

Case Study: Secure Care in Sweden

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This case study discusses secure care outcomes, legislation, policy and practice in Sweden, particularly highlighting similarities and differences to Scotland. It is based on a review of the literature, analysis of governmental data, a visit to a secure care unit for young girls and discussions with secure care staff and academics based in Sweden in October 2015.

Background

SiS is a government agency in Sweden responsible for the secure care of children and young people, and for adults misusing substances. Only SiS has the authority to lock young people up on compulsory care grounds. SiS is funded in part by central Government and partly from the municipalities, and is inspected by a range of bodies including the Health and Social Care Inspectorate, the Swedish Schools Inspectorate and the Parliamentary Ombudsmen.

There are 25 secure care institutions that can support up to 700 young people at a time. SiS is responsible for running these institutions, which are the only places that have the right to detain young people who have been taken into compulsory care (though compulsory care can be carried out in several other settings such as a group home or foster care).

There are two main types of secure residential units for young people run by SiS, depending on the legal grounds for placement:

LVU grounds: for young people aged 12 – 21 with psychosocial problems, substance misuse issues and/or involvement in offending behaviour. Care is provided under the terms of the Compulsory Care of Young Persons Act 1990:52 (LVU). Young people tend to be secured on LVU grounds due to substance misuse, criminal activity and disruptive behaviour (such as self-harming or sexualised behaviour).

LSU grounds: for young people aged 15-17 who have committed serious criminal offences and have been sentenced by a court to secure youth care under the Secure Youth Care Act (LSU). The age of criminal responsibility is 15 in Sweden, therefore LSU is presented as an alternative to prison for these children. Young people can stay a maximum of four years under LSU.

All of the 25 secure care institutions house children with psychosocial problems, substance misuse issues and/or involvement in offending behaviour, and are placed under LVU. Six of the 25 secure care institutions also support children who have committed serious criminal offences and are placed in secure care on LSU grounds. Staff working in these institutions include residential care workers, teachers, psychologists and nurses. Children who are referred to secure care on LVU and LSU grounds are usually, but not always, housed in separate units. Throughout this case study the term 'secure care' will be used to describe the placement of children in secure facilities through both LVU and LSU routes.

In October 2015, staff from CYCJ visited 'Rebecka', a home which supports children who are placed on LVU grounds. In addition to this case study we produced a blog post about our visit; see ['Spot the Difference: Sweden International Case Study'](#).

Young People, Offending and Secure Care

Sweden has a population of around 9.7 million, of which 1.7 million are under 15 years old and 652,000 are aged between 15-20 years old¹. This compares to a population of 5.3 million in Scotland, of which 855,000 were under the age of 15 in the 2011 census.

In Sweden the age of criminal responsibility is 15. Young people can be sentenced to prison only in very special circumstances, and for those under 21 years old the maximum sentence is 10 years imprisonment.

In 2014, 20,871 young people aged 15-20 were suspected of committing an offence, which forms 3% of this age group. This is lowest percentage of young people suspected of involvement in offending recorded in the last ten years, the high point being 31,879 in 2009. The number of young people suspected of involved in offending in 2014 is a 35% reduction compared to 2009². We have seen a similar pattern in Scotland with offending by young people being on a downward trajectory since 2008/9 (Lightowler, Orr, & Vaswani, 2014, p. 3).

In 2014 there were approximately 1,100 children and young people aged 12-20 housed in secure care facilities on LVU grounds, 51 convictions resulting in secure care on LSU grounds and 398 15-20 year olds sentenced and admitted to prison. Between 1999 and 2014 there has been a 22% reduction in closed secure care (LSU) and a 10% reduction in admission to prison for young people aged 15-20.³

Like Scotland, secure care in Sweden is intended to be a last resort for children and young people. However, according to Vogel (Discussion: October 2015) one third of those within secure care in Sweden have no previous experience of other out-of-home forms of care (foster care, residential care etc), which potentially raises questions about whether other alternatives are first attempted before young people enter secure care. However, only 13% of those in secure care in 2013 had not previously been looked after at home, in residential care or foster care.⁴

¹ Statistics Sweden, www.scb.se/en/finding-statistics/statistics-by-subject-area/population/population-composition/population-statistics/#c_undefined

² Brå (National Council for Crime Prevention) (2014), Young Persons suspected of offences, <http://www.bra.se/bra/bra-in-english/home/crime-and-statistics/juvenile-delinquency.html>

³ SIS, <http://www.stat-inst.se/om-webbplatsen/other-languages/the-swedish-national-board-of-institutional-care/special-residential-homes-for-young-people/>; Brå (National Council for Crime Prevention) (2014), Persons Found Guilty of Offences – By principle offence and principle sanction, <http://www.bra.se/bra/bra-in-english/home/crime-and-statistics/crime-statistics.html>; Brå (National Council for Crime Prevention) (2014), Persons sentenced to imprisonment and admitted to prison, by age 1996-2014

⁴ Table 4F, <http://www.stat-inst.se/pagefiles/9481/4-2015-ungdomar-intagna-pa-sis-sarskilda-ungdomshem-2013.pdf>

Welfare and Justice

In Sweden, the municipality's social welfare board, consisting of elected members supported by officials, is responsible for the welfare and protection of children and young people aged 0–21 years old (Enell, 2015). If consent to care is not given by the child's guardians, or by the young person if they are over 15 years old, the social welfare board can ask the Administrative Court to make a decision about compulsory measures, applying the Compulsory Care of Young Persons Act 1990:52 (LVU). The Compulsory Care of Young Persons Act 1990:52 (LVU) can be applied because of a young person's needs and risk to self, or their risk to others. Young people aged 15–17 who commit crimes can also be dealt with under the criminal justice process, where they can be sentenced by a court to secure youth care under the Secure Youth Care Act (LSU). The sentence is for a fixed duration regardless of the need for care. In both cases a child can be placed in secure facilities against their will, though the former is due to their need for care and protection, and the latter is due to a criminal conviction.

Crimes by young people aged 15 or over are prosecuted in the same criminal courts as for adults, under a similar process. A court considering any crime by a young person aged 15–20 can impose measures of special care rather than a criminal sentence, meaning the courts can decide to give social service authorities the responsibility to provide care and treatment. As a general principle, the courts are expected to do this for children and young people age 15–17 years old (Hollander & Tarnfålk, 2007, p. 92).

Sweden, like Scotland, faces similar dilemmas and confusion around placing children in closed institutional care as a consequence of both criminal and welfare procedures. In Sweden, whilst children who commit more serious offences and are sentenced to youth custody under the LSU are often in different units to those sentenced to compulsory care under LVU, there is no clear distinction between young people placed on welfare and offence grounds. Criminal behaviour can be a reason for compulsory care and a placement in a LVU unit, like those in Rebecka. Further, social services can apply to the court for a LVU placement for those who commit more serious offences and have been sentenced to youth custody under LSU.

It has been argued that similarly to other jurisdictions, Sweden has moved towards a greater focus on punishment and control than welfare and needs (Garland, 2001). A key shift emerged in 1989 when the principle that the sentence must reflect the severity of the crime was introduced. Over time, Hollander & Tarnfålk argue, concepts of proportionality and consequences have been strengthened when deciding about interventions in relation to the crime, rather than the child's needs (p. 93).

Impact and Outcomes

From a Scottish perspective it is difficult not to be impressed with the range and depth of data that is collated and shared by the authorities in Sweden about offences committed by young people, the sanction imposed and recidivism rates. Looking at

the Swedish example highlights what is possible and how poor the Scottish evidence base is in contrast.

In Sweden, SiS also produces regular research reports based on interviews with young people placed at their institutions at admission and discharge. SiS and the Swedish National Council for Crime Prevention (Brå) collects and publishes data about the impacts and outcomes associated with secure care, though there is limited evidence about why these impacts and outcomes occur.

The picture presented by the data in Sweden is disturbing. The official statistics reveal that 75% of children and young people sentenced to secure youth care under the Secure Youth care Act (LSU) and 69% of children released from compulsory youth care (LVU) in 2008 were convicted of an offence within three years of their release⁵. This compares with an average recidivism rate across all sanctions types of 35% within three years for those aged between 15-17 and 45% for those aged 18-20⁶. Research by Vogel et al. identified that 75% of young people who had experienced secure care in Sweden had a conviction or re-entered secure care within two years of leaving (Vogel, Sallnäs, & Lundström, 2014). By way of contrast, the recidivism rate within three years for those with intensive supervision and electronic monitoring is 34%, for probation is 64% and for imprisonment is 70% (for all age groups)⁷.

Perhaps most shockingly, in tracking the longer-term outcomes of children with experience of secure care, Vinnerljung & Sallnäs found that by the age of 25, 70% of those who had experienced secure care were in prison or dead (p. 150). Not one young person who had experienced secure care was considered to be 'doing well' at age 25 (Vinnerljung & Sallnäs, 2008, p. 150)⁸. Of course, these poor outcomes may be associated with experiences prior to secure care rather than the secure care itself, but either way, this is extremely concerning. We are unable to say how the experiences of young people who have experienced secure care in Scotland compare with those in Sweden due to the lack of data collected.

⁵ Brå (National Council for Crime Prevention) (2014), Recidivists among all initial events by principle sanction,

<http://www.bra.se/bra/bra-in-english/home/crime-and-statistics/crime-statistics.html>

⁶ Brå (National Council for Crime Prevention) (2014), Recidivists among all persons by age,

<http://www.bra.se/bra/bra-in-english/home/crime-and-statistics/crime-statistics.html>

⁷ Brå (National Council for Crime Prevention) (2014), Recidivists among all initial events by principle sanction,

<http://www.bra.se/bra/bra-in-english/home/crime-and-statistics/crime-statistics.html>

⁸ Indicators examined by the researchers were: Not dead before age 25, No prison at age 20-24, No probation at age 20-24, No hospital care for mental health at age 20-24, Not a teenage parent, No crime between age 20-24, No substantial social assistance at 25 years old, More than only basic education at age 25, No social assistance at all at age 25.

Community and Professional Engagement

Initially young people in secure care tend not to be able to leave their units whilst their risk is assessed and for children who are there on LSU grounds, restrictions on liberty can be part of the sentence. In Rebecka (which houses young people referred via LVU), the staff told us that it was common for young people to visit the community, supervised by staff, after a couple of weeks in their care, depending on risk. Over time, where possible, young people transition to less restrictive units where they are able to have greater access to the community, perhaps able to spend time back 'home' or be released during the day to attend their old school. There are more restrictions on young people in secure care on LSU grounds having access to the community, but over time, many young people in LSU homes also slowly transition to more open facilities where they are able have greater access to the community. There is currently research underway exploring the impact of the openness of secure care for those placed on LSU grounds on eventual recidivism.

In Sweden there are greater confidentiality requirements preventing the sharing of details about the young person's time in secure care. Therefore, the staff did not believe that spending time in secure care affected other people's perceptions of the young person, thus potentially influencing the young person's ability to access further education or employment opportunities. The staff at Rebecka also believed that the general public had little or no awareness of secure care, therefore, did not think the young people experienced the effects of negative public attitudes.

There appeared to be less engagement with other professionals from the community than we would see in Scotland. In principle, SiS are responsible for the decisions concerning the care at the units and the social services have the overall responsibility for the young person, including the decision about when the young person is ready to leave the institution. Staff at Rebecka believed that fortnightly meetings with social work would be beneficial but noted that this rarely happened as social workers struggled to engage with the young person on a regular basis due to heavy workloads. Whilst similar issues are experienced in Scotland, and the actual frequency of meetings in Scotland is not known, there is an expectation of fortnightly meetings between the young person and the social worker as articulated in the Scottish secure care contract.

Interestingly, in Sweden teachers were not notified that the young person had entered secure care, due to the confidentiality restrictions noted above (Discussion: October 2015). The education professionals within secure care would contact the young person's old school to find out information so they could tailor their work, but they were not allowed to reveal that the school the young person was now within a secure care environment. The school within the secure care environment therefore had a different and unadvertised name, which the staff believed was not widely known.

More Restrictive Practices?

It is always difficult making comparisons between jurisdictions because the nuances or subtleties of what practice actually looks like can be lost through the use of different words, or the same words to mean different things. The conclusions we can reach are further limited by the fact that we only talked to professionals in producing this case study and they expressed different opinions about how things really work in practice. Despite these caveats, however, there were several practices in Sweden that appeared, on the surface at least, to be less respectful to the rights of the children and young people than practice in Scotland.

Unlike in Scotland, within secure care in Sweden the staff are able to monitor calls and mail, although this is heavily regulated. Children and young people must be notified before their calls and mail are monitored, and this can only be done on the authority of the institution's director. Young people in secure care in Sweden can be strip searched on entering the institution, and when they have been outside. The staff can remove all the young person's clothes and do a body search, but cannot search bodily cavities.

Finally, in Sweden young people can be removed to a segregation room, which can be locked. Staff need to be on hand to talk to the young people through the door during this time. Young people can stay in the segregation room for up to 24 hours. This is currently under review in Sweden with a proposal that young people would only be allowed to be isolated for up to three hours, with permission then needed to allow for a further three hour period. If adopted, this new practice would be similar to the situation in Scotland. However, it is interesting to note that in Scotland young people are not allowed to be isolated in a particular isolation room, but are instead taken to their own bedroom. Being in the familiar space of their bedroom is considered to be less traumatic than a separate room designed for the purpose of isolation.

A Smoking Idea...?

In Sweden secure care units have been on a journey around their policies and practices about smoking. Until recently all secure care units were non-smoking but in 2015 the Health Inspectorate advised that it was inhumane to deny cigarettes to the young people, thus putting their emotional wellbeing before their physical health. For more information on this point, read the ['Spot the Difference: Sweden International Case Study' blog](#) on the CYCJ website. All those we met in Sweden believed that this change in practice was a positive development, with some improved behaviours identified as a consequence.

Learning Culture

This case study has already highlighted the wealth and quality of the data available about secure care in Sweden. What was also particularly impressive was the approach to evidence and more generally around having a 'learning and improving' culture. For instance, the director of Rebecka explained that she attends a monthly learning session with other directors to ensure that the work of her institution is informed by good practice elsewhere. The staff at Rebecka explained that they aim to ensure the work they do within the institution is evidence based, and they had a good awareness of the research literature and good practice. Although, of course, it would be naïve to suggest that evidence always informs practice, there is something for Scotland to reflect on here about the importance placed on evidence and continuous improvement, and the supports in place to facilitate knowledge sharing.

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