



People processing in the Swedish child welfare system: services to whom, on what grounds and what type?

Tommy Lundström, Marie Sallnäs, David Pålsson & Stefan Wiklund

To cite this article: Tommy Lundström, Marie Sallnäs, David Pålsson & Stefan Wiklund (11 Sep 2025): People processing in the Swedish child welfare system: services to whom, on what grounds and what type?, European Journal of Social Work, DOI: [10.1080/13691457.2025.2553100](https://doi.org/10.1080/13691457.2025.2553100)

To link to this article: <https://doi.org/10.1080/13691457.2025.2553100>



© 2025 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group



Published online: 11 Sep 2025.



[Submit your article to this journal](#)



[View related articles](#)



[View Crossmark data](#)



OPEN ACCESS



People processing in the Swedish child welfare system: services to whom, on what grounds and what type?

Kientsortering i det svenska barnavårdssystemet: Insatser till vilka, på vilka grunder och av vilken typ?

Tommy Lundström , Marie Sallnäs , David Pålsson  and Stefan Wiklund 

Department of Social Work, Stockholm University, Stockholm, Sweden

ABSTRACT

Across most countries, child welfare involves complex investigative and decision-making processes to assess eligibility for services. This article analyses the sorting process from investigation to service allocation within Swedish child welfare. Data comes from a questionnaire completed by social workers, covering 2123 children across eight child welfare agencies. The findings are discussed in relation to the family service model and the legal and normative pressures it faces. Most children were filtered out without intervention; only one-third received services. The most common issues related to parental ability included abuse, domestic violence, neglect, and adult relational problems. For young children, neglect, abuse, and violence were key factors for receiving services, while for older children, behavioural problems were more prominent. However, child abuse was also common among older children. Interventions mainly focused on home-based support and were typically based on consent. We conclude that, while key elements of the Swedish family service model remain intact, it is increasingly challenged by growing referral volumes and heightened legal and normative demands, particularly concerning youth criminality and children at risk of abuse.

ABSTRACT

Den kommunala sociala barnavården innefattar komplexa utrednings- och beslutsprocesser som syftar till att bedöma huruvida klienter har rätt till samhällets stöd. Syftet med denna artikel är att analysera sorteringsprocessen, från utredning till beslut och fördelning av insatser inom det svenska barnavårdssystemet. Data kommer från en omfattande enkät som fylldes i av socialarbetare och inkluderar 2 123 barn och deras familjer från åtta kommuner. Data analyseras kvantitativt, och resultaten relateras till specifika aspekter av den svenska familjevårdsmodellen och det normativa sammanhang som den verkar i. En majoritet av de utredda barnen filterades bort utan insats, endast en tredjedel fick insatser. De vanligaste problemen gällande föräldrarnas förmåga inkluderade missbruk, våld i hemmet, försummelse och relationsproblem mellan vuxna. För yngre barn framstår föräldrarnas försummelse, missbruk och våldsrelaterade problem som de viktigaste faktorerna för

ARTICLE HISTORY



Received 2 September 2024
Accepted 22 August 2025

KEYWORDS

Child welfare; people processing; decision-making; child welfare models; interventions

NYCKELORD

Människobehandlande organisationer; social barnavård; beslutsfattande; barnavårdsmodeller; insatser; service

CONTACT Tommy Lundström  tommy.lundstrom@socarb.su.se  Department of Social Work, Stockholm University, Stockholm, Sweden

© 2025 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group
This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited. The terms on which this article has been published allow the posting of the Accepted Manuscript in a repository by the author(s) or with their consent.

att få insatser, medan egna beteendeproblem är centrala för den äldre åldersgruppen. Dock är åldersgrupperna inte helt olika när det gäller problem; frågor som utsatthet för barnmisshandel är vanliga också i den äldre åldersgruppen. När det gäller typer av insatser är de som fokuserar på familjebehandling/-stöd dominerande. Majoriteten av insatserna byggde på samtycke från barn och föräldrar. Resultaten indikerar att viktiga komponenter i den svenska familjevårdsmodellen fortfarande är intakta

Introduction

Child welfare (CW) represents the last public safety net for children at risk and those requiring needs-based supportive services. The rationale behind the provision of various CW services to children and families are central topics within both social work practice and research. Social workers possess considerable discretion in determining whether to offer services, yet these decisions are influenced by multiple factors within the CW organisations as well as in the surrounding normative and legal landscape. Across most countries, child welfare systems involve complex investigative and decision-making processes aimed at assessing clients' eligibility for services. The manner in which these activities unfold has significant ramifications for the well-being of children and their families, as it includes different types of categorisations; eligible or not, and if eligible, to what kind of service. In this study, we delve into the sorting process that determines the eligibility of clients and the subsequent allocation of services.

In Sweden, CW investigations and services are administered at the local level across 290 municipalities. In the majority of municipalities, including those examined in this study, CW activities are gathered in one agency, sometimes with subunits which target different age groups. The Swedish CW system is principally characterised as a family service model, prioritising needs assessments over risk assessments and with a focus on providing support to both children and parents. An important feature of the model is typically having low thresholds for children and families to receive services (Gilbert et al., 2011; Höjer & Pösö, 2023). The aim is for decisions to be made collaboratively with children and families, and whenever possible, based on their consent. The strong legal prioritisation of consensual services is a key aspect, influencing the discretion of social workers and the implementation of services. However, despite the general prioritisation of cooperation, Swedish CW also provides compulsory care. Such care is administered if the situation of children or the way children and young people behave is deemed grave and consent is not achievable. These court-ordered decisions almost exclusively concern a minority of placements in out-of-home care.

Aligned with the family service model and in contrast to many other countries, Swedish legislation predominantly incorporates juvenile delinquency within the CW system. Hence, the framework of Swedish CW services encompasses a caseload that includes children of various age groups, both those in vulnerable situations and young individuals facing diverse behavioural issues, such as involvement in criminal activities. Thus, when analysing Swedish CW, it is crucial to consider the broad age range and the variety of types of problems.

A longstanding characteristic of the Swedish system is mandatory reporting, meaning that all professionals (i.e. teachers, health workers, police) who meet children in their daily work are obliged to report concerns about a child's situation to CW services. The influx of reports to CW has for a long time been high and is, according to the latest report, growing. The proportion of all children aged 0–17 who are reported annually is 9.8% and has increased by 27% over a three-year period up to 2021 (National Board of Health and Welfare, 2022). As for the repertoire of services that CW offers, it varies between agencies. However, there is a base level – such as out-of-home care and some types of home-based care – which CW agencies must provide to comply with the law (Höjer & Pösö, 2023).

Questions have been raised about whether the Swedish Child Welfare (CW) system can be described as being in crisis (Lundström et al., 2021). It has for a long time been the subject of critical debates, both in the public sphere and in academic research. Important topics that have emerged include the handling of case factors such as young children's exposure to various forms of child abuse and inadequacies in responses to teenagers' behavioural problems. Regarding young children's vulnerability, recurring criticism has focused on the family service orientation, with claims that social workers too often fail to identify children at risk, particularly in cases of child abuse, thereby overlooking potential conflicts between parents and children. The increased attention on children's vulnerability is also reflected in changes in the legal framework, where domestic violence, high levels of conflict in the home, and children witnessing violence are now considered forms of child abuse that CW is expected to investigate and potentially address (Heimer et al., 2018; Heimer & Pettersson, 2023; van Ufford, 2023).

Regarding teenagers' behavioural problems, there has been growing pressure in public discourse, for stronger punitive measures and increased preventive interventions. During the recent decade, gang-related crimes and fatal shootings involving young people, both as perpetrators and victims, have intensified the debate and captured significant attention on both political and media agendas. In this context, there are specific concerns about the overall societal response, including that of CW, to young people involved in criminal activities and gangs (Lundström & Sallnäs, 2024).

One might expect that the criticism would influence the decision-making process, leading to a greater focus on young children at risk and a higher likelihood of granting interventions for this group. Additionally, one might anticipate a decreased reliance on parental cooperation and consent when there are reasons for concern. Regarding teenagers with behavioural problems, it could be expected that delinquent youth would constitute a substantial share of cases entering the system and that they would largely be found eligible for services, including those provided without consent. Whether these assumptions hold true will be discussed at the end of the article.

Aim

This study is part of an extensive research project that will follow Swedish children and families from the child welfare investigation phase over a period of five years. The baseline data reported here cover over 2000 children and their families across eight child welfare agencies in Sweden. The overall aim of this article is to elucidate the sorting process – from investigation to decisions and allocation of Swedish CW services. We focus our analysis on case factors – that is, primarily on how issues related to parents and children influence the filtering of cases into or out of CW, but also on the provision of different kinds of services. Overall, we pay special attention to differences and similarities between age groups. The sorting process is discussed against the background of the specifics of the Swedish family service model, with its prioritisation of consensual services to families and the fact that the system also includes teenagers with behavioural problems. We also relate our findings to recent debates on societal responses to young children's exposure to child abuse as well as young people's involvement in criminality.

The research questions are:

- What proportion of the children investigated receive services and what types? Why are children filtered out?
- What types of problems are identified in investigations of children across age groups, and how are these problems linked to the eligibility of children for services?
- How can the sorting process be related to the features the Swedish family service system and to the current normative pressure from the environment?

We use concepts from the theory of human service organisations (HSO) in the analysis (Hasenfeld, 2009). In social work textbooks, one important technology of HSO is people processing, namely the

bureaucratic transformation of families and children into categories: first, eligible or not, and secondly, if eligible, for what kind of intervention. How this procedure unfolds in the Swedish child welfare system requires thorough investigation. Previous Swedish research shows that this is a time-consuming and complex activity in which social workers must consider numerous factors in an individual's life situation. The outcome is influenced by client-related factors, as well as organisational aspects and professional characteristics (see Stranz et al., 2016).

Social work organisations such as CW rely on their environment for legitimacy, and this environment exerts normative pressure that shapes their practices. This includes state influence through legislation, as well as pressure from the public and the political sphere (Hasenfeld, 2009). Accordingly, we relate our findings to features of the normative landscape in which Swedish CW operates.

Previous research

The body of international research concerning the sorting process within CW services is substantial, encompassing various decision points and factors that may influence the sorting of clients. However, the overall understanding remains ambiguous and largely inconclusive. Researchers often employ the Decision-Making Ecology (DME) model proposed by Baumann et al. (2013). This model posits that the outcome of CW service decisions is contingent upon multiple factors, including case factors such as the child's circumstances and parental caregiving capacity, attributes of the decision maker, organisational factors, and external influences such as funding availability or critical events. Nevertheless, studies from different countries use different combinations of variables, resulting in challenges when attempting to synthesise a comprehensive understanding of the factors influencing the sorting process (see Rustad, 2024). As Lauritzen et al. (2018) argue designing studies that encompass all the elements of the DME model presents considerable difficulties.

The initial screening decision, wherein social workers determine whether a referral warrants an investigation, has been the subject of comprehensive studies predominately based on studies from United States (Damman et al., 2020; see however a Norwegian study by Rustad et al., 2022). In a review conducted by Lauritzen et al. (2018), a broader examination of decision points within CW services was undertaken, encompassing both the decisions to investigate a case and/or to implement services. Most included studies were from United States, Canada and United Kingdom. Employing the DME-model, the authors concluded that regarding case-specific factors, reports concerning parental substance abuse and instances of serious physical abuse resulting in visible injuries were predictive of initiating an investigation. Not surprisingly, when serious physical harm or sexual abuse is substantiated, it predicts the provision of services. However, there is variability among studies in how factors such as neglect or psychological abuse are linked to the provision of services. As for the proportion of CW investigations resulting in children and families not being granted interventions, previous research points at relatively high levels in many countries. In Norway for instance, it accounts to 63.7% (Rustad, 2024).

Swedish research on the sorting process has examined social workers' decisions in the initial stages of the process, including decisions to initiate or refrain from initiating a CW investigation following a referral, as well as decisions regarding the provision of services. As for the granting of services, the studies have reported high number of children being filtered out without intervention and with substantial agency differences in this respect. These former studies differ methodically and are predominantly based on data from isolated or a relatively few municipalities (Kalin et al., 2022; Münger & Mattsson, 2020; Östberg, 2014). In contrast, Stranz et al. (2016) encompassed 25 medium-sized municipalities and Heimer and Pettersson (2023) studied cases from twelve randomly selected municipalities. These studies revealed that between half and two thirds of the clients were not being granted post investigative services.

Against this background, this study contributes to understanding the Swedish sorting process and the case factors that influence decisions regarding whether interventions are provided, and if

so, what types. We also pay attention to age-related differences in the child welfare population as well as the reasons for not providing services.

Method

The data stem from a comprehensive questionnaire completed by social workers in eight Swedish agencies, after finalising a CW investigation. The study includes a cohort of 2123 children investigated between November 2021 and April 2022. According to agency records, a total of 2734 CW investigations were initiated in these municipalities during the period, resulting in an overall response rate of 77.7%. We approached the responsible social worker who filled out a questionnaire concerning the children and their families and factors of importance in the sorting process. Thus, the analytical unit for this study is the child, while social workers serve as informants. It should be noted that the study includes cases in which a formal investigation was initiated, excluding those that were screened out without further investigation.

The questionnaire was distributed to the social worker responsible for the CW investigation by two research assistants. If the social worker was unavailable, a colleague with knowledge of the case – typically the first-line manager – was instructed to complete the questionnaire. Additionally, the number of children exceeds the number of informants, as a single social worker may have completed questionnaires for several children. The research assistants held recurring meetings with the CW agencies to assist with queries and were also available by email and phone.

The questionnaire covered a broad range of questions including background factors of the child (e.g. age, gender and immigrant background) and outcomes of the investigation (if services were granted and what types of services). A crucial component of the questionnaire involves noting the problems present among parents and children in a list of items constructed for the project. The list was primarily developed based on earlier research (Stranz et al., 2016). Additionally, a pilot test of the questionnaire was conducted with a small number of social workers in the eight agencies to ensure the clarity and relevance of the questions. The list consisted of three sections: (A) issues related to the parents or other adults (15 items); (B) issues related to the child (17 items); and (C) issues concerning housing and economy (2 items). More than one item could be noted for each case. In the presentation of the results, where appropriate and feasible, items have been aggregated into variables. For instance, the variable ‘child abuse’ includes the items physical, mental, honour-related, and sexual abuse (see the Results section [Table 1](#). for details on the construction of the variables used in the analysis).

Each of the agencies in this study represents CW services in the municipality where they are located. The eight agencies are all sited in municipalities within the Stockholm County in central Sweden. These municipalities range in size from approximately 30,000 to 85,000 inhabitants and can be described as middle-sized in a Swedish context. The municipalities are predominantly suburban, with a larger proportion of non-native residents compared to the national average, as well as having a fiscal capacity above the average. However, there is substantial variation within the eight municipalities regarding the representation of semi-rural and socially exposed areas and districts (Kolada, 2024).

As for the sorting process, agency related variations have been found in previous Swedish and international research (Lauritzen et al., 2018; Östberg, 2010; Wiklund, 2006). In the present study, the most ‘benevolent’ agency provided services to 55% of the children, while the ‘least generous’ offered interventions to 22%. By adding municipality-specific dummy variables to the multivariate logistic regression model, differences between agencies are controlled for.

The statistical analysis is based on background data concerning children’s gender, age, and immigrant background; variables related to problems attributed to parents and children respectively; and information on whether interventions were provided, and if so, which services. We concentrate our analysis on differences between two broad age groups 0–12 years and 13–21 years (97.5% were 18 years or below, only one individual was 21 years). This categorisation is primarily motivated by

Table 1. Background variables and child welfare issues by age group ($n = 2123$, 3 missing on children's age, more than one issue could be noted for each case).

Variable	All $n =$ 1975–2120	Age group 0–12 $n =$ 1209–1246	Age group 13–21 $n =$ 766–874	Sig ^a
Childs' gender, boy	1128 (54)	659 (53)	468 (54)	
Mother Swedish	748 (35)	452 (36)	295 (34)	
Issues related to parents				
Domestic violence, between adults and children witnessing violence	444 (21)	343 (28)	100 (11)	***
Child abuse (physical, mental, honour related, sexual)	423 (20)	296 (24)	126 (14)	***
Relational problems between adults in the home	415 (20)	306 (25)	109 (13)	***
Neglect	383 (18)	236 (19)	147 (17)	
Parents' psychological problems (mental health problems, intellectual impairment)	341 (16)	237 (19)	104 (12)	***
Parents' physical health problems and worn-out parents	341 (16)	209 (17)	132 (15)	
Parents' drug/alcohol problems and criminality	270 (13)	186 (15)	83 (10)	***
Issues concerning housing and economy	198 (9)	122 (10)	76 (9)	
Issues related to children^b				
Psychological problem incl. Neurodevelopmental Disorders	462 (22)	172 (14)	290 (33)	***
Problems in school	382 (18)	120 (10)	262 (30)	***
Aggressive behaviour	190 (9)	92 (7)	98 (11)	**
Criminality (member of criminal gang, serious and less serious criminal acts)	121 (6)	8 (0.6)	113 (13)	***
Drug, alcohol and gambling related problems.	117 (5)	3 (0.2)	114 (13)	***
Running away from home / staying in unsuitable environments	116 (5)	13 (1)	103 (12)	***
Worrying signs in babies / problems in preschool	40 (2)	40 (3)	-	-

Note: Significant differences between age groups, n (%).

^a* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

^bThe items 'violence in close relationships between youth' and 'prostitution or other risky sexual behaviour' have been omitted, as they each account for less than 1% of all cases and are not suitable to merge with other items.

statistical considerations (to avoid small groups), but also, as mentioned above, by the fact that the Swedish debate focuses on the perceived differences in the problems faced by young children and teenagers.

Multivariate logistic regression analysis was used to explore patterns in the provision of interventions, accounting for the influence of other variables. The dependent variable was coded 1 = intervention granted; 0 = no intervention granted. Separate regression analyses for the two age groups are presented. The models incorporate background variables and problems attributable to parents and children, respectively. Multicollinearity among the independent variables was assessed by examining variance inflation factors (VIFs). The VIFs were below 2, indicating that multicollinearity was not a concern. The attrition on individual variables was less than 5% for the sample as a whole. However, the regression analysis is based on 95% of the 1246 children aged 0–12 years, and on 86% of the 874 children aged 13–21 years, due to higher attrition in the latter age group (particularly regarding immigrant background).

Using case managers as informants on behalf of the children introduces certain ethical complexities, as consent was obtained neither from the children nor their parents. In Sweden, an overarching ethical justification for using data without informed consent is that the societal benefits of a study are considered more important than the potential harm inflicted by the intrusion on the individual integrity of the participants. The project was approved by the Swedish Ethical Review Authority (reference number 2021-01535)

Results

The results section begins with information on the 2123 children in the study, including issues related to parents and children observed by social workers. Next, the number of children who received services or were filtered out is reported, along with the reasons for the absence of services,

including whether parents or children gave consent. The logistic regression models are then presented. Finally, for those who received services, the type of support provided is described. The results are consistently broken down by younger and older children.

Background factors and problems

Table 1 shows that the mean age of the children was 10.6 years, with a predominance of the age group 7–12 years. The age group 13–21 accounts to 41% of all children. There is a slight overrepresentation of boys, particularly among the older age group. Only 35% of the children have a mother born in Sweden, indicating a high level of immigrants in the municipalities.

Regarding issues identified in the CW investigations of all children, child abuse (including physical, mental, honour-related and sexual abuse), domestic violence, neglect, and relational problems were prevalent. These issues all *relate to parents* and their capacity as caregivers. For *issues related to children*, challenges linked to school and psychological problems take precedence. Criminality was described as an issue in 13% of the investigations in the older age group (the most common item was ‘less serious criminal acts’, accounting for 9%). Considering the high prioritisation of serious youth criminality in the Swedish political agenda, it is intriguing that ‘serious criminal acts’ was only reported in 5% and ‘member of criminal gang’ in 1% of the cases. Taken together, the number of reports regarding criminality is comparable to the concerns raised about drug/alcohol use and residing in unsuitable environments. It is notable that only 3% of the cases involving young children included worrisome signs in babies or problems in preschool.

Scrutinising the differences between age groups, teenagers was significantly overrepresented in issues related to criminality and drug abuse, but also psychological problems (including neurodevelopmental disorders) when compared to younger children. Problems related to school were also much more common among teenagers. However, it is crucial to note that issues such as child abuse, domestic violence, parents’ physical and psychological problems as well as neglect were prevalent also in the teenage group. Among the older age group social workers reported child abuse in 14% of the cases while for example serious criminality was far less common.

Who receives services?

What happens to the children after the social workers’ investigation? How many received services of various kinds, how many were filtered out without intervention and why (see Table 2)?

As few as one third (34%) of the children received some form of service, but significant differences exist between the age groups. While 44% of those aged 13 or older became the subject of services, the corresponding figure for younger children was 27%. This is in line with former studies pointing at the Swedish CW as a ‘teenage oriented system’ in terms of interventions (Healy et al., 2011).

Two-thirds of the children was filtered out without any intervention from CW, which is a higher proportion than reported in previous research (see, e.g. Stranz et al., 2016). The predominant reason for the filtering out is that there was no perceived need for services (40%) and in 14%, social workers

Table 2. According to social workers: proportion of children granted interventions and, if not, why? By age group, *n* (%), (*n* = 2107).

	Total <i>n</i> (%)	0–12 years <i>n</i> (%)	13–21 years <i>n</i> (%)
Yes , get intervention	711 (34)	329 (27)	382 (44)
No , do not get intervention	1396 (66)	907 (73)	486 (56)
No need	848 (40)	567 (46)	279 (32)
Parents/children do not consent	242 (12)	165 (13)	77 (9)
Other reason	306 (14)	175 (14)	130 (15)
Sum	2107 (100)	1236 (100)	868 (100)

had alternative reasons for not pursuing interventions, with the most common being the referral of the family to another organisation, such as child psychiatry. In 12% of the cases, parents and/or children were filtered out due to a lack of consent. It is worth noting that non-consent was more common in age group 0–12 (13%) compared to the older age group (9%). Upon closer examination, there are certain types of problems that to some degree increase the probability for families to not consent to services. If it is noted in the investigation that there were problems in terms of child abuse, domestic violence, or neglect, around 16% did not consent (not in table), which should be compared to the average of 12%. On the other hand, issues related to young people's behavioural problems such as criminality, aggressive behaviour and drug/alcohol related problems indicate low levels of no consent, only between 5 and 8%. However, taken together differences between sub-groups in terms of consent are rather small so one should be careful with conclusions.

What is of importance for being granted service?

To understand the unique contribution of different factors to the central outcome – intervention or no intervention – logistic regression analyses were employed (see Table 3). The question posed is how the independent variables (with control for the other variables included in the model) impact the outcome in the two age groups.

Regarding *the background factors* in both age groups, the child's gender and if the mother is Swedish born seem to have no impact on whether individuals receive interventions.

Concerning *issues related to parents* for the age group 0–12, problems related to violence and conflicts (domestic violence and child abuse) manifest most prominently. Variables such as neglect, parents' psychological and physical problems, and worn-out parents were also of significant importance. For the older age group, child abuse and parents' physical problems/worn-out parents were significant issues.

For *issues related to children* in the age group 0–12, psychological issues (including neurodevelopmental disorders) and problems in school were the most prominent. For the older age group,

Table 3. Multivariate logistic regression analysis of factors related to receiving CW interventions by age group ($n = 1941$, more than one issue could be noted for each case).^a

	Age group 0–12 ($n = 1186$) Odds ratio (95% CI) sig. ^b	Age group 13–21 ($n = 755$) Odds ratio (95% CI) sig. ^b
Gender, boy = 1	0.82 (0.61; 1.10)	1.33 (0.94; 1.89)
Immigrant background, mother Swedish born = 1	0.78 (0.56; 1.08)	0.77 (0.54; 1.10)
Issues related to parents		
Domestic violence, between adults and children witnessing violence	2.02 (1.43; 2.86)***	1.44 (0.84; 2.45)
Child abuse (physical, mental, honour related, sexual)	3.12 (2.26; 4.29)***	2.50 (1.56; 4.00)***
Relational problems between adults in the home	0.92 (0.64; 1.32)	0.65 (0.39; 1.09)
Neglect	1.85 (1.27; 2.67)***	1.54 (0.99; 2.40)
Parents' psychological problems (mental health, intellectual impairment)	1.49 (1.03; 2.17)*	0.99 (0.59; 1.64)
Parents' physical health problems and worn-out parents	2.76 (1.90; 4.03)***	2.80 (1.76; 4.46)***
Parents' drug/alcohol problems and criminality	0.85 (0.54; 1.32)	1.14 (0.66; 1.96)
Issues concerning housing and economy	0.99 (0.59; 1.64)	1.12 (0.64; 1.97)
Issues related to children		
Psychological problem incl. Neurodevelopmental Disorders	1.57 (1.01; 2.43)*	1.64 (1.12; 2.40)*
Problems in school	1.76 (1.06; 2.92)*	1.42 (0.96; 2.09)
Childs aggressive behaviour	1.32 (0.75; 2.32)	1.55 (0.90; 2.67)
Criminality (member of criminal gang, serious and less serious criminal acts)	1.00 (0.18; 5.48)	2.12 (1.23; 3.64) **
Drug, alcohol and gambling related problems.	0.44 (0.03; 7.19)	2.44 (1.47; 4.05) ***
Running away from home / staying in unsuitable environments	0.87 (0.19; 3.87)	1.49 (0.85; 2.62)
Worrying signs in babies / problems in preschool	1.05 (0.47; 2.35)	
Nagelkerke	0.25	0.26

^aThe models control for municipal differences.

^b* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

children's psychological problems (including neurodevelopmental disorders), as well as criminality and drug/alcohol-related problems, were of significant importance.

The above results are hardly surprising, but it should be noted that the variables child abuse, parents' physical problems/worn-out parents, and children's psychological problems (including neurodevelopmental disorders), are of significant importance for both age groups. Moreover, it can be added that problems in school and neglect might be important for both age groups (significant for young children and close to significant for the older ones).

What services are provided?

Table 4 presents the various types of interventions provided to the 711 children who received services. The most prevalent support in both age groups was family counselling (in total 61%), while other home-based measures, including contact person/family, in total account for 34%. Out-of-home care amounted to 19%, with foster care being the most common (15%). Residential care was not used for the younger age group. Notably only 8% of the interventions (predominantly out of home care) were mandatory and based on decisions in court (not in table).

Overall, our data indicate that the vast majority of services consists of family counselling which predominantly is directed towards the family as a whole. This aligns with the family service model, which focuses on supporting families in need through close cooperation with the clients. However, the actual content and structure of these types of services as well as other home-based measures are not shown in our data.

Summary of the main findings

- (1) A vast majority of children investigated by CW were filtered out without intervention and only about one third received some sort of support. Receiving services was more common among the older ones compared to younger children. Most services were homebased, with family counselling being the most frequent and out-of-home care provided in only about one fifth of the cases. Most interventions were built on consent.
- (2) The most prevalent problems concerning parents' ability and ways of relating to their children included abuse, domestic violence, neglect, and relational problems between adults. Except for neglect, these issues are ways of understanding children's exposure to violence, not only as victims of physical abuse, but also in terms of witnessing violence and conflicts between adults. As for issues related to children, problems linked to school and psychological problems were the most common. It is crucial to note that issues such as child abuse are also prevalent in the older age group. Indeed, it was much more common for the older children to be victims of child abuse than for example committing serious criminal acts. In other words, the two age groups cannot be described as completely different in terms of problems, as older children are not seldom subjects of abuse or other issues related to their home conditions.
- (3) As shown in the two different regression models, significant factors related to the granting of services, not surprisingly, differ between the age groups, but there are also some important

Table 4. If granted an intervention by social services, what type? By age group, $n = 711$, n (%)^a.

	All ($n = 711$)	Age group 0–12 ($n = 329$)	Age group 13–($n = 382$)
Family counseling/therapy	424 (61)	238 (73)	186 (50)
Support by contact person/family	79 (11)	32 (10)	47 (13)
Other home based measures	162 (23)	57 (17)	105 (28)
Foster care	107 (15)	68 (21)	59 (15)
Residential care	32 (4)	0 (0)	32 (8)

^aThe total percentage for interventions exceeds 100, as a single child may be granted more than one intervention.

commonalities. For young children, neglect, abuse, and violence-related problems stand out as the most important factors, while for the older age group, behavioural problems such as drug-related issues and criminality are significant. In both groups, parents' own problems in terms of mental or physical health appear as important factors for receiving services. The same goes for children's psychological problems and, to some degree, problems in school.

- (4) A small minority (12%) of clients (parents and/or children) did not receive services due to a lack of consent. Non-consent rates are higher than average for issues related to child abuse, domestic violence, and neglect. Conversely, non-consent rates are lower for concerns involving children's own issues, such as criminal behaviour, aggression, and substance abuse. Thus, issues involving parental functioning in various aspects are those where social workers and clients tend to disagree. However, due to the relatively small differences, one should be cautious in drawing far-reaching conclusions.

Discussion and concluding remarks

Overall, our data indicate that important components of the Swedish family service model are in place. Most interventions were based on consent, and only a small share was mandatory. This is also apparent when examining the types of interventions, where those focusing on home-based support to families were predominant.

The fact that the most probable outcome of a child welfare (CW) investigation is that no action will be taken by the authorities is noteworthy. This is, however, in line with previous studies, even if the proportion of filtered-out clients may vary (Östberg, 2014; Rustad, 2024; Stranz et al., 2016). Naturally, if children's conditions are unclear and require investigation, a certain proportion of cases will result in 'no service', as the outcome cannot be predetermined. Even so, given the ambition to maintain low thresholds for providing services to children and families in the Swedish CW model, the high level of filtering out may be questioned. In light of the increasing number of referrals (National Board of Health and Welfare, 2022), combined with limited resources, it is perhaps not surprising that social workers are inclined to keep clients out of the system.

As for types of problems, classical child welfare concerns, such as abuse, neglect, and family violence, are strongly associated with the provision of services. Some critiques of the Swedish model highlight its inability to adequately address the needs of vulnerable children due to its primary focus on supporting the family, often at the expense of thorough risk assessments centred on children's security. According to the critics, this approach can lead to an underestimation of potential conflicts between parents and children (Heimer et al., 2018; Heimer & Pettersson, 2023). It is notable in our data that issues concerning babies and problems in preschool involve a surprisingly small group of children investigated and that these issues are not significant factors for receiving services. This, coupled with the predominance of family-directed services for the sample as a whole, may support the critique. However, awareness and recognition of violence-related issues appear to have increased over time in investigations. This is reflected in comparison with earlier findings by Stranz et al. (2016), which reported a much lower prevalence (11%) than that identified in our study (20%). Additionally, the most prevalent types of identified problems in our study are related to issues such as abuse.

The analysis also reveals that behavioural problems, such as criminality and drug abuse among older children, are significant factors for receiving interventions. This partly stems from including youth criminality and related issues within the responsibility of child welfare, not under a criminal justice framework as in many other countries. Given the current high profile of youth criminality – particularly gang-related crime – in the Swedish public debate, a high incidence of such issues in child welfare investigations and more frequent interventions for this group might be expected. However, this is not supported by our findings, highlighting the need to examine the processes for identifying young people engaged in norm-breaking activities who could benefit from child welfare services.

Since consent, and hence the right to refuse services, is a crucial component of the family service model, ongoing discussions are necessary on how to handle cases of non-consent from parents and/or children, which can be seen as a form of 'clients' gatekeeping'. Client motivation is considered a fundamental part of successful social work and must also be related to the repertoire of services that can be offered. To provide families with consensual services tailored to their needs is a fundamental part of the family service model. This stands in contrast to the child protection model, with its focus on risk assessment and the potential conflict between children's and parents' interests (Gilbert et al., 2011).

In theory, a family service model adopts an inclusive approach to people processing, aiming to keep the organisation open and accessible. In Sweden, however, this model is challenged by the high volume of reports to CW services, as well as by shifts in the normative and legal landscape. These developments influence the sorting activities and raise questions about the position and viability of the family service model. Hasenfeld (2009) analyses people processing as a core function in human service organisations, shaped by the moral and institutional tensions inherent in their work. Building on this, there is room to further refine how access to services is conceptualised within child welfare, particularly in relation to the competing logics of care and control, shifting legal norms, and other institutional conditions (see also Thornton et al., 2012).

As for the foreseeable future and the current normative pressure from the environment, there are several governmental proposals that involve increasing the possibilities for coercive measures, expanding control over parents and children, and shifting responsibility from child welfare to juvenile justice for certain youth groups. Additionally, there is a political desire to provide child welfare with enhanced opportunities for early and compulsory interventions. It is evident that the implementation of all proposed measures would entail significant changes in Swedish CW (Lundström & Sallnäs, 2024). From this perspective, there might be a development that will change some of what has been reported in this study.

Finally, as shown in research on the Decision-Making Ecology model (Baumann et al., 2013), analysing decision-making processes in child welfare is a complex endeavour. Outcomes are shaped by the interplay of factors operating at different levels. In our discussion, we have focused on the relationship between, on the one hand, case-specific factors (issues concerning parents and children), and on the other, external influences (normative, legal, and political). Even within this scope, it is difficult to discern clear patterns. Whereas the policy discourse around child abuse seems to have played a notable role in shaping the reasons for interventions, the discourse on youth delinquency appears to have carried surprisingly little influence. However, the Swedish CW model is undergoing rapid change due to shifts in the broader societal context, making it difficult to predict how future developments will unfold.

Strengths and limitations

How social problems should be categorised is a central element in professional social work and obviously a key factor when analysing the CW sorting process. In this study, some categories may be more specific (physical child abuse) than others (relational problems among adults). The clarity and delineation of problem categories may, in turn, impact on how social workers note them in the questionnaire (and in the CW investigations). This is a more or less unavoidable limitation in the kind of research presented here. However, apart from being based on former research (Stranz et al., 2016), the questionnaire was constructed in close cooperation with social workers in the eight municipalities, so in that respect the categories have face validity. For statistical and reporting purposes, the age categories are necessarily broad. For instance, infants and very young children are grouped together with older children in the 0–12 years category. It is also important to note that the questionnaire was filled out by social workers close in time to the finalisation of the CW investigation. Notwithstanding, the results of the study show the sorting process filtered through the procedure of a retrospective survey and the inherent limitations in that kind of data collection. It should be noted

that the scope of the study covers the process from investigation to decision, but not the initial screening phase. We have thus concentrated our analysis on the case factors and their importance for the outcome of the investigation.

The agencies included in the study are all located in the region surrounding Stockholm, which limits the possibilities for generalising the findings to all Swedish municipalities. However, one can assume significant similarities in how CW agencies categorise and handle problems. A clear strength of the study is that it includes over 2000 children, making it unique, at least in a Swedish context.

Acknowledgement

ChatGPT (version: GPT-4.5) was used for minor language checks.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

This work was supported by Forskningsrådet för Hälsa, Arbetsliv och Välfärd.

Notes on contributors

Tommy Lundström is professor of social work at Stockholm University. His research interest includes child welfare and out of home care for children and youth, evidence based social work, social work organisations and the private child welfare market.

Marie Sallnäs is professor of social work at Stockholm University. Her research interest includes child welfare services with special focus on residential care for children and youth. She has also done research on marketisation of out of home care and recently on children's rights in secure care.

David Pålsson is senior lecturer, associate professor at Stockholm University. His research includes child welfare with a focus on out-of-home care. Other research interests include inspection and control of child welfare interventions and children's participation.

Stefan Wiklund is professor of social work at Stockholm University. His research is focused on Child welfare and out of home care for children and youth. He is the head of the research programme 'Municipal child welfare – investigations, services and trajectories beyond'.

Data availability statement

The authors do not have permission to share data.

ORCID

Tommy Lundström  <http://orcid.org/0000-0002-1876-0353>

Marie Sallnäs  <http://orcid.org/0000-0001-9129-9471>

David Pålsson  <http://orcid.org/0000-0002-7524-665x>

Stefan Wiklund  <http://orcid.org/0000-0002-4695-0314>

References

- Baumann, D. J., Fluke, J. D., Dalglish, L., & Kern, H. (2013). The decision-making ecology. In A. Shlonsky & R. Benbenishty (Eds.), *From evidence to outcomes in child welfare: An international reader* (pp. 24-40). Oxford University Press.
- Damman, J. L., Johnson-Motoyama, M., Wells, S. J., & Harrington, K. (2020). Factors associated with the decision to investigate child protective services referrals: A systematic review. *Child & Family Social Work*, 25(4), 785–804. <https://doi.org/10.1111/cfs.12755>

- Gilbert, N., Parton, N., & Skivenes, M. (Eds.). (2011). *Child protection systems: International trends and orientations*. Oxford University Press.
- Hasenfeld, Y. (2009). *Human services as complex organizations*. Sage.
- Healy, K., Lundström, T., & Sallnäs, M. (2011). A comparison of out-of-home care for children and young people in Australia and Sweden: Worlds apart? *Australian Social Work*, 64(4), 416–431. <https://doi.org/10.1080/0312407X.2011.603092>
- Heimer, M., Näsman, E., & Palme, J. (2018). Vulnerable children's rights to participation, protection, and provision: The process of defining the problem in Swedish child and family welfare. *Child & Family Social Work*, 23(2), 316–323. <https://doi.org/10.1111/cfs.12424>
- Heimer, M., & Pettersson, C. (2023). 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*, 26(2), 310–322. <https://doi.org/10.1080/13691457.2022.2117137>
- Höjer, I., & Pösö, T. (2023). Child protection in Finland and Sweden. In J. D. Berrick, N. Gilbert, & M. Skivenes (Eds.), *Oxford handbook of child protection systems* (pp. 156–172). Oxford University Press.
- Kalin, T., Ahlgren, T., & Persdotter, B. (2022). Gender disparities in child welfare services' assessments of referrals. Findings from Sweden. *Child Abuse & Neglect*, 134, 105918. <https://doi.org/10.1016/j.chiabu.2022.105918>
- Kolada. (2024). <https://www.kolada.se/>, downloaded 2024-02-22.
- Lauritzen, C., Vis, S. A., & Fossum, S. (2018). Factors that determine decision making in child protection investigations: A review of the literature. *Child & Family Social Work*, 23(4), 743–756. <https://doi.org/10.1111/cfs.12446>
- Lundström, T., Pålsson, D., Sallnäs, M., & Shanks, E. (2021). A crisis in Swedish child welfare? On risk, control and trust (pp. 1–15). *Social Work & Society*, 19(1).
- Lundström, T., & Sallnäs, M. (2024). De utsatta barnen och "de andra". In H. Swärd & A. Panican (Eds.), *Akilleshälar i välfärd, socialpolitik och socialt arbete* (pp. 89–102). Studentlitteratur.
- Münger, A. C., & Mattsson, T. (2020). 'The needs of the child have been met': Preliminary assessments regarding domestic violence in Swedish child protection services. *Nordic Social Work Research*, 10(2), 100–113. <https://doi.org/10.1080/2156857X.2018.1526105>
- National Board of Health and Welfare. (2022). *Anmälningar om barn som far illa eller misstänks fara illa 2021*. Socialstyrelsen.
- Östberg, F. (2010). *Bedömningar och beslut: Från anmälan till insats i den sociala barnvården*. Stockholm University.
- Östberg, F. (2014). Using 'consensual ideology': A way to sift reports in child welfare. *British Journal of Social Work*, 44(1), 63–80. <https://doi.org/10.1093/bjsw/bcs094>
- Rustad, K. B. (2024). *Decision-making in Norwegian child welfare services-The impact of case characteristics on decision-making from referral to concluded investigation*. Artic University.
- Rustad, K. B., Lauritzen, C., Havnen, K. J. S., Fossum, S., Christiansen, Ø., & Vis, S. A. (2022). The impact of case factors on the initial screening decision in child welfare investigations in Norway. *Child Abuse & Neglect*, 131. <https://doi.org/10.1016/j.chiabu.2022.105708>
- Stranz, H., Wiklund, S., & Karlsson, P. (2016). People processing in Swedish personal social services. On the individuals, their predicaments and the outcomes of organisational screening. *Nordic Social Work Research*, 6(3), 174–187. <https://doi.org/10.1080/2156857X.2015.1134630>
- Thornton, P. H., Ocasio, W., & Lounsbury, M. (2012). *The institutional logics perspective: A new approach to culture, structure, and process*. Oxford University Press.
- van Ufford, S. Q. (2023). The protection paradox: A study of children's rights to participation and protection against violence in Swedish child welfare practice. *The International Journal of Children's Rights*, 31(3), 756–776. <https://doi.org/10.1163/15718182-31030008>
- Wiklund, S. (2006). *Den kommunala barnvården-om anmälningar, organisation och utfall*. Stockholm University.