

## **A Crisis in Swedish Child Welfare? On Risk, Control and Trust**

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### **1 Introduction, aim and method**

During recent decades, the Swedish child welfare system has been subjected to an elevated public debate, and some of its core features have been criticised and called into question. Much of the criticism is related to the most far-reaching intervention in the system; the out-of-home care and the professional work and decisions that surround it. In this article, we examine this criticism, how it has been institutionally managed, and raise the question of whether there is reason to speak about a current crisis.

The Swedish child welfare system is, in an international comparison, distinguished by a family service orientation (Gilbert, 2011; Burns et al., 2017). This means that there is a psychosocial framing of problems and needs, a focus on understanding children and families in their community context, and on maintaining the attachment between children and parents. Needs assessments rather than risk assessments have for a long time been a prioritised approach. In principle, child maltreatment and/or unmet needs among children are treated as a family dysfunction and the ambition is that decisions should be made in partnership with parents and children. In correspondence with the family service model, juvenile delinquency is handled as part of the child welfare system and regulated by the same legislation. In the last few decades, there have been stronger calls for increasing child participation and other child-centred approaches (e.g. Heimer et al., 2018).

Just as in other countries, Swedish out-of-home care (foster and residential care) is the most intrusive of child welfare interventions. It is used for children who after an assessment have been found to be in need of support or protection due to a harmful home environment and/or as a result of their own destructive behaviour. Reflecting the ambition to work in partnership with families, the majority of placements are made with formal consent from parents and/or children, although coercive placements represent about one quarter of the total number of placements (the National Board of Health and Welfare, NBHW, 2019). Swedish out-of-home care consists of foster care (i.e. non-professional care in families) and residential care (i.e. vocational group-based care) including the secure units for juvenile delinquents. Foster care is the most common intervention. On a specific day (1st November 2019), approximately 19,000 children and adolescents were placed in out-of-home care, 73% of them (14,000) in foster care (NBHW, 2019), although residential care is an institutionalised placement alternative. In Sweden, juvenile delinquency is primarily handled within the child welfare system and state-operated secure units are used to rehabilitate young people. In Sweden, both

residential and foster care may be regarded as umbrella terms containing heterogeneous practices that differ starkly in terms of size, environment and actual care content.

It is an immense task for the public sector to assume responsibility for children in vulnerable life situations, and recurrent public scrutiny and demands on reforms aimed at ameliorating the care provided are inevitable. However, as noted above, Swedish child welfare, and in particular out-of-home care, has been criticised more frequently in recent decades and portrayed as problematic in a number of different ways. This criticism has been reinforced by the relatively strong evidence-based practice (EBP) movement with support from state authorities (Bergmark et al., 2011). In this article, we will discuss three core issues related to out-of-home care that have been portrayed as specifically problematic both in research and in media reports.

First, the general principles of the Swedish child welfare system relevant to placements have increasingly been called into question. The balancing of parents' rights versus children's rights has been discussed, and the system's ability to provide continuity and safety for children has been questioned (see e.g., Heimer et al., 2018; Ministry of Health and Social Affairs, 2020). In addition, the question of whether child welfare interventions are adequate in dealing with serious juvenile delinquency has been the subject of public debate.

Second, the content of out-of-home care is increasingly being discussed in terms of potential harmful effects and substandard quality. Concern has been raised regarding whether foster and residential care may contribute to children's well-being and sufficiently compensate for adverse childhood experiences (e.g., SOU, 2011a; Vinnerljung & Hjern, 2011; Kääriälä & Hiilamo, 2017).

Third, the organisation of the out-of-home care field has been subjected to restructuring and instability in recent decades. New Public Management (NPM) related reforms have involved the outsourcing of out-of-home care to private providers which has led to discussions about the responsibility of the state for the care environments in which children are placed (Meagher et al., 2016).

The aim of the article is to delineate the criticism regarding the issues described above, and to analyse the institutional responses that have been evoked. The article can be described as a 'think piece' and the three themes have been elaborated based on our analysis of current research and public debate on child welfare in general, and out-of-home care in particular. We are interested in how the debate and research have influenced the understanding of out-of-home care and how they have affected child welfare policy during the 2000s. Our intention is to identify and characterise central controversial issues in the child welfare discourse and thus contribute to the debate on the challenges faced by social workers working with families and children. In the concluding section, we will also discuss whether there is reason to speak about a contemporary 'crisis' in the child welfare system.

Empirically, this article is based on a variety of sources, which in different ways articulate criticism, but also display the societal response to this criticism. Our sources consist of previous research, official documents and media reports. This includes: 1. Recent state investigations addressing perceived deficiencies in child welfare (e.g. SOU, 2009; 2011a; 2015a; 2020). 2. Reports from the Health and Social Care Inspectorate (IVO) on issues about quality of child welfare practice and out-of-home care (IVO, 2018; 2020a; 2020 b). 3. National handbooks for child welfare practice (NBHW, 2020). 4. Central research literature

and textbooks (eg. Sköld, 2016; Leviner & Lundström, 2017; Kääriälä & Hiilamo, 2017; Heimer et al., 2018; Sallnäs & Wiklund, 2018; Svallfors & Tyllström, 2018; Andersson et al., 2019). 5. Media reports on public and political debate about legitimacy and trust in child welfare, and about changes that are perceived to be needed. The debate has been followed in central public media such as national television (SvT) and a leading national newspaper (Dagens Nyheter) (Sköld, 2020). We have paid special interest to one specific high profile case. The analysis of the debate about this case also includes reports from The Health and Social Care Inspectorate.

Analytically, we have looked for recurrent and dominating themes and compiled them into main categories. To inform our analysis, we will use the concepts of risk, control and trust. Our argument is that the elevated debate is a consequence of raised attentiveness towards and identification of the risks associated with social work with children including out-of-home care; some of these risks may be specific to the Swedish context, while others may have a more general bearing irrespective of context. At an institutional level, risks may be dealt with through public measures that more or less either reflect control or trust. However, trust and control approaches do not have to be mutually exclusive. As will be shown, the institutional responses to a conceived risk may both include trust- and control-oriented approaches.

The article is structured in the following way: First, we outline the concepts of risk, control and trust as well as their relevance for child welfare. Based on these concepts, we subsequently, sequentially discuss the three issues introduced above. The article ends with a summary and a concluding discussion on the driving forces behind the identification of risks, the institutional responses and the implications of the outlined development for practical child welfare work.

## **2 Central Concepts: Risk, Control and Trust**

The concept of risk is essential for any discussion on child welfare, and identifying and managing risks is a central concern for child protection systems around the world (Connolly, 2017). Child welfare has in one sense "always" dealt with risks by aiming to remedy detrimental childhood predicaments, but in later decades the risk concept has become much more influential for social policy and thinking. In the 'risk society', there is not only an increased awareness of the dangers constantly confronting society as a whole and its individuals, but also a cultural belief that it is possible to control and domesticate risks through active measures (Beck, 1992). Using the concept of risk to analyse child welfare or social work is far from unique. It has been used both to discuss changes in societal responses to children's problems as well as the procedures used when social workers assess individuals (cf. Ferguson, 1997; Webb, 2006; Parton, 2011, 2014; Featherstone, et al., 2018;). In relation to child welfare, Parton (2019) argues that the concept of risk has a twofold meaning: risk alludes both in a traditional sense to the immediate harms (i.e. abuse and neglect) children may be confronted with in their environment, but also – increasingly – to factors connected to children and their environment (e.g., poverty, illness) that may limit their life chances and enhance the risk of adverse outcomes in a life perspective. In an international child welfare context, the awareness of potential risks that may affect children and families has, backed by NPM-reforms, had an increased impact on legislation and policy moving towards more risk management (Broadhurst et al., 2010). We use the risk concept broadly, in the sense that it can be attributed to the different actors involved in child welfare. The risk that is to be managed by the state may be related to parents, children and adolescents or to professionals in different capacities, but also to the functioning of the child welfare market that NPM reforms have produced.

Fundamentally, risks may be addressed in two ways. In contemporary societies, marked by NPM and reliance on bureaucratic steering, the favoured choice is various forms of control and risk management strategies (e.g., Power, 1999, 2007). These kinds of bureaucratic responses tend to be based on preventing worst case scenarios and the way policies frame risks may diverge from how practitioners and clients estimate them (Kemshall, 2010). Typical control measures include more detailed legislation, whistleblowing systems, risk assessments, inspections and the monitoring of professionals and care environments (Power, 2007; Parton, 2019). In its most basic sense, a control approach is a consequence of mistrust towards the ability of professionals to care for children adequately (cf. Power, 1999). Hence, a central implication of the strategy is the curtailment of professional discretion and an emphasis on professional accountability (through, e.g., more detailed prescriptions and standards to follow). The explicit purpose of control is naturally to mitigate harm, safeguard children and promote quality, but for organisations and professionals, abidance with control measures also becomes a significant driving force for organisational legitimacy (cf. Power, 2007; Pålsson, 2018). However, in this article we also use the concept control to analyse child welfare authorities' relations with clients. A control approach in a child welfare context may have an impact on how families and children are investigated and treated. For instance, a control approach may involve judicial scrutiny of parenting skills and behaviours and an assumption that there may be adversarial interest between children and parents (akin to an Anglo-Saxon child protection orientation, see Gilbert, 2012), but it may also involve more punitive measures towards juvenile delinquency.

It is also conceivable that the societal response to risks comes in the form of trust (cf. Bouckaert, 2012; Montin, 2015). Trust has been described an active solution to risks, where you rely on the people in your environment and that events will turn out well, albeit difficulties to anticipate the outcomes (cf. Luhmann, 2000). In one sense, a response building on trust may appear as inactive and lax in the handling of risks (cf. Biesel et al., 2020). However, it may also represent an underlying ideology towards social workers, parents and children. In relation to professional groups, it may be part of a deliberate strategy to strengthen professional discretion and judgement, by placing trust in the good intentions and competence of social workers, residential staff and foster carers (see Munro, 2011). In relation to children and families, trust may – in line with a family service ideology – reflect the value that biological parents are able to care for their children with public support and that cooperation between social workers and families is essential in order to bring about positive changes in children's lives (cf. Featherstone et al., 2018). Thus, trust is connected to a perspective that support strategies are viable ways to solve social problems. There may also be trust in the different ways of organising child welfare. For instance, for a field with a strong presence of for-profit providers – like the Swedish one – there is evidently political trust in market mechanisms as a way to organise and shape the landscape of out-of-home care.

To sum up, the role of risks is central to understanding the driving forces of reforms and public approaches to child welfare. The public approaches and measures to the identified risks may in turn reflect either control or trust towards social workers, families and children. However, it is important to underline that trust and control approaches arguably always are combined in a given child welfare context. Hence, it may be more relevant to understand it as tendencies in either direction. The risk discourse is also interrelated with recent calls for child centred approaches and child participation in social work. We will revert to this question in the discussion section.

### **3 Are General Principles of the Swedish Child Welfare System under Pressure?**

As noted above, the general principles of the Swedish child welfare system relevant to out-of-home care have increasingly been called into question. An essential part of the criticism concerns the family service orientation, which has been accused of contributing to the failure to identify children at risk and of giving too much consideration to parental rights. Furthermore, the idea that juvenile delinquency should in principle be dealt with using treatment has been questioned.

Regarding the family service orientation, authorities have been criticised for underestimating both the fundamental conflict between parents and children that may exist, and the many different ways children may be abused within the family (Heimer et al., 2018). As a response to this, there has been an expansion of the concept of abuse in Swedish legislation and child welfare discourse (Lundström & Sallnäs, 2019a; cf. Parton, 2011). One example is that high levels of conflict in the home and children – also very young ones – witnessing violence are today defined as abuse and something that child welfare authorities shall investigate and act on (SOSFS, 2014). Another example is that honour-related oppression/abuse, which primarily (but not exclusively) concerns older children, has added a “new” type of violence-related problem to areas of control. Criticism has been voiced concerning the fact that this type of childhood predicament has been poorly recognised and that support for the children in question has not been provided in an adequate way (Linell, 2017). Connected to the described failures in identifying children at risk, amendments to the legislation (that came into force in 2012) made it obligatory for the child welfare unit to perform an immediate protection assessment of potential acute risks when a child is reported to the child welfare agency. We can also observe a general move from needs assessment to risk assessment and hence repeated calls for risk assessment instruments both in cases of small children and adolescents (e.g., Åström, 2016). The increase in risk assessments can be seen as a response to what has been portrayed as the unstructured practice of social work with children and young people, and an ad-hoc use of interventions.

The criticism of the family service orientation has also focused on what has been portrayed as the tendency of the system to prioritise parents’ rights over the rights of children and the ideology of working in alliance with parents and trusting their good will (Leviner & Lundström 2017). The focus on the family as a unit has been challenged by the perspective that children of all ages are carriers of specific rights and capable of participation, reflected in, for example, the influence of the CRC (the United Nations Convention of the Rights of the Child). This way of thinking poses a challenge to the family service-oriented legislation and practice, and steps have been taken towards more child-centred legislation. For instance, in 2012, social workers were given the possibility to follow up a child’s situation after a completed investigation (leading to no measures) without parental consent (Government Bill, 2012/13). A few years earlier the child welfare authorities were given the right to speak to children during the investigation phase without the parents’ consent (Government Bill, 2009/10). Nevertheless, what has been conceived as a continued tendency to prioritise parents’ rights over children’s rights has recently triggered an intensive media debate regarding the ability of the system to secure children’s needs of stability and continuity during childhood, especially after placement in foster care. A recent example was a three-year-old girl – Esmeralda – who died in her biological home after being moved from the foster home she had been placed in since she was an infant. The move to the birth parents was made against the explicit will of the child welfare authorities. However, due to a judgment by the court, Esmeralda was taken away from her foster home. The case has caused serious concern

among politicians and the public since the court based its decision on the parental rights in the legislation without considering the child's attachment to the foster parents (Sköld, 2020; Health and Social Care Inspectorate 2020b). Generally, faith in the current system for foster care has been challenged and the case of Esmeralda has led to an ongoing state investigation on moving closer towards permanency planning for children and adolescents in foster care.

When it comes to juvenile delinquency, a core feature of the way Swedish society has handled youth crime is that such problems are treated within the child welfare system. Generally speaking, there is a fundamental "division of labour" between the criminal justice system and child welfare, implying that delinquent juveniles should not primarily be dealt with using punitive actions within the criminal justice system but with social interventions instead (Lappi-Seppälä, 2018). This does not rule out strong correctional elements in the child welfare system, and blurring the line between treatment and punishment (Enell et al., 2018). This arrangement has increasingly been subject to public debate with arguments that the response towards adolescents with behavioural problems is too lenient and that there is therefore no incentive for them to change their behaviour (cf. Wierup, 2020). Fatal shootings and gang crime (involving young people) have fuelled the debate and has placed the societal response to juvenile delinquency high on the political and media agenda. On the one hand, there has repeatedly been demands for more punitive measures and more police resources. On the other, the police and other actors have argued that youth crime also has to be met with social child welfare interventions, in parallel with measures such as improving schools in deprived neighbourhoods (Wollter et al., 2012; Andersson Åkerblom, 2019). In this sense, faith in social interventions has been put under pressure, but it has not been eroded.

To summarise, the needs-oriented family perspective has been called into question. The criticism has focused deficiencies in risk assessments and conceptions of abuse, but there has also been an articulation of children as carriers of rights and proposals for permanency planning, which de facto means weakening parental rights. Overall, changes in discourse and legislation may be analysed as a move towards risk minimisation by control rather than placing trust in families' ability to change, with the help of social work support. As regards the policy of juvenile delinquents, which builds on a social child welfare model, there are increased calls for the strengthening of the punitive function as well as for more systematic and risk-based work.

#### **4 Does Out-of-Home Care Have a Positive Impact on Children?**

The question of whether out-of-home care may be harmful has also been the subject of child welfare discussions. A wide range of potential risks with care have been discussed - spanning from difficulties in establishing the anticipated positive effects, to children being exposed to maltreatment during care.

As regards the latter, state inquiries into abuse and neglect of children in out-of-home care from Sweden and other countries (NOU, 2004; Ryan, 2009; SOU, 2011) have revealed cases of severe neglect and abuse among children in care. As in several other countries, the Swedish inquiry was launched after a television documentary, broadcasted in 2005, in which care leavers shared their experiences of abuse during their placements. Following the documentary, which received political and public attention, the Swedish government commissioned an investigation into whether similar adversities had occurred also in other places. The report formed the basis of a government inquiry, which operated until 2011 when it published its official report (Sköld, 2016). The report consisted of more than 800 testimonies uncovering incidents of violence, sexual abuse, threats, violations of integrity,

labour exploitation and neglect in foster care and in residential care up to the 1980s (SOU, 2011a). The evidence of abuse and neglect that surfaced through the state inquiry has, unsurprisingly, highlighted the risks that may face placed children and youth, which has had a negative impact on the trust in out-of-home care. In the aftermath of the inquiry, the government set up an inquiry into reparation (SOU, 2011b) and a public apology. A financial redress scheme was established and new regulations and advice concerning the responsibilities and duties of the social services were issued (see below).

The deterioration in the faith in out-of-home care has not been helped by the absence of evidence of desired outcomes in research. For example, studies on long-term effects of out-of-home care have revealed a risk of an unfavourable outcome later in life. It has been shown that adults who were placed in care as children fare worse than their peers in a number of areas, such as education, self-support, mental health and health status (Kääriälä & Hiilamo, 2017; Gypen et al., 2017). Here, it is, however, important to note that studies on long-term outcomes of out-of-home care struggle with methodological difficulties such as finding comparable control groups, which means that it is not possible to determine whether the negative outcomes are related to the care itself (i.e. that the care is harmful), or whether the children would have, for example, fared even worse had they remained in their original families. Nevertheless, the care system appears to have been unable to compensate for adverse childhood experiences, at least in the sense that children in care experience more difficulties as adults compared to their peers (Shanks et al., 2020a). Studies focusing on the living conditions of children and youth during their time in care indicate that they – especially those placed in residential care – have less access to welfare resources compared to their peers in the general population. In addition, studies have shown a high prevalence of disruptions in care, most common among teenagers (Sallnäs et al., 2012; Sallnäs & Vinnerljung, 2012). The influence of the EBP movement, which has become increasingly important in social work, has also affected out-of-home care focusing on the question “what works”. Many residential facilities providing out-of-home care now declare that they work with evidence-based programmes (Shanks et al., 2020b). However, the scientific evidence with regard to the effects of such programmes is often insufficient for drawing reliable conclusions; this is the case both for interventions intending to improve the mental health of placed children (SBU, 2017) and programs targeting juvenile delinquency among youth in residential care (SBU, 2016).

Described in the above manner, out-of-home care can be viewed as a risky endeavour, where risks in the biological families are relocated into other kinds of risks in residential care or foster care. In Sweden, the state has responded by reinforcing control measures attempting to reduce the risk of placed children experiencing harm and substandard treatment during care. These attempts include an increase in the number of audits and legislative amendments. For example, the child protection elements and the monitoring responsibilities of the social services have been reinforced. The social services are now required to ensure that there are procedures in place to prevent, detect and address the risks and anomalies that may occur in the care of children and adolescents. This includes an obligation for the social services to make sure that any organisation they commission for care of children have such procedures in place. In addition, it is required that the monitoring of children placed in out-of-home care is carried out through visits and interviews with the children, and that this responsibility is assigned to one specific social worker. One of the motives behind the changes was that continuous contact with children and youth in out-of-home care is crucial for detecting possible incidents of malpractice (Government Bill, 2012/13). Additionally, the EBP

movement, supported by the state, has increased the pressure on social work and child welfare, demanding that the work is structured on a research basis. The EBP movement may in this respect be regarded as an attempt to control and reduce risks in the care system.

In conclusion, out-of-home care has seen a move from trust towards control measures. These control measures are often expected to be carried out by social workers, with the support of increasingly detailed regulations. Thus, the development cannot simply be described as de-professionalisation; but rather as a way to control the professionals and their organisations. The changes in discourse and legislation are, however, not without contradictions. We have, on the one hand, described a growing “distrust” in out-of-home care due to the inability to show consistent favourable results. On the other hand, the ongoing state inquiry with the aim of making it easier to transfer custody from parents to foster parents, indicates a trust in foster care.

### **5 Does the Marketisation in Out-of-Home Care Entail a Risk?**

Another debated issue is the marketisation that Swedish child welfare has undergone in recent decades. The marketisation can be described as part of the general development of New Public Management (NPM), which includes themes like the disaggregation of public sector organisations, enhanced competition, use of managerial models from the private sector, a focus on cost-effectiveness and an emphasis on treating clients or patients as customers (Hood, 1995; Pollitt & Bouckaert, 2017). Statutory child welfare decisions may not be outsourced, according to the law. However, from the 1980s onwards, there have been private companies engaged in providing open care treatment, foster family services and residential care. The reform was politically driven and the legislators behind the reform presumed that public care would continue to be standard and that private care would merely be complementary. In Sweden, there has been a similar privatisation trend targeting other welfare services such as schools, hospitals and care for the elderly, and which has been described as a sort of paradigm shift in the Swedish welfare state (Blomqvist, 2004; Svallfors & Tyllström, 2018).

Out-of-home care takes place in a so-called ‘quasi-market’ (cf. le Grand, 1991), which means that services remain a tax-based public commitment, but local authorities have the option to outsource them to private providers instead of offering the services themselves. In the residential care market, approximately 80% of treatment-oriented residential care units are today privately owned. Nearly all of them are for-profit (NGOs have an extremely small share) and multinational companies provide approximately one fifth of the beds (Lundström et al., 2020). Until the beginning of the 1990s, the providers mainly consisted of small-scale family companies, but gradually other types of entrepreneurs and larger companies have entered the field (Meagher et al., 2016). During the 2010s, the market grew considerably with hundreds of new units being established in a short period of time. The growth was a consequence of a large influx of unaccompanied refugee minors to Sweden, a group that has been cared for within the child welfare system since 2006 (Backlund et al., 2019). Residential facilities are in most cases directed to teenagers. The foster care market is less charted, but in the last decade there has been a significant rise in foster care companies offering foster family services for children and youth to municipalities (SOU, 2014) and there are public reports claiming that almost all municipalities use private foster care companies to some extent (the Swedish Competition Authority, 2018). The privatisation trend may in one sense be interpreted as a clear example of political trust in the market as an important producer of child welfare services. However, privatisation has been a recurring topical issue in both public and academic debate, and potential risks have been identified. Privatisation has resulted in the



establishment of many new care producers and hence, led to the fragmentation of the care landscape, and consequently, it is now difficult for social services and clients to gain an overview of the market. Further, we have witnessed a loss of trust in care providers as there have been suspicions that certain entrepreneurs enter the market for purely economic reasons (cf. the Swedish Competition Authority, 2018; Pålsson & Shanks, 2020). This is related to the high level of profit that the companies are able to generate – much higher than private companies in other parts of the welfare sector, but also to the low thresholds for access to the market (Lundström & Sallnäs, 2019b). Profits have been a particularly controversial issue in public debate, and surveys indicate that there is public opposition to high profits from services targeting vulnerable children (e.g., Nilsson, 2020). The more academic criticism stems from the fact that the privatisation of out-of-home care, based on economic theory, is potentially harmful to care quality since it risks providing economic incentives for organisations to, for example, enrol children that they are not capable of treating, to exaggerate children's needs and to keep them in care longer than necessary. Also, as regards out-of-home care, the applicability of certain central political arguments in favour of privatisation have been called into question (Sallnäs & Wiklund, 2018). In particular, the principle of the 'freedom of choice' has been described as difficult to realise in relation to out-of-home care, since services are often not requested and care is sometimes compulsory.

Due to the perception that it is possible to address risks either through control or trust, the main societal response has been public control measures at the municipal and central state levels (see also the previous section). The purpose is to perform quality controls of care providers, establish standards that should be followed and provide information to social services and clients. In other words, market problems have not been met by reorganising the market rules or regulating profit levels, but by attempts to control how well care providers execute care (cf. SOU, 2016). In terms of local control, there is a stronger focus on municipal procurement, i.e. that municipalities set quality criteria that care providers must meet (Forkby & Höjer, 2011), as well as more detailed advice regarding how agencies should follow-up care environments (e.g., NBHW, 2020). When it comes to central state controls, the national inspectorate (IVO) has been the main monitoring institution. The Inspectorate has the national responsibility for controlling the quality of out-of-home care and for this purpose it issues licences and inspects care. Since 2017, not only residential care but also foster care companies are obliged to undergo the licensing process (SOU, 2015b). As regards inspection, mainly residential care is concerned. There are mandatory annual inspections, nationally coordinated quality standards and a reinforced child rights perspective. However, according to current research, it is a moot point whether control activities are actually able to control the market in a functional way or improve quality. Standards are primarily geared towards preventing risks in care and have been concluded to, at best, be able to secure a basic level of care. In addition, revoking a licence and thus preventing substandard entrepreneurs from offering their services seems to be a rare occurrence (Pålsson, 2018; see also Andersson et al., 2017).

All in all, there is trust in the efficiency of market mechanisms for this part of the child welfare system. However, the privatisation, and not least the high profits the services generate, has been identified as a risk in public and academic debate and contributed to a mistrust of the care providers. The main societal response to the alleged risks has been controls. However, it is hard to find evidence that the controls have actually responded adequately to market problems, or contributed to any major change in the structure of the supply. This can partly be explained by that residential care as a state-regulated market still has low entry barriers and few detailed regulations.

## 6 Summary and Concluding Discussion

This article set out to examine the current criticism regarding core issues of Swedish child welfare with a particular focus on out-of-home care, and the responses that the criticism has evoked. Considering the far-reaching responsibilities that the state takes on when placing children and adolescents in care, it is perhaps inevitable that policy and professionals recurrently receive criticism from different stakeholders. In this article, we have delineated the contemporary criticism and, to reiterate our results, we argue that it simultaneously targets several issues fundamental to the out-of-home care policy. First, although the family service system has not been completely reconsidered or undergone fundamental reform, some of its cornerstones are increasingly portrayed as defective. This concerns what is described as a failure to acknowledge children as subjects independent from their families, to provide children with permanent placements and to adequately address serious juvenile delinquency. Second, out-of-home care services per se have been identified as a potential risk to children. The notion that public care might harm (via, e.g., abuse from carers and peers) has been established through public inquiries, and research on client outcomes has contributed to misgivings about the degree to which services have a positive impact on children's lives. Third, there have been critical public debates regarding the impact of marketisation on service quality, and not least the possibility of making high profits from providing residential care. The main institutional response to the risks that have been highlighted in the criticism has been the introduction of control measures, but the development is not uniform. For instance, there is often a combination of trust and control-oriented responses, and the degree to which the measures actually have affected practice can be debated. Below we will elaborate on the forces driving the risks, reason about the institutional responses and discuss potential implications for practical social work.

How can we understand the background of the identified risks forming what may be conceived as a contemporary 'crisis' of the Swedish child welfare system? To begin with, we claim that several of the risks are not unique to Swedish child welfare but should be understood in light of late-modern conditions and societies increasingly preoccupied with identifying and managing risks (cf. Beck, 1992; Power, 2007; Parton, 2019). This means that a greater attention is placed on the dangers that children may be exposed to during childhood and a broader recognition of childhood predicaments that may be risky. This is backed by advances in research exploring how risk factors in the environment of children and youth are associated with various adult outcomes. This has been further intensified by the appeal from the EBP movement that social work interventions show effect. However, we can also understand the current calling into question of the Swedish child welfare system as a national reaction to global shifts in child welfare ideology and policy. Discussed in terms of different child welfare systems, the Swedish family service model can be said to be challenged by what has been labelled a 'child-centric approach' (cf. Gilbert, 2012; Pösö et al., 2014). At its core, we find a global child rights perspective most clearly manifested in the United Convention of the Rights of the Child (CRC). The CRC has prompted a discussion which, in certain respects, confronts the traditional family focus characterising the Swedish system. In addition, there are national studies debating the dominant ideology consisting of working in partnership with parents and reuniting children in care with their birth parents (Heimer et al., 2018; Leviner, 2018). Here, there are signs of a policy shift in that the relationship between parents and their child(ren) of all ages should increasingly be perceived as potentially adversarial. When it comes to juvenile delinquency, the fact that juvenile culpability is emphasised to a greater extent indicates that Sweden is approaching the ideology of several other countries. Moreover, privatisation should be seen against the background of a global NPM-trend

restructuring traditional welfare states, which gives rise to new risks and problems such as how states should steer the emerging markets. However, in a comparative perspective, Sweden nonetheless stands out, given the scope of the outsourcing, the dominance of for-profit companies and the weak position of not-for-profit organisations.

In terms of the institutional response, we primarily observe that identified risks are dealt with through control measures, which corresponds to developments in many European countries. Thus, the main strategy to manage and minimise the effects of the risks listed above has been a gradual trend towards the imposition of regulations. Concretely, there are more risk assessment instruments, prescriptions regarding decision-making, whistle-blowing regulations and audits (Lundström, 2019). Whether the control measures have actually improved service quality has been called into question and, internationally, child welfare researchers express a fear that too much regulation may actually be counterproductive in improving the quality of complex services like child welfare (Munro, 2011). Still, the movement towards more controls should not be exaggerated as it is not uniform. Rather, a conclusion of our analysis is that the responses often include both trust- and control-oriented approaches simultaneously. For example, the child welfare model certainly includes more elements of control, but the Swedish policy is still essentially trust-based in terms of its traditional preference for needs-orientation and social support rather than control in relation to families, children and juvenile delinquents. Further, formal inspections and controls that have been put in place are in practice often dialogue-based and use indistinct standards (Pålsson, 2018), and the state has recently proposed that the policy towards welfare services should be more ‘trust-based’ (SOU, 2019). However, we can also discern inconsistencies in the response to several issues. For example, when it comes to marketisation, there is both a trust (there are no indications of scaling back reforms) and a mistrust (there is a growth in control measures targeting market providers). Further, trust in the actual effectiveness of foster and residential care has been eroded, while there are demands urging an increase in placement permanency in foster care - the latter an expression of trust in foster care as a crucial intervention for certain groups of children.

What do the tendencies we have outlined entail for Swedish social workers and for the children and families who are concerned? It is hard to imagine a society without child protection and professionals carrying out this mission. There are, and will probably “always” be, situations where children are at risk and hence, a moral imperative for society to remove children from their birth families, notwithstanding, for instance, potential flaws in investigations and the lack of evidence of the effectiveness of interventions. Regarding social workers, it is likely that, despite increased attempts to control their work processes, the decision-making will become even more complex as a greater focus on risks leads to partly contradictory claims; on the one hand, social workers are required to take action regarding more risky childhood predicaments, on the other, it is impossible for them to be ignorant of the potential risk of a placement in out-of-home care. In addition, the calling into question of certain cornerstones of the family service ideology will probably initiate new practical difficulties. For example, the place of child participation in a family service system has certainly not been resolved (cf. Heimer et al., 2018). It is likely that there will be more friction between the child rights perspective and its view of children as carriers of individual rights, and the family service orientation that is still firmly rooted in policy and practice. Regarding implications for parents, it seems as if their position in the system has weakened somewhat. The signs of this are, for example, less emphasis on allegiance between parents and social workers, and on parental rights when they come in conflict with the safeguarding of children.

As for children and youth, developments have resulted in a situation where they, at least formally, appear to have gained a more central role in the system as carriers of the right to, for example, participation and stable childhood conditions. However, whether this will lead to children with difficult home conditions or behavioural problems actually being treated in a more adequate way by child welfare or that the long-term development of children is improved remains unknown.

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