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To cite this article: Maria Heimer & Camilla Pettersson (2022): The unfinished democratisation of family service systems: parental consent and children's viewpoints on receiving support in child and family welfare in Sweden, European Journal of Social Work, DOI: [10.1080/13691457.2022.2117137](https://doi.org/10.1080/13691457.2022.2117137)

To link to this article: <https://doi.org/10.1080/13691457.2022.2117137>



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Published online: 02 Sep 2022.



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The unfinished democratisation of family service systems: parental consent and children's viewpoints on receiving support in child and family welfare in Sweden

Den ofullständiga demokratiseringen av familjeorienterade system: Föräldrars samtycke och barns syn på stöd i socialtjänstens arbete med utsatta barn i Sverige

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ABSTRACT

This article addresses the predicament of family service systems being built on parents' voluntary participation and the need for parental consent, which may block children's right to services. It examines parental consent and the impact of parental non-consent for children's opportunities to receive protection and support in Swedish child and family welfare. We analysed 264 child assessments randomly selected from 12 municipalities in Sweden in order to investigate how parents' voluntary participation exerts an influence on the assessment process. The results show that nearly half of the parents declined support from the social services on behalf of themselves and/or their child, directly blocking their children's access to services. One implication of parents' voluntary participation is that it may indirectly prevent children at risk from being asked about their view on support; another is that social workers do not always assess the child's need in cases when the parents do not want any type of support at all. Children are arguably the principal users of family services, but it is parents who define the frames when their children are at risk of abuse and neglect. Support risks becoming a service for parents only, and so a democratisation of child protection specifically aimed at children must be considered in its own right.

ABSTRAKT



Denna artikel adresserar dilemmat med familjeorienterade system som bygger på föräldrars frivilliga deltagande och på föräldrars samtycke som en förutsättning för att barnet ska få stöd, vilket kan stå i direkt motsättning till barns rätt till stöd. Studien undersöker föräldrars inställning till insatser och den påverkan föräldrars icke-samtycke har på deras barns möjligheter att få skydd och stöd av socialtjänsten i Sverige. Vi har analyserat 264 barnavårdsutredningar, slumpmässigt utvalda från

KEYWORDS

Parental consent; children's participation; family service systems; children's right to services; children's view on support

NYCKELORD

Föräldrars samtycke; barns delaktighet; familjeorienterade system; barns rätt till stöd; barns syn på stöd

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12 kommuner i Sverige, och har undersökt hur föräldrars frivilliga deltagande utgör en påverkan på utredningsprocessen och den bedömning som utredningen ska mynna ut i. Våra resultat visar att nära hälften av föräldrarna tackade nej till insatser från socialtjänsten, för egen del och/eller för deras barns del, och blockerade på så sätt sitt barns tillgång till eventuella insatser. En indirekt påverkan av föräldrars frivillighet är att barnet riskerar att inte få komma till tals om sin syn på behov av stöd; och en annan är att socialsekreteraren inte alltid bedömer barnets behov av stöd i de fall där föräldrarna inte önskar stöd. Barnet borde ses som den principiella brukaren i den sociala barnvården för att motverka risken att föräldrarna definierar ramarna och att socialtjänstens insatser till utsatta barn enbart blir en välfärdstjänst för föräldrar. Demokratiseringen av den sociala barnvården behöver riktas mot de utsatta barn som riskerar att fara illa från misshandel och brister i omsorgen och som socialtjänsten har i uppgift att skydda och stödja.

Introduction

In recent years there has been an increased focus on children as individuals with their own interests and rights in child welfare, both more broadly and when children are at risk of abuse and neglect in their homes (Gilbert et al., 2011; Palme & Heimer, 2021). In some European countries, a shift is taking place from a family service system towards a child focused system, with Norway being a prominent example (Pösö, 2011; Skivenes, 2011). Family service systems are based on partnership with parents who participate on a voluntary basis, and this may come into conflict with children's participation and right to support. When children are at risk of abuse and neglect, there are potential conflicts of interest between parent and child. Working in partnership with parents often seems to be based on the assumption that the child's interest will be served at the same time, and there is rarely any discussion of how potential conflicts of interest between parents and their children can best be managed (Littlechild, 1998, p. 119). D'Cruz and Stagnitti (2008, pp. 158–159) warn against a parental perspective that may disregard the child's experience and assume that parents are acting in the child's best interests, when the child may have a different experience and perspective. In a Norwegian context, it has been questioned whether children's rights to services are being realised in the family context, especially when the parents do not give consent (Christiansen & Hollekim, 2018, p. 193).

The United Nations Convention on the Rights of the Child (CRC) was incorporated into Swedish legislation in 2020, with the aim of strengthening children's rights and children's participation in society more generally as well as in social work. The old child care legislation with a child protection orientation had been abolished in 1982, when the current Social Services Act came into force, resulting in the current family service orientation of Sweden's child and family welfare (Cocozza & Hort, 2011). One intention of the Swedish legislator was to emphasise voluntary participation and the right to self-determination as a way to democratise the social services, referring to *parents'* voluntary participation (Government Bill 1979/80:1). Potential conflicts of interest between children and their parents when children are at risk in their homes were not explicitly discussed by the Swedish legislator, who focused on the common interests of children and their parents (Government Bill 1979/80:1, p. 408). However, it is worth asking whether it is possible to bring a child focus into a family service system without making substantial changes with regard to whose situation should be improved by services and who should be regarded as the principal user of services.

This article addresses the predicament of family service systems being built on parents' voluntary participation and the need for parental consent, which may block children's right to services. Our overriding purpose was to examine parental consent and the impact of parental non-consent for children's opportunities to receive protection and support in Swedish child and family welfare.

We investigated how parents' voluntary participation exerts influence on the assessment process and on the assessment made by the social worker. Our research questions were: To what extent do parents consent or not consent to support when their child may be at risk? What are the implications of parents' voluntary participation for children's opportunity to express their viewpoint on the need for support, and for children's access to services?

Partnership with parents and children's access to support

In a comparison of systems to prevent child abuse, Gilbert (1997) distinguishes between two orientations: one that emphasises child protection and one that emphasises family support. The child protection-oriented system focuses on the protection of children from harm; parents are seen as the problem, and the state intervenes with its legislative power. The family service-oriented system is built on partnership with parents who participate on a voluntary basis; interventions are therapeutic in nature and directed at the family as a unit. Child protection systems are associated with out-of-home placement interventions, while family service systems are associated with in-house services and what are seen as preventive services. Many European countries have systems with a family service orientation (Freymond & Cameron, 2006; Gilbert et al., 2011), including Germany with the Act on Child and Youth Welfare Services that was passed in 1990, and the Netherlands with the Welfare Act that came into effect in 2007 (Hämäläinen et al., 2012, pp. 168, 224).

In the years since the original comparison by Gilbert (1997), not only have many countries moved toward a convergence between the two systems, but a third orientation has also emerged (Gilbert et al., 2011). This third orientation, which can be described as a child focused orientation, borrows elements from both the child protection and family service systems. These three models are not viewed as lying on a continuum from child protection to family service to child focus, but rather all countries can use some mix of these orientations. Here, partnership with parents can be part of a child focused orientation (Gilbert et al., 2011, pp. 255–256). However, Gilbert et al.'s presentation of these orientations does not sufficiently problematise the issue that a focus on the family may interfere with child-centred practice. Is it possible to strike a balance between the different orientations, as has been suggested, or could some dimensions be in opposition and thereby impossible to combine with each other in one system? Holland and O'Neill (2006, p. 96) have expressed concern that in empowering families, we may simply be empowering the adults in the family, as the term 'family' is often used to imply 'parents'. There is thus a tension between addressing the family as an entity, implying a focus on the parents, and addressing the child in the family as an individual.

Child and family welfare in Sweden: a brief background

In Sweden, there were calls from the 1960s onwards to transform social work, which was characterised as outdated and repressive, into modern social services built on democratic values (Pettersson, 2011). At the centre of reform stood substance abuse care for adults, while the area of child protection was incorporated into the broader reform of social work as a whole (Pettersson, 2014, p. 48). Voluntary participation of users and an emphasis on services were central to what was seen as a democratisation of social work. Calls for democratic reform led to the Social Services Act which was promulgated in 1982. Sweden therefore does not have specific child legislation, as the old child care legislation was abolished; instead, support for vulnerable children and their families is stipulated in the Social Services Act. As explained in the introduction to this article, it is parents' voluntary participation that is referred to by the Swedish legislator. We choose to describe this as a democratisation for parents, since it is parents who give their consent both to participate in the assessment and to participate in any social provision that the child may be in need of. From the age of 15, children also need to give their consent to an intervention which involves them, in addition to their parents' consent.

Parental rights are regarded to be very strong in Swedish child and family welfare (Leviner, 2014). Even though Sweden was one of the first countries to sign the CRC, legislative reform to strengthen children's participation has been gradual and slow (Heimer & Palme, 2016). In 2010, social workers were given the ability to speak with children without parents' consent during the assessment process, addressing the potential conflict of interest between parents and children (Government Bill 2009/10:192). Moreover, since 2013, legislation has allowed children 15 years and older to receive open care services on the basis of their own consent (Government Bill 2012/13:10). One stated reason for incorporating the CRC into Swedish legislation in 2020 was that it had not had sufficient impact, and the Swedish legislator intended to speed up the process of strengthening children's rights (Government Bill 2017/18:186, p. 74). The most recent legal reform (Government Bill 2021/22:178) was initiated in response to the case of a three-year-old girl who died after having been returned to her biological parents, which received widespread attention. These legislative changes were primarily concerned with decisions on when to end a placement outside the home, rather than with the process before a child is taken into compulsory care. The Health and Social Care Inspectorate concluded after investigating the abovementioned case of the three-year-old girl that parents are allowed to define the frames for the work of the social services when children are at risk, in the case of the three-year-old and beyond (IVO, 2020).

The Social Services Act is supplemented by the [Care of Young Persons Act](#). When a child's development is at serious risk, and parents do not voluntarily consent to their child receiving support, a court order for child removal can be issued under the [Care of Young Persons Act](#). The Social Services Act is defined by the need for parents' consent, and coercion can only be enforced under the [Care of Young Persons Act](#). While these are two separate acts of legislation, it is important to understand that the processes are not two separate systems but integrated: it is the same unit that carries out the child assessment, which may or may not end in a decision to apply for a court order to place the child outside the home due to lack of parental consent for voluntary placement. While critics usually point to the risk of soft coercion and that services may not be conceived as entirely voluntary by parents (see, for example, Burns et al., 2017, p. 225), we want to pay attention to the other side of the coin: how parents' participation influences the assessment process, up to the point where the social services might decide to make an application for a care order. The family service system is built on the need for parental consent and voluntary engagement.

Since Sweden has a clear family service orientation rather than a child protection orientation, in this article we use the term 'child and family welfare' as it is more characteristic of the Swedish system (following Andersson, 2006; Ponnert, 2012). The term 'child assessment' is used instead of 'child investigation' for the same reason.

Research design

This study was conducted in twelve municipalities in Sweden, all belonging to the same administrative region. The smallest municipality has around 5000 inhabitants and the largest around 150,000. A few of the municipalities have received a large number of immigrants, and one has an area classified as an 'especially vulnerable area' by Swedish police authorities. A random selection of child assessments was made in each municipality: 20 child assessments from eleven municipalities and 60 child assessments from the largest municipality. In total, 264 cases were included in the study, as 16 cases did not fit the criteria and could not be exchanged for the next case on the list. The inclusion criteria were that the child assessment was initiated by at least one referral, and that the child was aged between 3 and 17. The exclusion criteria were all unaccompanied children, and families seeking asylum with a deportation decision. Random selection was made from all child assessments initiated between October 2017 and September 2018. The data for each case included the referral(s), advance judgement(s) of whether or not to initiate an assessment, the child assessment with a decision to offer or not offer an intervention, care plan(s), and any further documentation about the granted intervention(s). The study design was in line with Swedish legislation and was approved by the

Swedish Ethical Review Authority (ref: 2019-00201). In the data presented in this article, all details that might make it possible to identify the individuals involved have been excluded or changed, and all names are fictitious.

The empirical material was analysed quantitatively and qualitatively. All documentation was read through several times. We created a system to code information into the statistical software platform IBM SPSS Statistics, with, for example, variables to examine the reason(s) for referral, number of meetings with the social workers, and parents' and children's attitudes to receiving support. The category 'parents decline support' covered two subcategories: 'parents do not consent' and 'parents do not want any support'. The first of these was defined as the situation when the child had been assessed to be in need of at least one intervention from the social services but the parents had not given their consent to any of the specific interventions proposed. The second was defined as parents saying no to any form of support in general from the social services. For children's attitude to support, when it was clear from the available documentation that they had not been asked, either because social workers had not talked with the child or because notes from the meeting with the child were documented in detail, this was categorised as 'not asked about their attitude'. When we only knew that any attitude of the child had not been documented, this fell under 'attitude not documented'. Here, children's attitude to support also encompasses children's opportunity to bring up any changes they would like to see in their situation. With regard to interventions having started up, this was defined as parents or child having attended at least two meetings with the family worker. The qualitative descriptions of cases presented here are mainly illustrative.

Sweden has 290 municipalities, divided into 21 administrative regions. Given that the 12 municipalities in this study included large, medium-sized and small municipalities as well as well-off and very vulnerable communities, and that we have no reason to think that this administrative region is different from other administrative regions in Sweden, we believe that our results are representative of the situation in other Swedish municipalities.

The age distribution of the 264 children included in the study was fairly even between the different age groups (see [Table 1](#)).

Results

We begin by describing the proportional distribution between placements outside the home and open care services, and level of concern among the 264 children. Only 2% ($n = 5$) of the assessments concluded with a decision to place the child outside the home. This number includes voluntary placements as well as compulsory placements. There were four applications to the court to take the child into compulsory care, three of which concerned physical child abuse. While placement outside the home is not a rare occurrence in each and every municipality, the proportion of placements in comparison to the total number of initiated child assessments is very low in Swedish child and family welfare.

At the same time, the level of concern was serious in many of the cases. Firstly, 38% of the child assessments ($n = 101$) were initiated on the basis of a referral that concerned physical child abuse. About half of these concerned physical violence directed against the child who was the focus of the assessment, roughly a quarter concerned physical violence directed against a sibling, and the remaining quarter concerned physical violence directed against both the child in focus and one

Table 1. Age distribution of the children.

Age group	($n = 264$)
3–5 years	22.0%
6–9 years	29.5%
10–12 years	17.8%
13–17 years	30.7%

or more siblings. The social services filed a police report in 9% ($n = 9$) of the cases where the referral concerned physical child abuse. The proportion of assessments initiated on the basis of a referral that concerned intimate partner violence was lower than for physical child abuse, at 9% ($n = 24$), but still not negligible. When examining the full information on the current assessment along with any previous assessments that were described in the current assessment, an additional 17% of cases were found to involve physical violence or sexual abuse. Hence the total proportion of cases which included physical violence of some kind or sexual abuse was 64%.

Parental consent and children's opportunity to give their views on receiving support

To the best of our knowledge, there are few studies to date which quantitatively analyse parents' attitudes towards interventions in child protection or child and family welfare services. In a Swedish context, ours is the first study to provide data on parental attitudes to receiving support. In 28% of the assessments, the parents consented to receiving support; in 46% the parents declined support; and in 26% the position of parents was not documented in the assessment (see Table 2). In cases where the position of the parents was not documented, one reason might be that the social services did not see a need for an intervention and therefore did not enquire about the parents' viewpoint. Another reason could be that the parents had in fact declined support but this was not made explicit in the assessment out of consideration for the parents.

A closer analysis of the parents who declined support ($n = 121$) showed that roughly half ($n = 56$) had not given their consent to the one or more specific interventions that their child had been assessed to be in need of, while roughly half ($n = 65$) had declared that they did not want any support from the social services more generally. From the case documentation, it appeared that parents commonly made their viewpoint clear early on in the assessment process. A declaration of not wanting any support could thus affect the assessment process in different ways, one being that the social worker might refrain from making their own assessment of the child's need.

We also analysed the children's attitudes towards receiving support, finding that 14% of the children consented to receiving the proposed support while 13% declined support from the social services. Half of the children ($n = 16$) who declined support had not given their consent to the specific intervention or interventions that they had been assessed to be in need of, and the other half ($n = 17$) had said that they did not want any support from the social services more generally. However, as many as 49% of the children were never asked about their viewpoint on receiving protection and support from the social services. In an additional 25% of the cases, the position of the child was not documented in the assessment (see Table 3).

Two of the children who were not asked about their viewpoint were Alice and Miriam. Nine-year-old Alice was found to be in serious lack of parental care in a number of ways; among other issues, her father had a substance abuse problem and her home was unsanitary. Her teacher was worried about Alice, who was unkempt and showed psychosomatic symptoms almost on a daily basis. Alice met once with the social services together with a sibling, but no part of the conversation touched upon whether Alice felt any need of support or whether there were any changes she would like to see in her home situation. In comparison, the social services met her parents on more than nine occasions. The parents received in-home services, but the support came to focus on what the parents said and experienced, and their conflict with each other. The father made progress in

Table 2. Parents' attitudes to receiving support.

Parents' attitude	($n = 264$)
Consented to support	28.0%
Declined support	45.8% ($n = 121$)
Did not consent	46.3%
Did not want any support	53.7%
Attitude not documented	26.1%

Table 3. Children's attitudes to receiving support.

Children's attitude	(n = 264)
Consented to support	13.6%
Declined support	12.5% (n = 33)
Did not consent	48.5%
Did not want any support	51.5%
Never asked	48.5%
Attitude not documented	25.4%

reducing his alcohol intake through a separate programme, but the home situation did not improve for Alice, and the school reported her being in worse shape.

Miriam was four years old; an age where social workers might not be expected to ask her if she wanted any support. However, it was Miriam who spoke to the police when her mother chose not to. Her mother had been severely beaten by her father several times, and Miriam had often been present. The mother eventually left the relationship, but the daughter still had to meet with her father despite expressing that she was afraid of him. Although the mother had support at the hand-over, Miriam was left entirely without support during contact with her father. Miriam was not heard by the social services, even though her account to the police had proved more reliable than her mother's.

One of the most important findings was that as many as 74% of the children were either not asked about their viewpoint on the need for support or did not have their view documented in the assessment. A common view that we have come across when carrying out development work together with social workers in the municipalities under study is that the social workers are afraid of giving the children false hopes of forthcoming support, in case the parents do not give their consent. In consequence, social workers do not usually inquire into what help the child would like to receive. Although we have not systematically explored this in individual interviews, if it is indeed an important reason behind why children are not asked about their attitudes towards intervention, it would suggest that the voluntary nature of parents' participation exerts influence on the process not only in that parents ultimately decide if their child or the family will receive support, but also in preventing children from being asked about their viewpoint on support in the first place. Here, children's views on support could include an opportunity to bring up what kind of changes to their situation they want, or what they would consider helpful.

It has been highlighted before that social workers avoid asking children what they want in fear of giving rise to unrealistic expectations (Healy & Darlington, 2009, p. 428; Van Bijleveld et al., 2020, p. 291). This avoidance does not have to be exclusively due to parents' non-consent, but can for example also include fear that the child wants help that the social services cannot provide or consider inappropriate. However, the latter two reasons for not asking children also apply to parents, and while 26% of the parents did not have their position documented, 74% of the children were either not asked about their viewpoint or did not have it documented.

While the common view among social workers seems plausible, there may be supplementary or interconnected reasons behind the high number of children who were not given the opportunity to give their viewpoint or have it documented. The social services never met with 26% of the children (n = 69, see Table 4), making up around one third of the children who were not asked about their view on support or did not have it documented. It is possible that age was a reason, which would

Table 4. Total numbers of meetings with children (alone and/or together with parents) and parents.

Numbers of meetings (n = 264)					
	0	1	2	3–7	Undefined
Meetings with children	26.1%	35.6%	22.7%	14.0%	1.5%
	0	1	2	3–9	Undefined
Meetings with parents	9.1%	16.3%	26.5%	40.9%	7.2%

Table 5. Age distribution of the children who did not meet with the social services.

Age group	(<i>n</i> = 69)
3–5 years	37.7%
6–9 years	30.4%
10–12 years	14.5%
13–17 years	17.4%

Table 6. Age distribution and children's attitude to support.

Age group (<i>n</i> = 264)	Children consented to support	Children declined support	Children were never asked/ attitude not documented
3–5 years (<i>n</i> = 58)	1.7%	–	98.3%
6–9 years (<i>n</i> = 78)	9.0%	1.3%	89.7%
10–12 years (<i>n</i> = 47)	19.1%	10.6%	70.2%
13–17 years (<i>n</i> = 81)	23.5%	33.3%	43.2%

be reflected in an overrepresentation of the youngest ages among the children who were not heard. We did find this to a certain extent in our material, as 38% of the children who did not meet with the social services belonged to the age group 3–5 years (see Table 5). There were thus more pre-school children who did not meet with a social worker, but there were also many older children (not least in the age group 6–9 years) and adolescents who were never heard. When analysing the total number of meetings with children, alone or together with parents, in the different age groups, a similar pattern was found. It is noteworthy that the majority of children aged 6–12 did not have a meeting alone with the social worker without their parents present. The presence of parents could be problematic if the child and the parents have different perspectives or if there is a conflict of interests.

We compared the total number of meetings with parents and children to see if perhaps social workers met with parents equally infrequently. However, we found a large difference between the number of meetings attended by parents and children. In 41% of the cases, parents attended three or more meetings with the social services, while only 14% of children attended three or more meetings; this was a significant difference (see Table 4). According to a previous study, a conflict of interests between the child and the parents could also sometimes lead to social workers avoiding seeing the child (Bell, 1999, p. 445). Another study found that one barrier to children's participation was that the parents actively prevented such participation (Sanders & Mace, 2006, p. 102).

For the children who were asked about their attitudes to support and either consented or declined, age played a large role (see Table 6). As for the children who were not asked about their attitudes to support or did not have them documented, the majority of the 3–5-year-olds and 6–9-year-olds belonged to this category; but so did 70% of the 10–12-year-olds and 43% of the 13–17-year-olds. Overall, it is clear that many of the older children were also not asked about their attitude to support or did not have this attitude documented.

Parental consent and children's access to services

In half of the child assessments (*n* = 135), the child and their family were assessed to be in need of support from the social services, but an intervention was granted in only 31% of the total cases (see Figure 1). Another Swedish study of 13 municipalities in a different region found almost identical proportions of identified need and granted interventions (Persdotter & Andersson, 2020, p. 34), which strengthens our claim that our results are representative of the situation in Sweden. In other words, 22% of the children (*n* = 56) were assessed to be in need of protection and support but were not granted an intervention because one or both of their parents did not give their consent.

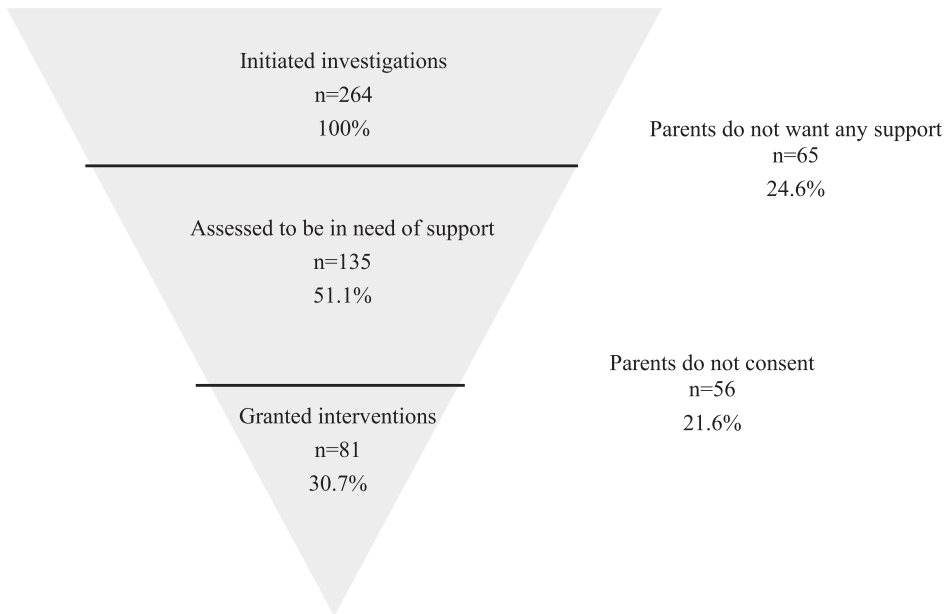


Figure 1. From initiated investigations to granted interventions, and parents' attitudes to receiving support.

Furthermore, it is likely that more than half of the children were in need of services. In 17% of the cases ($n = 45$), no assessment of the child's need was made by the social worker, while we know that in 25% of the cases the parents did not want to receive any support from the social services. An in-depth examination of the cases when the social services had not taken a position on the need or not for an intervention showed that in two-thirds of the cases, one or both parents had declined any support earlier in the assessment process. A standard formulation when the social services refrained from making an assessment of the child's need was as follows: 'The family do not want any support from the social services. Criteria for compulsory measures do not apply. The assessment is therefore concluded without action.'

Focusing on the 101 children where the referral concerned physical child abuse, the proportions between assessed need and granted interventions were similar to the sample as a whole (see Figure 2). One of the children whose parent did not give his consent was 12-year-old Daniel, who

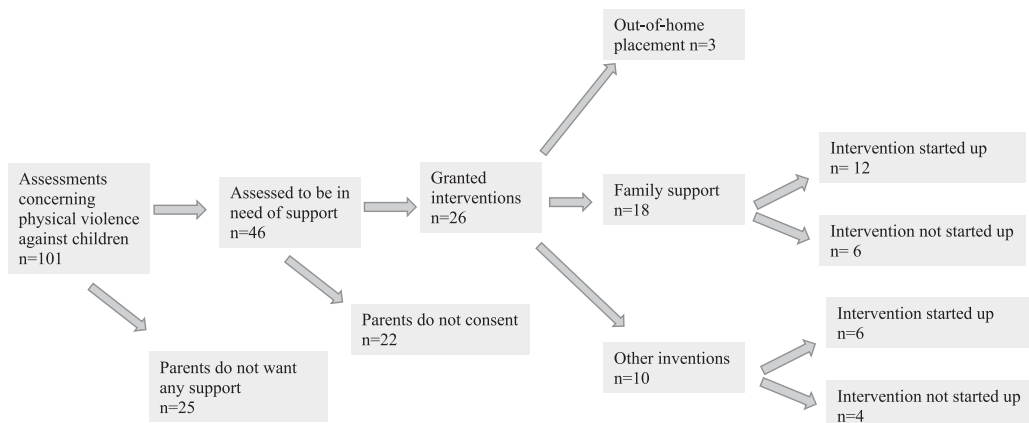


Figure 2. Assessments concerning physical child abuse.

contacted the social services himself because he was very afraid of his father and did not want to continue living at home. In a consultation with his school, he was described as often being sad and exhibiting psychosomatic symptoms. His father had previously been reported to be addicted to alcohol and to have physically abused one of Daniel's siblings. Daniel's father did not give his consent to any intervention, and consequently Daniel received no protection or support. Another such child was eight-year-old Liam, whose younger brother had said in pre-school that his father hit him and his siblings at home. In fact, there had already been an earlier report from a sibling about physical child abuse and noticeable bodily injury. When the social services met with Liam, his younger brother, and his other sibling together, the older children persuaded the younger brother that their father had not hit them, but rather held them hard and carried them to their rooms. The father himself recognised that he pushed the children hard while they struggled to get free. He also said that he needed to hold them tightly when brushing their teeth. The parents did not give their consent to any form of treatment or support.

If children at risk of physical abuse received support from the social services, they commonly received family support. In addition, three children at risk of physical abuse were placed outside the home. Other interventions included respite care, providing therapeutic support to the child, and facilitating collaboration talks for parents in conflict. Some of the families received more than one intervention.

One of the children receiving family support was eight-year-old Noor, who had told her teacher that her father hit her. Earlier child assessments and the current assessment all described Noor and her two older siblings as being repeatedly physically abused, with the abuse sustained over time. Noor had one meeting with the social services, but her view on support was not documented. The father admitted to some parts of the abuse. Although the father had previously been considered non-receptive to family support, the family was offered intensive family support. It was stipulated that if the father continued to live with the children, a new assessment would be made and then compulsory measures would be considered. The mother moved to a different place with the children after a while, but the father continued to be present in the new home on a daily basis. The father took part in the talks at the beginning but soon ended his participation. The mother continued to participate but the situation did not substantially improve for Noor.

As shown in [Figure 2](#), not all interventions were started up. It was not unusual for the parents or child to fail to attend the meetings with family workers, even though they had previously given their consent. Overall, it is clear from our results that children's access to services is being diminished throughout the process as a consequence of the need for parents' voluntary engagement.

Concluding discussion

This study found that parents defined the frames in different ways in Swedish child and family welfare. Nearly half of the parents declined support from the social services on behalf of themselves and/or their child. Since family service systems are founded on the voluntary participation of parents, this directly blocked their children's access to services. An example of this is provided by Daniel, one of the children in the study, who himself asked for help from the social services but was left without support because his father did not consent to any support measure. There are also ways that the focus on parents' participation may *indirectly* affect children's access to services. Our results suggest that one implication of the voluntary nature of parental participation is that it may prevent children at risk from being asked whether they need support and, if so, what type of support; three out of four children in our study either were not asked about their views on support or did not have their viewpoints documented. Another implication is that social workers do not always make an assessment of the child's need when the parents do not want any support. It is important to make a professional assessment and to be explicit about the child's

need for support and the parent's non-consent to intervention – not least, in the case the child is re-referred to the social services. A single assessment cannot be viewed in isolation.

Because there are potential conflicts of interest when children are at risk of abuse and neglect, not hearing the child risks indirectly affecting children's access to services. Another study has shown how the need for parental consent induced social workers to reframe the problem from serious lack of parental care to the child's own behaviour (Heimer et al., 2018). In this conflict of interest situation, it is imperative not only to ask the child about their situation but also to probe into what support they feel is needed. Christiansen and Hollekim reason that children should play an active role in describing current problems and the kind of changes they want, as well as what they themselves consider helpful to their situation, even when parental care is the main problem being addressed: 'This principle is vital to prevent marginalization of the child in her or his own case' (2018, p. 203). Otherwise, support easily becomes support for the parents (if any support is granted at all), which may not provide support for the child, as was the case for Alice. Miriam did not meet with the social services even though she had taken on a lot of responsibility for her home situation and was herself left without support. The child's viewpoint on support is critical information for the social worker's assessment of the child's need. To us, it is surprising to see that the social workers in some instances just accept the parents' standpoint without first asking the child about their viewpoint and before making a professional assessment. Even though this takes place in a family service context, there is still legal room to work in a different way. If, for example, the social worker learns how the child describes the problem and what help that child may need, this can influence which intervention the social worker grants. As things stand, support risks becoming a service for parents only, and the social services are no longer fulfilling their statutory obligation to investigate whether the child is in need of protection from abuse and neglect. In these different ways, a focus on parents' participation indirectly affects children's access to services.

We argue that the democratisation of child protection, which has mainly addressed parents, must be extended to vulnerable children at risk of abuse and neglect, who are arguably the principal users of these services. A democratisation that also encompasses children in family service systems has to enforce children's right to support and strengthen children's participation in the assessment as well as in the intervention. Based on our findings that 46% of the parents declined support despite, in many cases, a serious level of concern, democratic reform has to address the veto right of parents in one way or another. One reform to soften parental consent that has been tried is to introduce involuntary measures other than placement outside the home. In Germany, which also has a family service system, the court can order parents to make use of family services (Haug & Höynck, 2017). Child protection authorities in Norway – another family service system, moving towards a child-centred system – have since 2016 had an expanded opportunity to impose open care support without parents' consent. The Norwegian legislator reasoned that the authorities needed legislative support in cases where the child is assessed to be in great need of support but the parents do not consent, and the situation is not yet so serious as to apply for a care order (Government Bill 72 L, 2014–2015). On top of that, a recent government bill in Norway granted children a legal claim to necessary services (Government Bill 169, 2016–2017). Another way that has been tried is to grant support on the basis of the child's own consent. In response to the dilemma when parents do not consent but their child is in great need of support, the social services in Sweden can offer open care interventions to the child from the age of 15, on the basis of the child's own consent (3 chapter 6 a § Socialtjänstlag 2001:453). It is to be noted that this legal option was not used for any of the children included in our study. A recent commission has proposed lowering the age limit to 12 years (National Board of Health and Welfare, 2021).

If no reform is undertaken, the current family service systems in Sweden and beyond will continue to fail children. The risk with preventive services in a system dependent on parental consent is that many children will be left without help throughout childhood or taken into care all too late (Pösö et al., 2014). Further research is needed on the extent to which children are re-referred to the social services, the number of child assessments undertaken before the child receives any help, and how

many children are placed outside the home when they are older (perhaps then on the basis of their behavioural problems). In a democratic welfare state, children ought to have access to support without the veto rights of their parents and/or on the basis of their own consent to a larger extent than is the case today. Democratisation of child protection aimed at children cannot be assumed to be subsumed within the democratisation aimed at parents, but must be considered in its own right.

Acknowledgments

We wish to thank the two anonymous reviewers for their helpful comments.

Disclosure statement

No potential conflict of interest was reported by the authors.

Funding

Forte: Forskningsrådet för hälsa, arbetsliv och välfärd (grant 2018-01345). The English translation is Forte: Swedish Research Council for Health, Working Life and Welfare.

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