mental integrity in all contexts. It says in the strategy:

... It is also important that children who are exposed to violence in different contexts should receive the support, rehabilitation and protection they need. Also the perpetrators need supportive interventions. This is valid both for children abusing other children - and exposing them to violence - and for adult perpetrators.
In your country, what are the main governmental strategies and actions on the level of treatment?

**Children’s House (Sw. Barnahus) – experimental work with coordination under one single roof in case of suspicion of crime against children.**

In 2006 the Government commissioned the National Swedish Police Board, the National Board of Forensic Medicine, the National Swedish Board of Health and Welfare and Office of the Public Prosecutor, together with the Council for Crime Prevention, the Crime Victim Compensation and Support Authority, Save the Children and the municipalities and county councils of Sweden to participate in the establishing of experimental work with coordination under one single roof. (Socialstyrelsen 2008), The task also comprised the follow-up and assessment of this work. Inspiration has been received from the Children’s House in Reykjavik, Iceland, where coordinated medical, psychological and legal help is provided to children who are supposed to have been subjected to sexual abuse. Within the framework of the governmental assignment, experimental work with so called Children’s Houses has been carried out at six places in 2006 and 2007. There is one such Children’s House in the Örebro region.

The Children’s House is a joint work including the prosecutor, the police, the social services, a medico-legal expert/ paediatrician and the child psychiatric care. The idea is that children and young people who are supposed to have been subjected to sexual abuse and/or other violence or privacy violation should only have to go to one single place, which should be experienced to the greatest possible extent as welcoming and secure. When a report of violence and/or sexual abuse has been registered by the police or the social services, the case is brought up at the Children’s House.

**Target Group**

- Children and young people below 18 supposed to have been subjected to sexual abuse and other crimes of violence and privacy violation in close relationships.
- Children and young people below 15 supposed to have been subjected to sexual abuse and other crimes of violence and privacy violation outside close relationships.

**Goals**

Any child who is supposed to have been subjected to crimes related to violence or to sexual abuse should have access to professional and coordinated support from a child perspective at one of the cooperating centres of Children’s House.

- The child’s rights should be focussed through a coordinated and clearly expressed child perspective.
- The centre should be a shelter and a support for the child.
- The Children’s House should contribute to the fact that children who are subjected to violence and abuse are given more attention and are given the support and treatment required.
- All interventions should aim at preventing the physical and mental injuries inflicted upon the child from damaging the child’s further development.
All responsible authorities involved must be able to carry on an effective and correct investigation work.

**A reinforced health care guarantee within child and adolescent psychiatric care.**

In 2009 the Government decided to shorten the health care guarantee waiting time for assessment and treatment within child and adolescent psychiatric care (BUP) to 30 days and 60 days respectively. The new demands within the health care guarantee imply that the longest waiting time for the first specialist assessment within child and adolescent psychiatric care is shortened from three months to two. The waiting time for treatment is shortened from six months to two.

The background for this project is provided by the fact that the waiting time today is unacceptably long for many children.

**What organisations/professions/volunteers are involved? What are their tasks? What age boundaries do they use?**

See the answer above!

**Are there any products of the main strategies and actions on the level of treatment?**

**Grants:**

**Development funds for support of women having been exposed to violence and for children having witnessed violence, 2011**

For the year 2011, the Government has made a decision concerning an action aiming at developing the support given by the municipalities to women having been exposed to violence, to children having witnessed violence, and to men exercising violence in close relationships. The municipalities can apply for money for projects within this range of action.

**Reports:**

**Children’s House – experimental work with coordination under one single roof when there is suspicion of crime against children**

In the conclusion of the report (Socialstyrelsen, 2008), the Swedish Children’s Houses are described:

Generally speaking, the Swedish model of Children’s House could be described in the following way. In the Children’s Houses there is cooperation and consultation between the social services, the police, the prosecutor, forensic medicine, paediatrics, and child and adolescent psychiatry, particularly during the introductive phase of the preliminary investigation and the social investigation/assessment. As a rule, the social services play a coordinating role and one or more social workers have their place of work on the premises. At one of the Children’s Houses there are also policemen included in the permanent staff and at others there is continual access to child psychiatry competence. At consultation meetings, and in urgent cases over the telephone, the professionals consult with one another, plan the work and distribute the tasks. If a preliminary investigation is initiated the questioning of the child is carried out at the Children’s House. The professionals who need to hear the child’s narrative may follow the questioning via video in an adjoining room.
There are also rooms for medical examination and talks. Medico-legal experts and paediatricians are called upon to cooperate at medical examinations required by the police or the prosecutor. The social services and child and adolescent psychiatry are responsible for providing crisis support to the child. The extent of crisis support and treatment and to what extent the parents also have access to this support differ between the various places of experimental work.

An amalgamated assessment of the evaluation and the follow up leads up to the conclusion that the experiences from the experimental activity at the Children’s houses are mainly positive. There is support of the assertion that the Children’s houses imply improved quality from a child perspective. The environment is child adapted and the crisis support has improved generally speaking. More hearings of children are held, there are more medical examinations carried out and the children are more often given a special representative or a legal assistant. The social inquiries which have been examined keep a high standard on the basis of the criteria established.

The follow up and the evaluation have proved that the coordination has become more efficient and more structured, but there are still obstacles. The different geographical divisions of the different authorities and uncertainty in relation to the application of secrecy regulations are examples of such obstacles. All actors concerned are moreover, for different reasons, not represented in all neighbourhoods. There is also certain indistinctness concerning the distribution of responsibility and costs. It has been observed that further assessment is necessary, something which however demands a better and more uniform system for follow up and documentation. There is also need for a continued national coordination in matters concerning children and young people suspected of being exposed to serious crimes.

Are there any research findings that show the results of the main strategies and actions on the level of treatment?

Assessment of experimental work with Children’s House

In the report “It is probably better for the children” (Lund University, 2008) writes: “The Children’s Houses are good for a child having been exposed to crimes – but the protection of the youngest ones is insufficient. The experimental work with Children’s Houses in six Swedish towns has led to a better taking care of children having been exposed to serious crimes. The coordination of the different authorities has improved. Children living in towns with Children’s Houses have more chances to speak during inquiries and undergo more medical examinations. More preliminary investigations of reported crimes are also initiated. All this is has been shown in a new evaluation made by researchers at Lund University. However, there still remains a lot to be done in order to reinforce the legal situation of children having been exposed to crimes, this is especially the case for the youngest children, aged 0-6, and for the taking care of those who are older than 14, who so far have to a great extent been outside of the activities of the Children’s Houses.”
What are ‘good practices’ from your country concerning the treatment services for victims and perpetrators of child abuse and neglect?

**Gryningen – The Dawn**

Gryningen is an early childhood intervention aiming to promote child health and well-being, enhance the development of competence and prevent mental illness and other negative developmental patterns. Gryningen is a centre specialized in offering support to families with parenting problems. Gryningen is an outpatient department; they meet families at Gryningen and/or in their homes. At Gryningen they address the interaction between infants or small children and their parents


**KIBB-Treatment for children and parents in case of physical child abuse**

The target group for this treatment is families in which one or both parents have subjected a child to some type of physical abuse.

The model Combined parent-child cognitive behavioural therapy has been developed at the CARES Institute, New Jersey. In this model families in groups or individually receive structured treatment in groups for children or parents respectively on 16 occasions at an interval of one week. Two to four family therapists are responsible for the treatment. The model contains CBT components which were previously used in treatment programmes for parents having abused their child and/or in cases where family care has been applied. The child treatment is to a large extent based on trauma-focussed CBT with a special focus on child abuse.

[http://www.allmannabarnhuset.se/index.cfm?id=307&l=2](http://www.allmannabarnhuset.se/index.cfm?id=307&l=2)

**Trappan – The Staircase**

Several municipalities offer so-called “Staircase-talks” to children and young people between 4 and 18, who have witnessed and experienced violence, menace and/or difficulties within the family. The aim of the “Staircase-talks” is to:

- Offer the possibility to talk about and handle what one has been through.
- Offer help for a better understanding of one’s own needs, thoughts, and feelings.
- Indicate that there are many other children in the same situation and that it is never the fault of the child if grown-ups quarrel.
- Transmit knowledge about common reactions.

The Staircase model has been elaborated by Save the Children.

[http://www.rb.se/vartarbete/isverige/valdochsexuellaovergrepp/barnsombevittnar/Pages/default.aspx](http://www.rb.se/vartarbete/isverige/valdochsexuellaovergrepp/barnsombevittnar/Pages/default.aspx)
What are problems in your country concerning the treatment services for victims and perpetrators of child abuse and neglect?

**Lack of methods**
In Sweden, structured treatment methods for children having been abused and for parents having abused their children are scarce. The interventions offered to children/parents from the social services or from child and adolescent psychiatric care where abuse of children is concerned lack a specific focus on that problem area. This lack has been observed in previous research and in national studies.

**Different levels of services in different municipalities**
The responsibility for investigating, assessing and giving support to children who have been abused falls on the municipal social services. In Sweden there are 290 municipalities of varying size and one problem lies precisely in the fact that the possibility to give support and treatment varies considerably between the municipalities. One example of this is the Dawn – Gryningen, whose activity is solely directed to three of the 12 Örebro municipalities.

**Cooperation between different centres and authorities – cost responsibility**
Important resources are invested in the increasing of cooperation between activity centres and authorities in relation to children in need of support and treatment. In spite of that conflicts often arise concerning the issue of who is responsible for paying the cost when it is a question of difficult and long-lasting treatments.

**Summary and conclusions**
The social services have different possibilities to offer – or to decide about – interventions in cases where abuse or neglect is present. In the first place, different kinds of family interventions are offered. Often the social services have their own staff offering such interventions.

Part of the national strategy to strengthen the rights of the child concerns the necessity of showing respect for the child’s physical and mental integrity in all contexts. It says in the strategy:

... It is also important that children who are exposed to violence in different contexts should receive the support, rehabilitation and protection they need.

An important national action is taking place in order to implement so called Children’s Houses. The Children’s House is a joint work including the prosecutor, the police, the social services, a medico-legal expert/paediatrician and the child psychiatric care. The idea is that children and young people who are supposed to have been subjected to sexual abuse and/or other violence or privacy violation should only have to go to one single place, which should be experienced to the greatest possible extent as welcoming and secure. When a report of violence and/or sexual abuse has been registered by the police or the social services, the case is brought up at the Children’s House.

In Sweden, structured treatment methods for children having been abused and for parents having abused their children are scarce. The interventions offered to children/parents from the social services or from child and adolescent psychiatric care where abuse of children is concerned lack a specific focus on that problem area.
Chapter 5: Integrating services

Coordination between the various involved authorities is one of the main strategies indicated by the Government in order to develop the work with child abuse and neglect. The main responsibility befalls the social services, as clearly stated in legislation, but many different authorities cooperate to a various extent. Medical care, police, prosecutor, legal and criminal authorities, school and preschool are among the most important ones. The Government endeavors to encourage the different authorities to develop integrated services.

Are there in your country initiatives developed to overcome boundaries and encourage communication between agencies and professions?

What initiatives and between what agencies (institutional level) and professions (case level)?

Family Centres, see chapter 2, are basically an initiative taken locally by grassroots workers who have perceived that there are important gains for families to have easy access to coordinated service. A basic thought in relation to Family Centres is that through their nearness to local needs they can give families direct influence on the activity. Family Centres are based on the theoretic concept of "Empowerment". Today there are Family Centres in a great number of Sweden’s municipalities and they receive considerable support from the Government.

The Government also supports the development of Children’s Houses, described above in chapters 1 and 4. The basic idea with the Children’s Houses is that children and their families should encounter all authorities involved in cases where children have been subjected to sexual abuse or physical abuse, at one single centre. The authorities are supposed to coordinate their interventions in order to make it easier for the child and not expose her/him to unnecessary strain.

The national strategy for cooperation in relation to children and young people who are exposed to child abuse and neglect or at risk for such an exposure is another example of how the State tries to stimulate cooperation at a local level between different actors. (Socialstyrelsen 2007) The strategy is focused on making an overview of different actions taken in order to prevent children from child abuse and neglect, directed interventions for groups at risk as well as interventions for individual children with significant needs. The idea is that on the local level, in the municipalities, there should be a clear strategy within this field. The responsibility for the designing of this strategy is to be assumed locally. The cooperation should be based on clear direction, structuring, and consensus. The theoretical basis in relation to what promotes a well-functioning cooperation is built to a large extent on research carried out at the Örebro University.

Is there a duty to cooperate on the operational and organizational level? What does it mean in practice?

As has already been mentioned in chapter 1, the social welfare board is responsible for initiating cooperation between different authorities involved in children in child abuse and neglect. The corresponding duty to take part in cooperation befalls the schools/nursery schools, the medical care, and the police.
“In regard to issues concerning children in abuse and neglect or who are at risk the social welfare board should cooperate with social institutions, organizations and other instances involved. The Board should actively work for cooperation to be achieved. (SoL 5:1a SFS 2001:453)

Putting well-functioning cooperation into practice is difficult. The authorities have a tendency, both between themselves and within themselves, to specialize more and more and to limit their activity. At the same time there is an opposite tendency among children and families resulting in a situation where their needs become more and more complex and require interventions in several areas. The same family may thus have a number of different contacts which between themselves are hard to coordinate. Everybody has the ambition of exercising a holistic approach in relation to children’s needs, but in practice, this approach is difficult to accomplish. In certain activities, e.g. Samba in Örebro, professionals have been employed whose sole task is to work for a well-functioning cooperation between different authorities. In other contexts, activities are created which break current organizational structures and unite professionals from different contexts in the same activity. Family Centres, Pinocchio and Gryningen (the Dawn), see Chapter 4, are such examples from the Örebro region.

Is there in your country legislation for confidentiality and data protection? What does it mean in practice?

All authorities working with children subjected to abuse and neglect are covered by the confidentiality legislation. This means that no data can be handed out between the authorities without the consent of the child’s caretaker and the child herself/himself if above 15. There are exceptions to this rule if in the legislation there is a disposition allowing a breach of secrecy if another law states so. In issues concerning children in abuse and neglect there is a duty to submit information to the social welfare board. The social welfare board is however prevented from giving information to other authorities unless consent is given by parents or the child itself, if above the age of 15. The confidentiality legislation is complicated and contains many exceptions.

It is possible for the social services to make a request for an expert’s opinions in the case of an investigation of children’s needs from e.g. a child psychiatrist. The law of confidentiality also admits that the social services report suspicions to the police of a child being subjected to violence. The law of confidentiality does not admit that the social services hand out data from their investigation to other authorities or to a person having submitted a report without consent. In practice, consent is very often possible to achieve in order to be able to communicate relevant information. The practical procedure is often established through the organizing of joint meetings with concerned parties and the family.

Are there any products of the initiatives developed to overcome boundaries and encourage communication? Products are for example: supportive instruments being used, like Sign-posting systems and/or digital protocols.

There is nothing that we know about in this special field.
Are there any research findings that show the results of the initiatives developed to overcome boundaries and encourage communication?

The evaluation of Children’s Houses has been described in chapter four.

Family Centres have been evaluated in an extensive study carried out at the request of Västra Götaland Region by the University colleges of Borås and Kristianstad. The evaluation was completed in 2009 and comprised 15 Family Centres out of which 6 had also been part of an in-depth study. Altogether 470 parents, slightly more than 600 children and 185 collaborators, directors and politicians have been involved in the data collection of the evaluation.

The part of the evaluation which treated the citizen perspective was expected to answer the question:

- What importance has the families’ participation at the open preschool had for the working method of the staff?
- What families does the open preschool attain?
- What interventions in open preschool are propitious for the parents/children? How? Why?

The part of the evaluation treating the governance perspective was expected to answer two questions:

- What governs the cooperation at the Family Centres?
- What kind of governance is propitious for the cooperation at the Family Centre?

The evaluation shows that parents perceive that through the activity they develop their parental identity, strengthen their social network, receive social support and enhanced knowledge in relation to their parenthood. The Family Centre reaches the population living in its reception area. The interventions which are propitious for the parents and the children reside in the fact that the Family Centres:

1. Create frames for social relations with the child in focus and for a good atmosphere in which the parents can give support to each other.
2. Receive visitors in a way that makes them have the courage to cross the threshold.
3. Strengthen the attachment between parents and children.
4. Provide service and social guidance.
5. Create possibilities for conversation and listening in order to strengthen the parents and help them grow as parents.

(Abrahamsson. A. Bing.V. Löfström.M. 2009)

What are ‘good practices’ from your country concerning the integrating of services?

Family Centres must be seen as a very successful concept for organizing coordination between various actors/activities. The basic idea is to give families easy access to services and to have these services coordinated. The evaluation from Västra Götaland indicates that family centres seem to serve the purpose and it also appears that families are satisfied with the support provided.

Children’s Houses are an attempt to facilitate for parents and children in cases where the child has been exposed to crime. The idea is also to improve the quality of the investigations and to shorten the time required by the investigations. The evaluations which have been carried out
do not provide a clear-cut answer to the question whether the Children’s Houses have managed to attain their aim. The Children’s Houses have the potential of becoming an important and successful activity, but uniting several different authorities with partly opposite aims is a complicated task.

Gryningen (The Dawn), described in Chapter 4 as ”good practices” is a very successful example of how activities which break with traditional organizational boundaries can reach high quality and offer good services to parents and children.

The Pinocchio project is an attempt at connecting research and practice in a forum based on children’s needs where different activities work together. The Pinocchio project is described in Chapter 2.

What are problems in your country concerning the integrating of services?

There is a tendency that authorities limit their tasks and become more and more specialized. This leads to a situation where nobody sees the entire picture of the children and the parents. Children and families also risk being without support because no authority sees their case as their responsibility. Especially in situations with reduced financial support this becomes very obvious. We risk getting into a situation where the national policy is in favour of extended coordination whereas matters in real life are moving in the opposite direction. A clear structure for coordination is a necessary condition for a successful coordination combined with a shared vision of the task by all the parties concerned and respect for the different tasks allotted to the different parties. In order to be successful, coordination must therefore have the support of the decision makers. (Danermark. B. 2000)

Summary and conclusions
Coordination is one of the main strategies in order to develop the work addressing child abuse and neglect in Sweden. There are successful examples of coordination offering the families good services and successful coordinated interventions. These examples are in contrast to the traditional organizational boundaries, they focus on the child’s needs and they are based on coordination between different professions. On an operational level the law places a special demand on the social services to initiate cooperation between other authorities.

Chapter 6: Education and training of professionals

What are the minimal educational requirements for people working with children?

In the present report we have described different activities for children, child health care, preschool, social services and child psychiatry. The staff within these different fields have all got different basic education. Their education covers the responsibility of the professionals for children at risk and describes the reporting duty of the professionals. In the section below we focus on the staff working with children and young people within the social services.
Professionals within Social Services

The National Swedish Board of Health and Welfare has published a brochure (Socialstyrelsen 2006:14) containing General Advice in relation to professionals’ competence at handling and follow-up of cases concerning children and young people in social services. In this brochure it says:

Professionals working with handling and follow-up of cases related to children and young people should have completed further training for social workers and have at least one year of professional experience of social work.

Professionals lacking experience of work with handling and follow-up of cases related to children and young people should be given, during a period of at least one year

- Planned introduction,
- Planned support, and
- The possibility of gradually taking over the responsibility for cases

In order to work autonomously with the handling and follow-up of cases related to children and young people the professionals should possess theoretic knowledge and practical skills within the following fields;

- Children’s and adolescents’ development and needs
- Investigations/assessments
- Talks and relationships
- Cooperation
- Regulations and legal development
- Follow-up and assessment
- Attitudes and approaches
- Further education

Is prevention, detection, reporting and treatment of child abuse and neglect part of the initial education for professionals? What is the content of the education and for what professionals?

The education of trained social workers comprises seven terms. During the first term the child perspective and the Child Convention are introduced. Knowledge about neglected children is integrated during the whole training time. During the second term relevant legislation is studied. During the seventh term there is an optional course at what is called the advanced level taking up the subject of children and violence: Profile: "Children’s development and particular vulnerability".

Are there in your country action plans developed to improve the knowledge and skills of professionals concerning preventing, detecting, reporting, stopping and treating child abuse and neglect during their career? What plans and for whom? Does it concern regional/national plans? Is it on an ad hoc basis or for a longer period of time?

A new information booklet

An action planned by the Government on the basis of the new strategy for the strengthening of the children’s rights is to increase the knowledge in relation to these issues among professionals concerned. In order to give professionals within health
care, dental care, social services, nursery school, and school better possibilities for an early detection of children being exposed to violence and other violating treatment, the Government has accorded means to the Foundation Allmänna Barnhuset for the drawing up of a booklet on early sign of neglect and child abuse. The Foundation Allmänna Barnhuset will distribute this booklet e.g. at regional conferences.

**Child protection report**

In a governmental official report from 2009 entitled ”Law on support and protection of children and young people” (SOU 2009:68) suggestions were formulated about changes in relation to training and competence. The report suggests that the social worker degree should be needed for such tasks within social child and adolescent care that are connected to the investigation and assessment of a child’s need of support and protection and for the follow-up of the interventions for the child and its situation. The social worker who lacks previous experience should be given an adequate introduction to the profession.

In the long perspective, a specialized competence should be required for these tasks. A specialized training for at least one year is suggested at the university level.

The report called the ”Child Protection report”, has been submitted for consideration and is currently treated at the Swedish Cabinet Office and the Ministries.

**Are there any products on education and training?**

**BBIC – Children´s Needs in the Centre (Sw Barns Behov I Centrum)**

An extensive training programme has been going on since 2006 where the National Swedish Board of Health and Welfare has trained persons to use the BBIC-system, who in their turn have organized networks all over the country and continued the training there. (Socialstyrelsen 2007). Nearly all Swedish municipalities have now adhered to BBIC and thereby trained all social workers within the social services working with children and young people.

**Are there any research findings that show the results of the education and training?**

Not as we can find.

**What are ‘good practices’ from your country concerning the education and training of professionals?**

**BBIC – Children´s Needs in the Centre (Sw Barns Behov I Centrum)**

See above!

**Building up of competence within child protection in Uppsala County**

The municipalities of Uppsala County together with the Foundation Allmänna barnhuset and the universities of Uppsala and Stockholm have been granted means from the European Social Fund for the phase of realization of the project “Building up of competence within child care offered by the social services”. During the spring of 2009, a preliminary study was carried out with the help of means from the ESF.(Regionförbundet Uppsala, FoU-rapport 2010:2)
The report described structural problems which have to be addressed in the municipalities like policies related to recruiting and salary, basic staffing and the situation of staff managers. On that basis the project started with the aim to raise the quality of the work with child care investigations by reducing the staff turnover and by giving the investigating social workers the possibility to develop as specialists within the field.

**Have the Courage to be New in Dalecarlia (Sw.Våga Vara Ny i Dalarna)**

Since 2004 there is a competence programme going in Dalecarlia called “Have the Courage to be New”. The target group is newly graduated social workers who have since worked for two years or less and who are newly employed by the municipalities. The aim is to give support to those who are new within the profession and to combat staff turnover. Within this project the professionals are offered a mentor, the possibility to participate at reflection meetings and different types of study visits.

http://www.dfr.se/projekt_en.asp?ID=402

**What are problems in your country concerning the education and training of professionals?**

**Assessment of the training of social workers**

In 2009, an assessment was made of the training of social workers at Swedish universities. From this assessment it appeared among other things that the contents of the training of social workers can be highly varying, all depending on the place of education. The training of social workers is today a generalist education which means that specializations e.g. for working with children are not available.

One aspect which could also be mentioned is the lack of contact between the organizers of the education and the future employers.

**Staff recruiting – Staff turnover**

For several years, two partly conflicting problems have been discussed within social services. Periodically, and particularly in small municipalities, it has been difficult to recruit trained staff to the extent that has been required.

The second problem has been one of high staff turnover within social services, particularly in big municipalities. This problem has been especially observed among those trained social workers who work with investigation of children who are badly treated. A heavy work load and complicated, hard cases have led to a flight from these working places.

**Insufficient possibility for further training**

Few social workers in municipalities and county councils have had the possibility to receive further education at the university. The contents of the master level educations organized by the university have not been judged relevant by the employers.

Social workers with a university degree who have applied for further education have often had to finance theses courses themselves and have had to complete them in their spare time.
Summary and conclusions

This chapter focuses on the staff within the social services working with children and young people. The National Swedish Board of Health and Welfare has published a brochure containing General Advice in relation to professionals’ competence at handling and follow-up of cases concerning children and young people in social services. In this brochure it says:

Professionals working with handling and follow-up of cases related to children and young people should have completed further training for social workers and have at least one year of professional experience of social work. The education of trained social workers comprises seven terms. During the first term the child perspective and the Child Convention are introduced. Knowledge about neglected children is integrated during the whole training time. During the second term relevant legislation is studied. During the seventh term there is an optional course at what is called the advanced level taking up the subject of children and violence: Profile: ”Children´s development and particular vulnerability”.

An extensive training programme has been going on since 2006 where the National Swedish Board of Health and Welfare has trained persons to use the BBIC-system.

The training of social workers is today a generalist education which means that specializations e.g. for working with children are not available. Few social workers in municipalities and county councils have had the possibility to receive further education at the university.

Summary and conclusions

Definition, policy and child welfare system

Ever since the 1970’s, corporal punishment for educational purposes has been prohibited in Sweden. The legislation in combination with active lobbying has led to a situation where the number of children who are exposed to violence by their parents has decreased considerably over time. The Swedish policy in this field has been very successful even though the development during the past decade has slowed down. In 2010, the Swedish Government elaborated a strategy for the strengthening of the rights of the child in which interventions for the prevention of and attending to abuse and neglect of children is an integrated part. The strategy contains a number of different measures in the form of legislation, financial support, and counseling. Trying to apply a holistic political approach in relation to the child’s situation and welfare is a new course of action in Sweden. The Swedish welfare system is based on the distribution of responsibility between national, regional and local levels. The State legislates and establishes goals for the local authorities, which in their turn offer the majority of the existing interventions in order to protect and prevent child abuse and neglect. The regional level offers certain specialized services, above all within medical care, and gives support to the development of the local activities. Compared to many other European countries, NGO’s have a weaker position in the Swedish system.

Universal and preventive services
In Sweden the State, the County Council and the municipalities, all three, have great ambitions to create a structure which offers all children and young people the kind of support and services they need from a preventive perspective.

This chapter accounts for the laws and national strategies which are of importance for this area. As for legislation, Social Services Legislation, School Legislation, and Health and Medical Care Legislation are accounted for. Important national strategies for this area are:

- Strategy in order to strengthen the rights of the child
- Strategy for a developed parental support and
- Strategy for coordination.

Swedish Child Health Care is well functioning and statistics indicate that nearly 100% of all children make use of this service. The public preschool is another important part of the universal services offered which is exploited by a majority of all parents.

Family Centres are now being developed in many Swedish municipalities. The Family centre is based on - and develops - what is unique for Swedish antenatal clinics and child health care, namely to offer services that are universal, voluntary and free of charge. At a Family centre antenatal health care, child health care, social counselling and open nursery school are all under the same roof.

**Detection, reporting and stopping of child abuse and neglect**

The social services are responsible for children having been exposed to abuse and neglect or who are at risk of doing so. There is an extensive reporting duty for all staff working with children. Reports should be submitted to the local social authority which in its turn has the obligation to investigate/assess and take measures. The police and the legal authorities are responsible for the investigation of crimes against children and for legal procedures being taken against the perpetrators of the crimes. There is a certain hesitance among reporters vis-à-vis the social services and to a certain extent also a lack of confidence in their work. The main strategy for improving these attitudes lies in an extended cooperation with the so called Family Centres and Children’s Houses where different authorities create joint activities on shared premises. In addition, we have the important development intervention which is being carried out in order to implement the BBIC system within the social services.

**Treatment services**

The social services have different possibilities to offer – or to decide about – interventions in cases where abuse or neglect is present. In the first place, different kinds of family interventions are offered. Often the social services have their own staff offering such interventions.

Part of the national strategy to strengthen the rights of the child concerns the necessity of showing respect for the child’s physical and mental integrity in all contexts. It says in the strategy:

... It is also important that children who are exposed to violence in different contexts should receive the support, rehabilitation and protection they need.
An important national action is taking place in order to implement so called Children’s
Houses. The Children’s House is a joint work including the prosecutor, the police, the
social services, a medico-legal expert/paediatrician and the child psychiatric care. The
idea is that children and young people who are supposed to have been subjected to
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In Sweden, structured treatment methods for children having been abused and for
parents having abused their children are scarce. The interventions offered to
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where abuse of children is concerned lack a specific focus on that problem area.

Integrating services
Coordination is one of the main strategies in order to develop the work addressing child
abuse and neglect in Sweden. There are successful examples of coordination offering
the families good services and successful coordinated interventions. These examples are
in contrast to the traditional organizational boundaries, they focus on the child’s needs
and they are based on coordination between different professions. On an operational
level the law places a special demand on the social services to initiate cooperation
between other authorities.

Education and training of professionals
This chapter focuses on the staff within the social services working with children and
young people. The National Swedish Board of Health and Welfare has published a
brochure containing General Advice in relation to professionals’ competence at
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advanced level taking up the subject of children and violence: Profile: ”Children’s
development and particular vulnerability”.

An extensive training programme has been going on since 2006 where the National
Swedish Board of Health and Welfare has trained persons to use the BBIC-system.

The training of social workers is today a generalist education which means that
specializations e.g. for working with children are not available. Few social workers
in municipalities and county councils have had the possibility to receive further
education at the university.
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