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# Special supervisory homes in Sweden

– Paper presented September 12:th at the 7:th  
EUSARF Congress 2002 in Trondheim: Revitalising  
Residential and Foster Care.

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## ***Abstract***

Sweden is the only Scandinavian country that uses closed treatment institutions based on coercive measures within the child welfare system, on a large scale, for the education and treatment of young criminal offenders and drug users. In Sweden there are in 2002 some 30 “homes for specialized supervision” of varying sizes and degrees of specialization – all run by a national board of institutional care. The total number of beds is some 650 and, in closed units, 385. My study was carried out during the 1990’s in Råby Youth Home, the oldest correctional institution in Sweden, started as a House of refuge in 1838. The question guiding my research was: How are we to understand the paradox that there is widespread use and acceptance of organizations like reform schools, while they lack any sign of success in rehabilitating their clients? The empirical material of the case study consists of observations carried out in one of Råby’s treatment units, in-depth interviews with the staff and an investigation of case notes on all youth that were admitted to Råby between 1982 and 1993. Follow-up interviews were made on a representative sample of all boys and girls that were admitted during the periods of 1985-1987 and 1990-1993. We managed to find and interview 61 out of a possible total of 95 former residents. We found that almost 80 percent of the young men and women had committed one or more serious crimes during the follow-up period, that almost 70 percent had used drugs, other than alcohol, and some 70 percent of the boys continued with one or more institutional placements in special supervisory homes or in prison. We also found that only 30 percent were more or less socially well adjusted at follow up. The girls were divided 50-50 between the good and bad outcome criteria, while the boys were divided on a ratio of 20-80.

Incarceration in combination with the loss of freedom and the indeterminate time of placement were found to be the most fundamental reasons behind the development of hidden group resistances and adjustment-strategies among the residents. The official goals, ideologies and treatment interventions were not experienced as such by the youths – rather as punishment and confinement. Despite an internationally high standard of care, i.e. educated and skilled personnel, good economic resources, high standard of residence, nourishing meals three times a day, and safe living conditions for the youth, - external and internal processes seem to produce further criminalisation and drug addiction and difficulties in rehabilitating the youths to normal life. The reform school as a

treatment organisation seems to be in conflict with itself as a social institution.

## *Introduction*

How are we to understand the paradox that there is widespread use and acceptance of organizations like reform schools, while they lack any sign of success in rehabilitating their clients? Such institutions form the backbone of the Swedish child welfare system and the social services. They are the standard, legitimate means for child welfare services in handling young criminals. More and more young offenders are also diverted by the courts from the area of the penal system to these institutions belonging in a grey zone between treatment and punishment. These measures are costly, they are based on compulsory measures and the treatment is carried out for an indeterminate length of time (up to the age of 21). What is also puzzling is the apparent lack of interest in outcome and results of these compulsory measures – both within and outside the organization. These puzzling factors are inherent to many organisations that sociologists call Human service organisation (HSO's) (Hasenfeld 1983). These organisations are not into successful production in a market. Instead they strive for survival by achieving *legitimacy*; i.e. to be accepted at “face value” as social institutions that represent positive social values in society. This conflict creates problems but they are by no means new.

Negative results and failures are known from numerous studies on reform schools and other treatment organizations for young offenders (e.g. Martinson 1974, Bondesson 1974, Greenburg 1974). Later (meta-analytical) studies show moderate treatment effects (e.g. Martinson 1979, Lipsey 1992, Lipsey 1995, Lösel 1995, Grevholm & Kühlhorn 1997). A recent Scandinavian longitudinal study confirm largely that institutional treatment is detrimental for young offenders and criminals (Helgeland 2001, see also Andreassen 2003). Bullock, Little & Millham (1998) have recently made an interesting longitudinal study on children in secure treatment. They showed that different care careers could be distinguished, that quality of care seemed to matter and that outcomes could perhaps be better if local authorities and institutions linked their efforts better during and after the institutional intervention. A study conducted at Råby Youth Home in the beginning of the 1970's showed an almost total lack of positive rehabilitational effects (Wiberg et al. 1976). Today, with a high percentage of well-educated personnel, professionals from different fields, small units and a high staff-inmate ratio, the result could be expected to

be better. This case study aims to clarify if this assumption is correct and if not explain possible reasons for this.

### *Juvenile offenders, social welfare and penal law*

Almost every country in the European Community has special procedural rules and special measures for dealing with juvenile offenders. In most cases minors are considered less capable than adults of judging right from wrong. They are also considered more susceptible to positive influences than adults are. Treatment and rehabilitation within the welfare sector are considered a more humane alternative for minors than punishment within the justice system (Dünkel 1991). But the borderline between these systems is, indeed, a blurry one. Mehlbye & Walgrave (1998) have shown the common difficulties that each European country has to face in order to create a system that can answer the wide and conflicting claims made on the state in this matter. Children's rights are to be secured and at the same time, society's interests to be safeguarded. Each country has to face these two conflicting demands. Therefore we find ages of penal majority and balances between the authority of courts and welfare systems to differ between most European countries.

Systems of compulsory residential care and placement in closed institutions seem to be located between punishment on one hand and treatment or education on the other. Reform schools (with constantly changing contemporary names) create the "in-between": neither punishment nor education, or, in other words, education and treatment within a punitive structure. Education/Treatment is considered a favour to the child, something that should be indeterminate in time, forward-looking, and serving the needs of the child (and society) (Platt 1977, Dahl 1978). Punishment, on the other hand, means inflicting pain because of deeds done in the past (Christie 1982). It should as such be safeguarded by time limits set by a court of law. Mehlbye & Walgrave stress this point explicitly, "Because of the serious deprivation of liberty, the time limit of this measure is well indicated" (1998:33).

### *Care for children out-of-home*

Care for children out-of-home in Sweden is divided in three rough categories: foster care, residential care and care in Homes for special supervision. The Social Services Act (SSA), and the Care of Young Persons Act (CYPA) regulate all of these measures. CYPA regulates compulsory measures for children in need of immediate custody or care out of home.<sup>75</sup> per cent of all children in care are placed in foster homes – seen in a cross sectional

perspective. In a longitudinal perspective we find that 55% of all new placements are made in foster homes. The last ten years the number of placements in foster homes has decreased and placements in residential care increased. The tendency according to recent research is of re-institutionalisation and privatisation (Hessle & Vinnerljung 1999, Andersson 1999 a and b, Sallnäs 2000). Most of the new residential units are small and could best be described as “specialist foster care”. This type of residential care is mainly used for young adolescents (13-16).

As the age of criminal responsibility is 15 and children under 18 should only by way of exception go to prison, care for criminal (and drug abusing) young people are included in the social services. There are homes for special supervision with facilities for incarcerating young people, legally authorized to place violent youngsters in temporary solitary confinement. If a parent disagrees with the Social services’ decision to place the child in out of home care the Social Services apply to the County Administrative Court for a transfer under the CYPA act (Andersson 2002).

Houses of refuge, reformatory schools, approved schools and correctional institutions are all historical names in Europe for closed institutions within the welfare system. In Sweden they have been in use to take vagrant children off the streets and divert children and youngsters from the penal system since the second half of the 19:th century (Bramstång 1964, Eriksson 1967, Joutsen 1993, Kumlien 1997). They operate on special legislation (CYPA) and have the right to use compulsory measures to keep the youths on the premises and in confinement. Their work should be based on educative principles with the explicit aim of treatment and rehabilitation of young criminal offenders.

Sweden is the only Scandinavian country to use these institutions on a large scale for the education and treatment of juvenile criminal offenders and drug abusers (Hestbæck 1998).<sup>1</sup> In 2001 some 18 500 children and young people were under care away from home during the year. 1000 of these placements were made in “*special supervisory homes*”, as the reform schools nowadays are called in Sweden. In spite of a similar legislation and organization of child welfare since the beginning of the 20<sup>th</sup> century, there has been a diverse development among the Scandinavian countries in their reliance on and belief in compulsory treatment in closed institutions. Scandinavia, like the rest of the world, was caught in a wave of decarceration and de-institutionalisation the 1960’s and 1970’s, and in Denmark

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<sup>1</sup> Denmark has since 1997 started a program for “long term”- treatment in secure units for young offenders. The first three years have been evaluated and showed a lack of demand from the counties (Bonke & Kofoed 2001).

and Norway most of the reform schools were abandoned (Nielsen 1986, Ericsson 1996, Hagen 2001). In Sweden, however, the tide turned and the state took over the responsibilities for the institutions from the county councils – strongly urged to do so by the social services and local authorities.

In Sweden there are some 30 –35 “homes for specialized supervision” of varying sizes and degrees of specialization.<sup>2</sup> There is an increased tendency to specialization and today there are institutions for different gender, age, type of problems and types of behaviour. The institutions are also specializing in different work methods: ART and CBT, cognitive skills programs, family therapy programs and AA programs for drug abusers. There are large institutions comprising several different units, and institutions that consist of only one unit. A “large” institution in Sweden means a total of 35-45 young people in residence at the same time. A unit usually consists of a separate building for 6-8 boys or girls with individual rooms, a common kitchen area, a living room with TV, and offices for the staff. The outer doors are usually locked, but since most activities are on the premises the boys and girls move in and out all day. The boys and girls are 50 per cent Swedish and 50 per cent immigrants from different countries (National Board of Institutional Care 2002). There are two main objectives for placement: short term institutional care, with or without assessment, and residential treatment for an indeterminate period of time. The total number of beds in all of Sweden is some 650 and, in closed units, some 400.

The institutions have been under the authority of the state since the 1940’s with the exception of a period between 1982 and 1993 when they were under the authority of the county councils. My study was carried out during these intervening years in one of the large, traditional institutions: Råby Youth Home, the oldest correctional institution in Sweden. It was founded as a House of Refuge in 1838, inspired by Johann Hinrich Wichern’s model institution in Hamburg, “Das Raue Haus”, and situated in the proximity of the City of Lund in southern Sweden (Levin 1998, Thuen 2002).<sup>3</sup>

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<sup>2</sup> Since 1999 a new sanction was introduced in Sweden called “secure institutional treatment for young offenders”, replacing prison for most young offenders. The offenders receive a fixed sentence in time from the court but the sanction is carried out in the same institutions that receive young people from the child welfare system. The national board of institutional care, SiS, are responsible for both forms of placements. An estimated demand for 10 placements on a specific day escalated within two years to 65 placements!

<sup>3</sup> At the time of our research Råby comprised of four units with seven boys or girls in each: two closed units, one “open” unit and one unit for observation/assessment. The staff/inmate ratio was at the time 2.8:1.

## *The Reform School Study*

The research questions were as follows:

What constitutes work in a reform school? What is the staff actually doing when they are doing what they say they're doing?

What image does the staff have of its societal mission, of the treatment delivered and of the boys and girls they are educating/treating?

How do the formerly incarcerated boys and girls experience the placement and treatment they received at time of follow-up?

What has become of the young offenders later on in life?

What are the contingencies between structure, technology and outcome in treatment organizations like the reform schools?

My empirical material comprises *observations* carried out in one of Råby's secure units in 1992, *interviews* with the staff in this unit and an investigation of *case-notes* on all the boys and girls that were admitted to the entire institution 1982-1993. We counted in all 208 placements and these documents were analysed for basic data on age, gender, care time, reason for referral and admittance, home municipality at admittance and at release. The median age of the boys and girls admitted was 16 years of age and 70 percent were boys. 80 per cent of those admitted were between the ages of 15-17. The average length of stay was 12 months, with exceptional cases that lasted over 3 years.

In 1995 we made *follow-up interviews* on two representative samples, those admitted between the years 1985-1987 and those admitted 1990-1993. We managed to find and interview 61 out of a possible total of 95 former residents; 13 refused to participate and 21 were impossible to locate within the time limits set for the project. Analyses of the dropout-group revealed no systematic bias.

**Table 1. The Study Population**

<b>Number of all discharged 1982-1993</b>	<b>208</b>	<b>Case-note investigation</b>
<i>Group 1 disch. 1985-1987 = 36</i>		
Group 2 disch. 1990-1993 = 25	<b>61</b>	
<b>Total sample:</b>	<b>118</b>	
Double registrations	- 4	
Drop outs: short time	- 15	
Drop outs: dead	- 4	



<b>Sum</b>	95	
Drop outs: refusals	- 13	
Drop outs: not found	- 21	
<b>Total number of interviews</b>	<b>61</b>	<b>Follow-up interviews</b>

In spite of a very efficient Swedish system of registers based on birth registration numbers we had a hard time locating the “offenders”, who at the time of follow-up were grown up persons. The ones we managed to locate were however quite willing to participate and tell their story. They were in fact grateful that somebody, after all these years, bothered to ask them what happened after the placement and how life was treating them today.

Our results cannot conclusively show the effects of the institutional treatment since so many confounding factors influence a retrospective study. However, society’s purpose with these institutions is to interrupt and halt a destructive course of life and to prevent the young offenders from becoming criminals and drug abusers later on in life. The education and treatment should lead to the rehabilitation and social integration of the former offenders. Now, what the true results were in these respects is something we *can* tell you.

## The results

### *1. Outcome and effect*

Our first finding from the interviews was that almost 80 percent of the boys and girls reported that they had had committed one or more serious crimes during the follow-up period. This figure applies to those that had committed crimes before and during the placement and continued to do so, but also those who didn’t commit any crimes before admittance. The treatment program had in fact educated 7 % of the residents further in criminal skills and inaugurated young and inexperienced youth in the secrets of the trade.

**Table 2. Crimes after residential treatment (%)**

<b>Category</b>	<b>Group 1</b>	<b>Group 2</b>	<b>All</b>
Not before, but after	5,6	8,0	6,6
Before and after	55,6	60,0	57,4
Before, seldom after	19,4	8,0	14,8

Before, not after	8,3	16,0	11,5
Neither before, nor after	11,1	4,0	8,2
No answer	0,0	4,0	1,6
<b>Sum</b>	<b>100</b>	<b>100</b>	<b>100</b>

**Group 1 n= 36, Group 2 n= 25**

We also found that almost 70 percent of the youths had used drugs other than alcohol (amphetamines, heroin, and/or cannabis) during the follow-up period. The majority of the drug users continued with their habit during and after the treatment program. 13 percent started during or immediately after the treatment program. 25 percent reported that they neither before nor after the placement had used drugs. The main result is that those who were admitted as drug users were released as such. The number of drug users even increased.

**Table 3. Drug abuse after residential treatment (%)**

<b>Category</b>	<b>Group 1</b>	<b>Group 2</b>	<b>All</b>
Not before, but after	11,1	16,0	13,1
Before and after	50,0	60,0	54,1
Before, seldom after	2,8	0,0	1,6
Before, not after	5,6	4,0	4,9
Neither, nor	25,0	20,0	23,0
No answer	5,6	0,0	3,3
<b>Sum</b>	<b>100</b>	<b>100</b>	<b>100</b>

Furthermore we found that that 60 percent of the youths had continued with one or more involuntary institutional placements in reform school, psychiatric hospital, detention or prison. The boys accounted for the majority of these placements (70%).

We finally made a composite outcome measure from information gathered on the life situation for the youth at the time of follow-up, i.e. with a follow up average of three and nine years respectively for the two treatment groups (Levin 1997 p 264, Levin 1998). These criteria consisted of incidents reported during the entire follow-up period by the in-

interviewed persons themselves and also those reported in official records on income, insurance and social support etc. They consisted of variables such as reports on self-declared criminal activity, non consensual institutional care, self-reported drug abuse, children in care and self-reported information on illegal means of income: prostitution, dealing of drugs, theft and robbery etc. We also recorded information on employment and other means of support, living conditions and a judgment of all information indicating a process either from or into a criminal life. We used e.g. our information on repeated sentences to prison, that they interviewed while in prison and observations on discontinuation of interviews in order to inject heroin. The information was used to classify the young persons in four categories:

First, those who seemed to have “made it”, who led a life free from crime, drug abuse and institutional care and who supported themselves in legal and socially accepted ways and assessed a reasonable, if low, income for taxes. In this category we demanded a (self-declared) good health – both physical and psychic. (Classification of outcome follows closely a model used in Swedish outcome research in child care since the 1970’s (Jonsson 1967, Andersson 1976, Bonnier & Kälvesten 1989)

In the “worst” category we classified those that “didn’t make it”, which meant clear and unambiguous failure to meet the demands on any of the criteria mentioned: serious crime or sentencing during the follow-up period, heavy drug abuse, in prison at time of follow up, not able to support oneself in socially accepted ways for several years, seemingly stuck in a life of crime or drugs, constantly moving between, apartments, institutions and hotels, no sign of positive change for several years. The categories in between were used for those under 20, who couldn’t reasonably be placed in any of the extreme categories. In the second group we accepted some failures to meet our criteria if there was a clear break with former life and a discernable process forward. In the third group we categorised those who clearly failed to meet one of our main criteria and didn’t show any progress or clear difficulties in coping with everyday life.

We found that 30 percent belonged to the two “successful” groups. These were people who lived a life more or less like that of other people of similar age. 30 percent, however, could not meet all our criteria and 40 percent continued with criminality or drug abuse and/or went in and out of different correctional or psychiatric institutions, or couldn’t provide for themselves in socially accepted ways for other reasons. We didn’t find any significant differences between the two samples, i.e. the group admitted early in the 1990’s and the group admitted later in the decade. (The rea-

son for the two different samples was originally a hypothesis on different outcome based methodological changes in the middle period, the implementation of contact persons for. This modification showed early to be of no importance.) We did however find a striking gender difference: The girls were distributed evenly between the outcome criteria, but 80 percent of the boys did badly or very bad when categorized according to their own statements.

**Table 4. How the Råby youths cope at follow-up (%)**

Category	Boys	Girls	All
Copes well	4,4	25,0	9,8
Copes fairly	17,8	25,0	19,7
Copes badly	37,8	25,0	34,4
Doesn't cope	40,0	25,0	36,1
<b>Sum</b>	<b>100</b>	<b>100</b>	<b>100</b>

Boys n= 46, Girls n=15

## *II. The Reform school experience*

The former offenders tended to accept the placement in secure provisions as an understandable consequence of their actions, but they had a hard time to understand the meaning and purpose of the treatment. One of them said, speaking for many of the boys and girls, when interviewed ten years after release:

“No, I didn’t (understand the purpose) and I still don’t. I don’t understand what the point is in locking up people; what it will give them. Nothing. Absolutely nothing. It’s just a lock up.(...) You were locked up and that was that. Then you had to work in the garden and the metal shop - and that was the sum of it. And that doesn’t make anybody better. And you could smoke as much cannabis as you liked in there. So the purpose I still don’t know (Levin 1998: p 124).

The reform school was not experienced as a “helping” establishment”. Even those who had had placements of long duration had difficulties understanding the objective of their stay at the institution. Most of them experienced their stay as “storage”, an endless row of days containing nothing but boredom, emptiness and routine actions. They complained that they didn’t get any help with what they considered problematic in life, the problems that originally created the road to drug abuse, running out late at night, theft, robbery and other offending and criminal behav-

ious. The compulsory context of the treatment put the youth in a subordinated role as objects of treatment. Supportive and meaningful relationships emerged only when the boys and girls met on more equal terms with persons from the staff, e.g. when travelling or working together outside the institution. Treatment, as carried out within the institution, meant for the boys and girls subjugation and a confirmation of their own low social worth. This kind of relationship consequently had to be warded off, and defended against.

One thing that the boys and girls did appreciate was the asylum-function of the institution. Inside they were safe from most of the misery, abuse and hardships of the world outside. They were protected from (most) scares, they could act their age, play as children and engage in different athletic activities; they had their own room with a bed, curtains, a bookshelf with stereo equipment etc. and they were served nourishing meals at least three times a day. Adults that they could trust not to abuse them surrounded them around the clock.<sup>4</sup> All of this differed markedly and favourably from the conditions most of them recently had experienced in their life. The other side of the coin was that they were isolated from society, treated as irresponsible children, criminalized and institutionalised (and sometimes treated roughly by the other residents). Råby became a place of protection against a threatening society and, at the same time, an existence in isolation from normal society - a society of its own.

The relationships between the boys and girls and their parents were in many cases emotionally negative and full of conflicts. In a great majority of the cases, these relationships remained unchanged during the placement at Råby youth home. Working with the youths' relationships outside the institution was not considered "work", or work of equal value, when compared with work aimed at controlling or fostering the behaviour of the boys and girls within the institution.

The youngsters saw social welfare officers as unreliable power wielders with little interest in themselves as persons. They had made the decision on their confinement in Råby and thereby initiated a bad relationship. According to the boys and girls the officers didn't show any great interest in them once they had been placed in Råby. The welfare officers were furthermore seen mostly as interchangeable functionaries (with a frequent

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<sup>4</sup> The offenders have individual rooms equipped largely in the same standard as most young people in Sweden. I have been explicit on this matter since conditions for young offenders in some states in the US and some countries in Europe differ greatly from this. (Cf. reports from Human Rights Watch like "Children in confinement in Louisiana (1995)", "Modern capital of human rights? Abuses in the state of Georgia" (1996) and "High country lockup. Children in confinement in Colorado" (1997).

turnaround), and in some extreme cases neither the youths nor the welfare office seemed aware of each others presence.

In many cases the social services of the submitting local authorities didn't have any after-care program. This is a common but depressing finding also in research on other forms of residential treatment. Bullock, Little & Millham (1998) found a severe lack of involvement of relatives and a lack of linking between institutional and community interventions after expensive and intensive care in secure units. If, in addition, nothing had been changed in the young person's home and family situation during his stay in reform-school, then he or she returned, in fact, to the same situation as before, only worse off; ill suited for normal social life after one or more years in the artificiality of the institution. After-care programs are scarce in many local governments because of the costs they involve. Indeed, why spend more money on the offender when he has just come home from an expensive treatment?<sup>5</sup> Some local authorities have community-service programs that prepare the family and the youths for discharge, homecoming and reunion, but all too often the young people come home to nothing.<sup>6</sup> And instead of spending their time alone in an apartment or back in the conflicts at home, they apply their newly acquired skills in crime as a craft. After all they have in fact taken part of an education well designed for the creation of criminal behaviour. How could we better prepare a young person for a life in criminality than to confine him to a space the size of a normal family home together with seven other excluded boys or girls with nothing more in common to talk about than their criminal and drug experiences? When they create their own society within the institution, they create a safe place where they cannot be reached by the staff. They display a surface adjustment as their key to the outer world and they are dismissed, seemingly cured, but in fact more qualified for a life as a criminal than a normal citizen.

### *III Conditions of treatment – the staff perspective*

But didn't they get any treatment? Why didn't the educated and skilled staff create therapeutic relations, family therapy or group oriented training programs to reform and rehabilitate the young persons?

The staff was partly experienced institution workers that lacked formal social education and partly socially educated personnel, some with univer-

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<sup>5</sup> The cost of a place in a treatment unit in a home for special supervision) was 1998 SEK 3500 (EURO 400, the local authorities pay SEK 2.500, EURO 280). The costs are somewhat higher in sections equipped for assessment (SEK 4.500). A one-year placement in a treatment unit roughly amounts to the sum of SEK 1.000.000 (EURO 112 000).

<sup>6</sup> For positive examples of child and family work programs in Sweden see Andersson (2002)

sity degrees in relevant areas. Three psychologists, common to all units, supervised the working-teams and made individual treatment plans. On the common grounds there were also a school, carpentry, a workshop, a greenhouse and a gym. During daytime the young boys and girls were expected to attend school in the morning and to work in the afternoons in one of the work-centres. In the evening they watched TV, played pool, soccer or just chatted and listened to music. The staff was mainly occupied with tasks related to the everyday routines of the institution. In the mornings to wake up the boys and girls, in the evenings to prepare meals, take part in sports, drive boys and girls to disco or the movies, and join in social activities as in any normal family. Education and treatment were an integral part of these everyday activities – or maybe they *were* these normal and normalizing activities. One day of the week were set aside for different conferences – one for the staffs own planning, one for discussions of treatment plans for the boys and girls.

The staff faced an almost impossible mission. The institution was expected to be – at the same time – a penal institution, a treatment organization and an educational program. Their task was – at the same time - to be custodians, pedagogues and psychotherapists. None of these tasks or purposes was explicitly announced. To the outside world the institution had to convey an image of secure accommodation, control and punishment, *and* a professional treatment organization concerned with therapy, fostering and rehabilitation of the young offenders.<sup>7</sup>

The main conflict and obstacles perceived by the staff were all connected to the conflict between the “treatment ideology” and the task of confinement. This created a conflict between the demands for control and punishment and the ambitions of the staff to treat, educate and rehabilitate. The residents were, at the same time, seen as a group that demanded collective handling, and as individuals that demanded individual treatment. These conflicting aims created subgroups within the staff that constantly argued one or the other position. Individual relations and working alliances however were hard to establish with the youths inside the institution, since they defended themselves against a treatment they perceived as a threat. The lack of direction, purpose and technology created ambivalence, insecurity and paralysis among the treatment personnel. “The tough ones are too hard to handle and we haven’t the time for the easy ones.” Treatment and rehabilitation were seldom expected and outcome meas-

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<sup>7</sup> The last few years there considerable efforts have been made in some institutions to implement different behavioural programs, e.g. cognitive skills training, ART, family programs etc.

ures were non-existent. Compulsory measures were considered hard to apply in a “fair” and uniform way; instead they become discretionary measures (“from person to person”). One example is when the staff had to decide on consequences for absconding: punishment, as the institutional rules demanded, or home-leave as the individual treatment plan demand? (cf Ackland 1982 for similar observations).

Staff interviews mentioned reflections on a hard- to-solve conflict. On one hand there is a perceived need for *long-term* placements for the youths in order to rehabilitate them, but that also means an enhanced risk for criminalisation and institutionalisation; on the other hand *short-term* placements that diminish this risk but also means a return to the home situation similar to the one that originally created the problems.

My conclusion and interpretation at this point is that the institution could be understood as an artificial “home” environment, where the staff tries to convey contemporary values of society in fostering the boys and girls. The context, however, makes it hard to teach normal family life with any credibility. The locked doors, brick walls, rooms for solitary confinement, compulsory care, were all part of everyday working conditions for the staff, but was an odd, scary and humiliating environment for the youth.

If we use concepts from organisational theory we find that the technology of the institution was not based on systematic knowledge of the “raw material” (the young criminals) nor was it informed by theory. Knowledge gathered from follow-up or evaluation was non-existent. The technology was weak, as were the definitions of the tasks. Therefore the work done was reduced to the necessary tasks created by the routines of the institution: control of conduct and behaviour within the institution. Berridge & Brody (1998) also found in their well known study on Children’s homes that the quality of care in residential treatment was strongly related to the existence of a “clear theoretical or therapeutic orientation, or at least a method of work for the home (1998:163). Not that any methods were more successful than others but the theoretical underpinning gave structure and coherence and meaning to the staff.

## Summary

One key finding of this study is that the officially announced treatment was not perceived as such by the incarcerated youth. We found that incarceration, in combination with the loss of freedom and the indeterminate time of placement, were some of the most fundamental reasons behind the negative outcome. This context was an obvious reality to the boys and



girls and the stay was considered as “storage”; time taken away from them. The therapeutic/educative interventions from the staff were regarded as a reminder of their subjugated position and their shortcomings and, hence, something to fend off. The purpose of the institutional treatment was also hard to understand for most of the youth. In order to evade or escape from the indefinite and incomprehensible time of incarceration, the boys and girls looked for ways to “escape” from the treatment. Since absconding or running away wasn’t perceived as a realistic solution, (it would only result in a prolonged “sentence”), they had to find covert strategies. One such well-known strategy was the formation of a group culture known only to the residents, a “society of captives” (Sykes 1958). Within this hidden and hierarchical group structure criminal values and skills, as well as skills in drug-related activities, were passed on from the older and more experienced to the newcomers. Different illusory adjustment patterns developed as reactions to the indeterminate “sentencing” and constitute a symbolic search for “the key” that opens the door. These processes are some of the most fundamental reasons for the negative outcome and the difficulties in rehabilitating the youths to a normal life.

They were reinforced by two processes called the *unilateral strategy* and *the inward perspective* (Street, Vinter & Perrow 1966). If we look at the institutional placement from the perspective of the social services we see a process of exclusion; the exclusion of unwanted elements from society, and an incarceration. The reformatories are often situated in the countryside and the location thus helps to create a perspective where the placement comes to symbolize a legitimate and acceptable way to deposit displeasing “elements” and keep them in safe custody (cf. Platt 1977). This is the unilateral strategy.

The inward perspective means that the institution by itself is expected to accomplish the desired change under conditions of custody. This perspective makes behaviour and adjustment within the institution the primary criteria of successful change. The problems that originally caused the young boys and girls to engage in devious actions are left out and made obscure. Adjustment to the artificial world of the institution becomes the criterion for successful treatment. When the incarcerated youths show that they can follow the rules and regulations of the institution they are considered “ready”. But ready for what? One thing that they’re *not* ready for is the return to society and their family. And they’re definitely not equipped for the skills needed in society to find socially accepted friends or to find and keep a job.

Contradictory demands from the external environment make an impact on what actually goes on inside. The conflict between the idea of treatment and society's demand for incarceration and control is ever present and continuously handicaps the staff. These conflicts are never solved as they reflect the fundamental conditions and dilemma of the reformatory as a social institution.

The picture that best describes how the personnel themselves see their work is the picture of a foster home. Their work comprises of raising these young people in a home other than their own. The difficulty with carrying out this work is explained by two things. The first is that this work is carried out in an artificial and imitated reality, which is premised on force. The second problem is that the institution functions to an increasing extent as an alternative to prison, which creates a particular duality and difficulties. The construction of the buildings, the lockable doors, the sanctions system, the special wards and isolation cells, and the registers of distinguishing characteristics all belie the picture of the institution as a foster home or as a pedagogic and educational establishment.

### *The Reform schools as artificial "foster homes"*

The distinguishing feature of human service organizations is their ability to carry and hold conflicting and contradictory expectations. This ability gives them their legitimacy and guarantees their continued survival. A reform school must give the impression to be a punitive organisation, an educative organisation and a treatment organisation. Purporting to be one or the other immediately weakens their legitimate position in society. Producing a bad outcome for the residents doesn't diminish their credibility, since they're never tested for outcome, and if they are it doesn't affect them. The reason for this is that they're not organizations in the technical sense of the word; they are not tools for the production of something special where success is measured in efficiency according to some criterion. They are organizations that have adapted closely to the expected institutional form and the criterion for their success and survival lies in their adherence to this institutional ideal and the expectancies of the surroundings (Vinter 1963, Street, Vinter & Perrow 1966, Hasenfeld 1983, Garland 1990, Meyer & Rowan 1977, 1978).

In the individual case the treatment staff often faced non-existent expectations from the child welfare: the task in reality became to keep the young boy or girl in a secure place and out of sight from ordinary people. This is in conflict with the professional ambition of the treatment-personnel that want to "treat" and rehabilitate. But, since there is nothing

really to “treat” but the recalcitrant and unmanageable “behaviour” of the boys and girls locked up in a small space, that’s what they do. Since they cannot help the youth back to normalcy in their own environment, the staff has to concentrate on the juvenile’s behaviour in the institution. The institution is therefore redefined as a “home” and the task becomes to educate the young boys and girls to a successful adaptation to institutional reality.

## Discussion

From a rational treatment perspective reformatories are failures. This study, like all others, shows that institutions do not rehabilitate youths; they most often have the opposite effect. What we do not know is what would have happened if these youths were *not* placed in institutions. But this is a poor argument when we can see that life goes more or less badly for about 80% of the boys taken into institutions. The logical conclusion is that reformatories cannot be defended based on either individual or general preventative arguments, nor from any sort of professional treatment rationality. The consequence of this should be abandoning the reformatory in its existing form. But these conclusions have been known for the past 150 years and as we can see nothing happens.

What explains this seemingly paradoxical situation? The answer is that these institutions fulfil other important societal functions and it is in light of these functions that these institutions should be evaluated. The work that the personnel carry out within these institutions is a moral activity, which obtains its legitimacy from the idea of the family, which this work compliments and takes the place of. The institution can be seen as a state foster home with wide ranging powers and the raising of these youths as the common task. But as a punishment and substitution for prison the reformatory should also entail suffering for those incarcerated (Christie 1982, Foucault 1987, Garland 1990). It is this new way of inflicting suffering which needs to be viewed and evaluated morally.

The interrelationship between punishment, up-bringing, and treatment (medically understood) has been retained over time through various mechanisms such as the treatment ideology and treatment as a punishment; a loose coupling between technology and structure; special observation and treatment wards. Beyond the rhetoric of punishment and treatment there is a praxis which is something quite different- neither treatment nor punishment. It is quite simply an attempt at normal family life and raising young people in an institutional environment with paid personnel.

We have seen how reformatories as treatment organizations have retained their legitimacy over a number of decades. This is the case because space is left for hidden functions and an exercise of power which recreates and upholds a given social order. What emerges within the framework of these structures and the great freedom of action accorded to the staff are decades-old culturally based practices about which one cannot speak: exclusion, separation, incarceration, observation, and an accumulation of knowledge which provides a continuous basis for exercising power.

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